St Francis Hostel

Performance Report

678 North Beach Road   
GWELUP WA 6018  
Phone number: 08 9445 7030

**Commission ID:** 7152

**Provider name:** Mt La Verna Retirement Village Inc

**Site Audit date:** 9 November 2021 to 11 November 2021

**Date of Performance Report:** 24 January 2022

# Performance report prepared by

Andrea Hopkinson, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

the approved provider’s response to the Site Audit report received 30 November 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Overall, sampled consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they choose. Feedback from consumers included:

* they were treated with dignity and respect by staff and their personal privacy was respected.
* staff knew what was important to them and felt their identity, culture and diversity was valued.
* they were encouraged to maintain their independence and relationships of choice.
* they were supported to exercise choice, communicate their decisions and decide who was involved in their care.

The Assessment Team observed consumers to be treated with kindness, respect and dignity by staff and found this was reflected in care documentation and in the organisation’s mission and values.

Staff demonstrated familiarity with consumers’ backgrounds and could identify specific strategies to maintain their identity, culture, and diversity, such as playing music and celebrating cultural days. Staff described the ways in which information was provided to consumers to support them to make informed decisions and the Assessment Team observed information was also readily accessible and available in multiple languages.

The Assessment Team sighted evidence consumers were supported to exercise choice and independence in relation to their own care and service delivery, communicate their decisions, make connections with others and maintain relationships of choice. The service also identified consumers under guardianship, the public trustee and nominated representatives that participated in the decision-making process.

With regards to supporting consumers to take risks, the service demonstrated consumers had been able to engage in risk taking activities and had the necessary risk assessments and supports in place.

There were policies and procedures in place to support consumers’ privacy and confidentiality and staff practices were observed to be consistent with these requirements.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Overall, sampled consumers considered they felt like partners in the ongoing assessment and planning of their care and services. Feedback from consumers included:

* the service had discussed their care plan with them and they were involved if changes were made to their care and services plan.
* they had a say in daily activities and the way care and services were provided.
* a variety of assessments were undertaken in response to their changing needs.
* end of life care and wishes were discussed on a regular basis.

Documentation demonstrated consumers and representatives were involved in care planning, outcomes were effectively communicated, and staff requested feedback and involved the consumer and/or representatives in the assessment and planning process where appropriate.

Care planning documentation was observed to be based on validated risk assessment tools and generally reflective of individual needs and strategies. The Assessment Team noted the service was overall able to demonstrate assessment and care planning included a consideration of risk, contained information about consumers’ goals, needs and preferences as well as their wishes in respects to advance care planning.

Overall, care plans had been reviewed and updated at regular intervals, however, some behaviour care plans did not list individualised strategies and triggers to support staff in the management of specific behaviours. This information and the approved provider’s response have been considered more broadly in relation to Standard 3 Personal care and clinical care.

Staff were familiar with the assessment process and could describe relevant assessments that influenced care. They were familiar with the care plan review process and were able to identify representatives and their level of input in the care planning process. Care plans and progress notes demonstrated involvement of other services and specialists to support the assessment process and ensure appropriate provision of care.

The organisation has a suite of policies, procedures and guidelines to support staff to undertake assessment and planning.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Feedback included:

* Most consumers and representatives sampled said consumers felt safe and considered they received the care they needed.
* Consumers and representatives confirmed staff discuss advance care directives and end of life wishes at care plans reviews.
* Consumers were confident staff had the appropriate skills to identify deterioration in their health or well-being and instigate appropriate assessments and referrals when required.
* Consumers felt their needs and preferences were known by staff.
* Consumers said they observed staff regularly attend to infection control precautions and the service environment was clean.

The service was able to demonstrate consumers’ needs, goals and preferences, including for consumers nearing the end of life, were recognised and addressed with their comfort maximised and their dignity preserved. Care planning documentation generally identified end of life needs and consumers and representatives were satisfied with how end of life needs were managed. Staff were familiar with how they promoted comfort and dignity for a consumer nearing end of life.

Information about the consumer’s condition, needs and preferences was communicated within the organisation, and with others where responsibility for care was shared. Care planning documentation showed consumers were reviewed by internal and external specialists when required.

Clinical and care staff demonstrated knowledge of sampled consumers’ needs and could describe individualised strategies for managing high-impact or high-prevalence risks. However, staff were not always familiar or supported with up-to-date policies and procedures which guided care and the service was not able to consistently demonstrate each consumer received care that was best practice, tailored to their needs or optimised their health and well-being.

The Assessment Team recommended requirement 3 (a) was not met. The approved provider did provide a response in relation to the Assessment Team’s findings, and based on the information before me, I find the service Non-complaint. The reasons for my decision is outlined below.

As one of the seven specific requirements have been assessed as Non-compliant, the overall Quality Standard is assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team had recommended requirement (3)(a) in Standard 3 as not met. The Assessment Team found the service was not able to demonstrate each consumer received care that was best practice, tailored to their needs and optimised their well-being. This was evidenced by:

* For Consumer A with a diagnosis of type 2 diabetes, the Assessment Team noted:
  + Their diabetic management plan did not contain sufficient information to guide staff practice.
  + On 17 occasions (between September and October 2021) staff did not consistently follow directives by a medical officer regarding frequency of monitoring blood glucose levels.
  + On four occasions where blood glucose levels were reported outside of the range (September to October 2021), the majority did not have an identified follow-up action documented in response to the low reading and there was no documented interventions to support the management of a hypoglycaemia.
  + The service did not have a policy to guide staff in the event of a consumer having a hypoglycaemic or hyperglycaemic episode and two staff were unable to describe how they would identify signs of hypoglycaemia, when they would contact a medical officer or conduct a retest of the consumer’s blood glucose levels.
* For Consumer B and C where a restrictive practice was in place, authorisations had not been updated and behaviour support plans did not incorporate relevant information, including alternatives and documented risks associated with its use.
  + Although the service provided information to staff about restrictive practices, four of six staff were not able to describe what constituted a restrictive practice or identify consumers who were subjected to a restrictive practice.

The approved provider’s response acknowledged the deficiencies identified by the Assessment Team in relation to diabetes management and restrictive practices. Its response also included follow-up actions taken in order to review and address these concerns. In relation to diabetes management, the approved provider:

* Agreed there were deficiencies in the process to monitor one consumer’s diabetes which included omissions in the blood glucose level readings and removal of outdate care plans.
* Provided clarifying information regarding the two diabetic management plans and advised the consumer had since been reviewed by the medical officer who identified monitoring was no longer required.
* Accepted staff had failed to undertake blood glucose level monitoring as directed and steps were being implemented to ensure staff were aware of their responsibilities and practices monitored.
* Has recognised the greater acuity of consumers entering the service and need for greater registered nurse coverage to ensure optimum care delivery and staff with appropriate clinical management during the week and on weekends.
* Accessed the up-to-date policy and procedure for diabetes management.
* Individualised care plans were being developed for consumers for the management of diabetes to guide and ensure appropriate escalation of care.
* Asserted staff were long term staff and knew the consumer well; during the period of omission the consumer was stable and had not shown any symptoms of hyperglycaemia or hypoglycaemia.
* Staff have since been provided with diabetes management education at the end of November 2021, individual staff have been followed up and increased auditing would occur.
* Committed to purchasing an electronic care planning system to replace the paper-based system presently in use.

In relation to restrictive practices and behaviour support plans, the approved provider whilst accepted the need to review its documentation, it asserted the omission was not indicative of normal practice, as a third consumer reviewed by the Assessment Team confirmed the process had been followed. It outlined the since the site audit the following actions had been undertaken:

* The restrictive practice assessment and authorisation forms have been completed for both consumers. It also submitted copies of behaviour care plans that have since been completed (November 2021) following the visit for the two named consumers.
* Training for staff on restrictive practices has since been completed at the end of November 2021.
* It confirmed its policies and procedures and practices reflected the correct process, and these would be adhered to in future cases.

I also note the approved provider’s response identified the service would take on board feedback provided in the Assessment Team’s report as part of its continuous improvement processes and actions taken or planned would ensure all Standards were fully met.

In coming to view about compliance, I have considered the Assessment Team’s findings and the approved provider’s response. I note the approved provider had predominately acknowledged the gaps identified by the Assessment Team and had commenced actions to address these, including the employment of additional registered nurses to support clinical oversight and monitoring of staff practices.

Whilst no negative impacts were identified in response to these deficiencies, I am concerned:

* Staff did not undertake monitoring of blood glucose levels in accordance with medical officer’s directives.
* Policies and procedures did not consistently provide guidance for staff in the delivery care.
* Staff did not demonstrate consistent or sound understanding of diabetes management and restrictive practices, including being able to recognise and/or escalate concerns in relation to a hypoglycaemia event.
* Restrictive practice authorisations had not been completed and information consistently incorporated into the behavioural support plans for two consumers.
* Furthermore, I also note that the Assessment Team had identified deficiencies in relation to the service’s post fall management specifically in relation to completion of neurological observations as outlined in Standard 3 requirement (3)(b).

While I acknowledge the actions that have been undertaken, I note the service has not yet fully implemented all actions and it will require a period of time to demonstrate their effectiveness. Therefore, based on the above, I find at the time of the site audit, the service was Non-compliant with requirement (3)(a) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Although the Assessment Team identified the service overall had processes to support the management of high impact or high prevalence risks, I note there were deficiencies in relation the service’s post falls management. These related:

* Assessments following falls did not always identify the designation of staff who had assessed the consumer, noting the service did not always have a registered nurse at the service.
* Neurological observations had not been recorded in any instance in respects to four consumers sampled, whether the falls were unwitnessed, with observed head injury or for a consumer on anticoagulants.
* Staff provided inconsistent understanding of the requirement to undertake neurological observations following a fall; three staff said they were not required to undertake neurological observations, while three care staff said they completed these.
* Although a previous policy referred to the requirement to undertake neurological observations, the current policy did not reflect this.

During the site audit, I note management had committed to further reviewing fall procedures and practices. While the Assessment Team did not identify any negative outcomes for consumers, I have, however, considered this information in relation to Standard 3 Requirement (3)(a).

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission-based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Overall, sampled consumers considered they received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they want to do. Feedback from consumers included:

* staff supported them to do things which were socially, spiritually and emotionally important to them.
* they were able to maintain social connections outside the service by attending local church services, activities in the adjoining village and community activities they attended prior to entering the service.
* they were able to provide input into activities and meals though surveys, feedback forms, one on one discussions with staff and at resident meetings.
* they were happy with the meals provided and their personal equipment was regularly maintained.

Care planning documentation sampled by the Assessment Team showed the service considered the needs and preferences of consumers to do the things of interest to them, including in relation to consumers’ dietary needs, preferences and allergies. The service collaborated with external services, such as churches and spiritual leaders, cultural groups, volunteers, libraries, mental health services, public trustee, entertainers and other community organisations, such as schools and playgroups.

Staff were able to explain what was important to consumers and what their preferences were which correlated with the information in consumers’ care plans. Staff were able to provide evidence of how they adapted services and supports when consumers’ needs and preferences changed and confirmed equipment was well maintained.

The service has a weekly lifestyle activities calendar which was distributed to all consumers and extra copies were located on information boards. Attendance at activities was monitored and the interest in the activities provided was reviewed regularly by consumers, the lifestyle staff and management.

The service had a food safety program in place consisting of relevant standard operational procedures for equipment, work instructions and audit checklists. The dining room observed at lunchtime showed the environment was calm and staff were familiar with consumers’ food likes, needs and dislikes.

Equipment observed by the Assessment Team appeared safe, suitable, clean, and well maintained.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Overall, sampled consumers said the environment was safe, clean, well maintained and they could access all areas of the service. Feedback from consumers included:

* they felt safe at the service were able to personalise their rooms and had access to outside areas.
* furniture, fittings and equipment were maintained and suitable for their needs.
* they were made to feel welcome and representatives said the service was easy to access and navigate.
* their enjoyment in walking in the gardens at the service.

The Assessment Team observed the service environment to be clean and well maintained and indoor and outdoor areas were freely accessible to consumers on most occasions. The environment was welcoming with sufficient space for consumers to sit or conduct activities in the communal lounge room and activity room while still maintaining social distancing. Rooms were observed to be personalised with some having their own large windows with views to outside spaces and small garden areas.

Staff described how they ensured the service environment, equipment and consumers’ rooms were safe and well maintained. Cleaning staff described how they ensured the service and consumers’ rooms were cleaned, including additional COVID-19 requirements.

Management demonstrated how they identified equipment requiring replacement and actions taken in response. Documents viewed by the Assessment Team showed the service was effectively responding to, managing and preventing maintenance issues. Staff said they were provided with suitable and safe equipment and could demonstrate how they raised issues regarding maintenance requests.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Overall, sampled consumers said they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken. Examples included:

* Consumers described several ways to make a complaint or provide feedback and most said they would feel comfortable raising issues directly with management.
* Consumers and their representatives could provide examples of issues that had been raised and resolved to their satisfaction by the service.
* Consumers and representatives confirmed management and staff were open and transparent in their interactions, information was communicated in a timely manner and issues were resolved collaboratively.
* Consumers and representatives confirmed staff were responsive, feedback resulted in improved care and services and apologies were offered when things went wrong.

Staff sampled could describe the complaints process and reported how to assist consumers to raise issues and concerns.

Written materials about the complaints process was available in the reception area and throughout the service which was provided in multiple languages. Feedback forms documented feedback and complaints received, including actions taken. The Quality Committee meeting minutes showed feedback and complaints were included as a standing item and actions informed service delivery.

The service has a consumer complaints policy incorporating open disclosure principles which guided staff action in relation to adverse events. Although some staff were not familiar with the term open disclosure, they utilised the principles of open disclosure and offered apologies when things went wrong.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Overall, sampled consumers considered they received quality care and services when they needed them and from people who were knowledgeable, capable, and caring.

* Consumers generally reported there was sufficient staff to meet their needs and provided positive feedback in relation to recent roster changes to increase staffing hours.
* Consumers and their representatives reported staff were kind and caring, their care was delivered in accordance with their preferences and staff were respectful of their identity, culture and diversity.
* Most consumers and representatives said staff were competent and well trained and provided them with the clinical and personal care they needed.

Staff said they had sufficient time to complete their duties and the Assessment Team found shifts were generally replaced.

Management reported there was a system to review staffing numbers which includes review of clinical indicators, feedback and complaints, surveys, and observations. Management provided examples of how rosters hours had changed with additional short shifts for care staff implemented based on consumer feedback that staff were rushed during peak times.

The Assessment Team noted the service did not provide 24 hour registered nurse coverage and used an on-call system. Following some gaps identified in relation to staff knowledge, clinical supervision and registered nurse coverage (in relation to Standard 3); the approved provider’s response had identified additional registered nurses would be employed and implemented to support the service and additional monitoring and education provided to staff.

Staff were knowledgeable about consumers’ likes and dislikes, and were observed interacting with consumers in a kind, caring and respectful manner. Observations of mealtimes showed consumers were not rushed and staff asked if consumers required assistance prior to providing it.

Staff undertake an induction process, including competency assessment, buddy shifts and performance appraisals and completed ongoing mandatory training. The Assessment Team noted all current employees had completed mandatory training.

The service had a staff performance framework which included a performance management policy and procedure to guide staff in relation to performance appraisal, development and management. Annual appraisal register was used, and all appraisals were noted to have been completed for 2021.

Management outlined the service used surveys, clinical data, medication incidents, performance appraisals and observations to inform areas for improvement in relation to training and indicated medication incidents for each medication competent care staff was tracked and the registered nurse was delegated with ensuring medical competency was delivered safely and sustained.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Overall, sampled consumers considered the organisation was well run and that they could partner in improving the delivery of care and services. For example:

* Consumers provided examples of how changes to activities and services have improved based on feedback in relation to meal selection, pastoral services, staffing and cleaning services.
* Consumers were involved in care planning and felt supported to be engaged in the development, delivery, and evaluation of their care.
* Consumers and their representatives described raising issues directly with staff and management or completing relevant feedback forms.

The service demonstrated how consumers and their representatives had input about consumers’ experiences and quality of care through surveys, ‘tell us what you think forms,’ and meetings and how this was used to improve delivery of care and services.

The organisation is governed by a Board, which demonstrated it had effective organisational wide governance systems, including policies and procedures. Reporting and monitoring systems were in place to ensure the quality of care being delivered by the service was monitored, including through the use of an auditing program.

The service demonstrated there were generally effective governance systems for ensuring information was disseminated and accessible, improvement opportunities included input from stakeholders, appropriate financial approval and expenditure of funds, a system for regulatory compliance, the workforce had clear responsibilities and accountability and there were effective feedback and complaints systems.

The service has a risk management framework which included systems and practices to manage high impact or high prevalence risks associated with the care of consumers, to identify and respond to abuse and neglect of consumers and to support consumers to live the best life they can. Policies and procedures in relation to this requirement were overseen by the senior management.

The Assessment Team also noted the organisation had a clinical governance framework which included policies, procedures, and principles to guide delivery of safe and quality care and services (in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure). However, some policies and procedures had not been updated and staff interviewed did not consistently demonstrate knowledge about restrictive practices. This has been considered in relation to the Standard 3. The approved provider’s response, however, demonstrated a commitment to ensure this was addressed through the provision of additional education to staff; updating of policies and procedures and increased supervision.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

In relation to Standard 3 Requirement (3)(a):

to ensure care is based on best practice, tailored to the consumer and optimises their wellbeing. This includes:

* + ensuring care plans and assessments support the delivery of care and actions for escalation.
  + policies and procedures are implemented and provide clear guidance to staff in the delivery of care.
  + effective supervision of care delivery and staff are knowledgeable in the areas, such as diabetes, falls and restrictive practices.