St Vincent's Care Services Mitchelton

Performance Report

46 Church Road
MITCHELTON QLD 4053
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**Commission ID:** 5951

**Provider name:** St Vincent's Care Services Ltd.

**Site Audit date:** 12 July 2021 to 15 July 2021

**Date of Performance Report:** 18 August 2021

# 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** | **Compliant** |
| Requirement 3(3)(a) | 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 Commission’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.

# 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

Consumers interviewed by the Assessment Team provided positive feedback about staff and said they are treated with dignity and respect, can maintain their identity and make informed choices about the care and services they receive. Consumers confirmed that they are encouraged to do things for themselves and that staff know what is important to them. Consumers were satisfied that their personal privacy is respected.

Consumers provided examples of how they are encouraged to make decisions and said that staff listen to them and keep them informed and involved. Consumers said staff speak with them, and that they are provided with newsletters and other organisational information. Consumers said that information such as activity schedules are enlarged to assist their ability to read the information and that other visual aids are available for those consumers with visual impairment.

The Assessment Team observed noticeboards displaying consumer related information including complaints processes and activity schedules. Language cue cards were available. The monthly newsletter contained information about cultural events, religious services, food focus meetings, infection control and COVID-19.

Staff interviewed spoke about consumers respectfully and could describe the ways they respect consumers’ culture and afford them privacy. Staff explained how they support consumers to exercise choice, independence and maintain relationships.

Staff provided examples of how they provide services that are culturally safe. This included accommodating consumers’ preferences for the preferred gender of staff delivering care and services and meeting the needs of consumers who wish to be together.

Lifestyle staff described the various culturally themed days that are held at the service and consumers expressed their satisfaction with these events. The Assessment Team reviewed documentation including the service newsletters and consumer meeting minutes and identified that celebrations included National Aborigines and Islanders Day Observance Committee (NAIDOC) week, the Olympics, Bastille Day and State of Origin football series.

Lifestyle staff described the importance of spiritual connection to many consumers at the service and explained that church services and special days of significance including Easter and Christmas are celebrated.

Staff said that consumers are supported to maintain relationships of choice through receiving visitors, going on outings with family and friends and attending community events and clubs external to the service. Some consumers reported having made new friends since entering the service.

For those consumers who choose to undertake activities that may involve an element of risk for example smoking cigarettes, cooking food or using specific equipment, staff described how risks are explained to the consumers and together, strategies are developed to minimise the risks.

Care planning documentation reviewed by the Assessment Team reflected the diversity of consumers including information about their background, identity and cultural practices. Care plans include information about how consumers are supported to take risks in order to live the life they choose.

The organisation provides staff education and training that includes consumer respect, choice and diversity and procedures are available to guide staff in relation to treating consumers with respect and dignity.

Surveys are used to monitor the service’s performance under this standard, with a recent survey identifying that consumers surveyed felt supported in relation to their dignity and risk and that they felt that information provided to them regarding care and services was easy to understand.

Staff were observed interacting with consumers respectfully and consumers were observed sharing time together in communal areas. The Assessment Team observed staff practices that demonstrated consumer privacy is respected including closing of doors, providing care discreetly and generally storing personal information securely.

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

The service demonstrated assessment and care planning processes are implemented to inform the delivery of safe and effective care and services. The service considers the risk for consumers when completing assessments in accordance with the consumer’s individual risk.

Consumers and their representatives expressed satisfaction with assessment and care planning and said they were involved in the process, were kept informed about any changes and were aware they could access a copy of their care plan. Representatives provided examples of referrals that had been made to other health service providers following a change in the consumer’s condition and reported that this had resulted in improved outcomes for the consumer.

The Assessment Team reviewed consumer files and this demonstrated the service undertakes a comprehensive assessment and care planning process when the consumer enters the service to identify their needs, goals and preferences. Consumers’ changing needs are then reviewed regularly and when changes occur.

Care planning documentation captured information about consumers’ end of life preferences and whether or not they wish to be transferred to hospital. Representatives of consumers who are approaching end of life spoke positively about how consumers’ preferences were identified and accommodated.

Registered nurses complete initial assessments to identify consumers' needs, choices and preferences. Consumers, medical officers, Nurse Practitioner and other allied health professionals were involved where necessary during assessments and planning. Consumers and staff described how assessment and planning includes the consumer and other people that the consumer wishes to be involved in the process.

Registered nurses confirmed they had received training on the palliative care process and provided emotional support to consumers when discussing end of life preferences.

Staff demonstrated a sound understanding of consumers’ care needs including their individual preferences and any risks associated with their care.

Organisational policies relevant to this standard are in place to guide staff and include assessment and care planning, partnering in care, palliative care and advance care 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 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

Consumers said they get the care they need, and they feel safe. Consumers gave various examples of how staff ensure the care provided to consumers was right for them, including regularly asking them about their care and the way it is delivered and involving them in discussions regarding alternative care options available. Consumers were satisfied that any risks associated with their health and well-being were effectively managed.

Consumers said they are referred to their medical officer, or other health professional to meet their changing personal or clinical care needs. Consumers said that referrals occur promptly and that they were satisfied with this process.

Care plans reviewed by the Assessment Team demonstrated the delivery of safe and effective care and the involvement of other health professionals. Where appropriate, risk assessments were completed and key risks including for example falls, swallowing, complex behaviours and pain had been identified with appropriate strategies to reduce risk in place.

Care planning documentation included evidence that staff had in most instances, responded appropriately to a deterioration or change in the consumer’s condition including for example when their had been a change in the consumer’s behaviour or their clinical well-being. Registered nurses monitored the consumer and made contact with medical officers, allied health professionals and contacted consumer representatives where necessary. The Assessment Team observed how staff utilised handover, care plans, progress notes and electronic alerts to communicate changes in consumers’ health and well-being.

The Assessment Team found that staff demonstrated a sound understanding of how to manage risks associated with falls, pressure injuries, complex behaviours and the use of psychotropic medications. Staff provided examples of strategies they use to minimise falls and these included visual monitoring, use of sensor movement equipment and placing beds in a low position. With respect to skin care and pressure injury prevention, staff said they use pressure relieving equipment, reposition consumers, and use moisturisers. For consumer who experience pain, staff used non-pharmacological strategies and interventions as well as analgesia.

For consumers approaching end of life, staff described the practical ways they maximised the consumer’s comfort using strategies such as pressure relieving equipment, massage, mouth care and pain management as appropriate.

Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure information is shared both within the organisation and with others outside the organisation.

Staff demonstrated an understanding of precautions to prevent and control infection, including a potential outbreak of COVID-19 and the steps they could take to minimise the need for antibiotics.

The organisation has a risk management framework that guides how risk is identified, managed and recorded and policies are available to staff on high impact or high prevalence risks associated with care of consumers. Clinical incident data is analysed with trends identified and used to inform continuous improvement activities and future planning.

Policies and procedures relevant to this standard guide staff practice and include end of life care, pain management and comfort care.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 found that the service had taken action to improve performance in relation to this requirement.

Consumers said they received care that was safe and right for them and gave various examples of how staff accommodated their requests and were helpful and kind.

Care planning documentation reviewed by the Assessment Team demonstrated that consumers are receiving individualised care that is safe, effective and tailored to their needs.

Care planning documentation for consumers with specialised needs including chronic pain, diabetes mellitus, cognitive impairment, complex behaviours and wounds was reviewed and was found to include specific strategies to support consumers’ health and well-being.

Staff said they are guided by organisational policies and procedures to direct personal and clinical care that is best practice. They said they are supported by management staff and can access them after hours for guidance if required.

Registered nurses said they seek advice from the care managers, Nurse Practitioner, medical officers and allied health professionals when they have concerns in relation to a consumer’s personal or clinical care delivery. Registered nurses described how consumers are informed and consulted during the process.

Registered and care staff could describe consumers’ individual needs, preferences, the most significant clinical/personal care risks and how these were being managed or monitored in line with their care plans.

Staff demonstrated a shared understanding that restraint was a last resort intervention and could describe the alternative interventions they implement to settle consumers who are agitated or distressed. Consumers who were subject to restraint were found to have the required authorisations and consent in place and regular monitoring and evaluation was completed by registered nurses. Management staff described how they work together with the consumers, medical officer and Nurse Practitioner to reduce the use of restraint and psychotropic medications.

The Assessment Team found skin integrity and wound care (including pressure injury prevention and management) guidelines/procedures are available to staff and outline an evidence-based approach to promote healthy skin and manage wounds. Interviews with registered nurses and review of wound records confirmed that consumer’s wound healing progress is monitored and wounds are attended. The service has a dedicated registered nurse on site three days per week to undertake a review of all wounds at the service and the Nurse Practitioner assists with education and advice on complex wound care.

In relation to pain management the Assessment Team found that the organisational pain management procedure guides registered and care staff through the assessment and management process, including the use of specialised tools for consumers who cannot verbalise pain. The procedure includes information on non-pharmacological and/or pharmacological management strategies.

The service monitors clinical care through the care review process, audits and through the trending and analysis of clinical indicator data.

This requirement is Compliant

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

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

### 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 support 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

Consumers provided positive feedback about the services and supports for daily living that they receive. Consumers said staff have an awareness of their individual needs and preferences in relation to their well-being and their independence. They said they can talk to staff, pastoral care workers and family members if they are feeling sad and that religious services are available for them to access if they choose to do so.

Consumers provided examples of the many ways they are supported to do the things they want to do. This included for example, undertaking exercise, reading the newspaper, enjoying hobbies, cooking, completing personal washing, listening to music and playing musical instruments.

Consumers said meals were varied and of sufficient quality and quantity for their needs. Hospitality staff were familiar with consumers’ dietary requirements and explained how consumers had input into the seasonal menu through consumers’ meetings and the food focus group.

Care planning documentation included details of the services and supports consumers need including their individual interests and preferences. Consumers spiritual and emotional needs were also addressed and care related documentation provided sufficient information to support staff to engage and reminisce with consumers. Care planning documentation also evidenced referral to mental health services, psychologists and counsellors where a need was identified.

Staff demonstrated an understanding of what was important the consumers and understood what the consumers liked to do. Staff could describe when consumers were feeling low and when they needed to provide additional emotional support or escalate the situation to a registered nurse.

Lifestyle staff described some of the individualised activities that consumers are involved in such as accessing holistic health therapies, shopping, massage and beauty services; they said that volunteers are also engaged to support consumers as required.

Lifestyle staff said they monitor the appropriateness and suitability of activities offered through surveys, through discussion at consumer meetings and by documenting consumer participation and attendance.

The Assessment team observed staff taking with consumers, participating in activities and engaging with them in a supportive and caring way throughout the visit. They observed equipment to support consumers to engage in lifestyle activities and found that it was suitable, clean, well-maintained and readily available to consumers.

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

Consumers and representatives expressed satisfaction with the environment and said that it optimised the consumers’ sense of belonging and that it was welcoming. Consumers provided feedback including they felt ‘content’, ‘safe’ and ‘happy’ living there.

Multiple communal areas are located throughout the service including dining rooms, media rooms and lounge areas; a chapel is also located within the service. Consumers’ rooms had been personalised.

Customised signage was observed buy the Assessment team and this enabled consumers and visitors to navigate through the service and also supported movement in the event of an emergency. Sufficient lighting and handrails to support mobility were also found to be in place.

Staff could describe how maintenance and cleaning processes promote a safe and comfortable environment for consumers and staff; this includes maintenance of furniture, fittings and equipment. Staff said they have access to the equipment, products and training required to undertake their role in relation to cleaning the environment.

Staff demonstrated an understanding of how they would raise concerns about the environment that impacted safety, including potential hazards, and were aware of the maintenance requests systems that are in place.

Maintenance logs were observed by the Assessment Team in all areas of the building. The Assessment Team reviewed the preventative maintenance schedule and found it to be complete. They also reviewed meeting minutes, audits, and hazard reports and found that actions were taken to promote a safe and comfortable environment.

The Assessment Team observed the environment was well-maintained, safe and comfortable. Staff were observed attending to cleaning duties and maintenance was being attended to during the Site Audit. Fire evacuation signs were clearly visible, corridors were wide and free from clutter, call bells were available to consumers and suitable furniture was in place.

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

Consumers said they are encouraged and supported to provide feedback and make complaints and that when they do, action is taken in response. They said they were familiar with the complaints and feedback forms that are available and can talk to staff and management if they are experiencing a problem. Additionally, consumers can provide feedback through surveys and through attendance at consumer meetings.

A number of consumers provided the Assessment Team with examples of complaints that had been made and how their concerns had been managed; overall consumers reported satisfaction with the process.

The organisation has a feedback and complaints process and this is communicated to consumers when they enter the service and is displayed within the service. Information provided includes how to access the complaints mechanism, and the availability of advocacy services and language services.

Staff training and education includes complaints processes and staff demonstrated an understanding of how they can support consumers to provide feedback or make a complaint.

Management staff said that the complaints resolution processes involved consumers meeting with members of the management team and that at times this included senior organisational staff, they said that an open disclosure process is applied and an apology made.

The service’s management keeps records of complaints and this is reported to the organisation’s senior management and governing body. This information is used to improve the performance of the service and the organisation.

Management staff provided examples of improvements that had been made at the service in response to feedback and complaints. This included for example, additional care staff hours being rostered, additional recruitment of registered nurses to minimise use of agency staff, and the appointment of a registered nurse to manage wound care. In response to a complaint about care and services, a review of falls data was undertaken and identified an upward trend in falls that resulted in the implementation of a falls and wellness program that included allied health. A new procedure was introduced to supply sensor mats to all new consumers entering the service rather than waiting for a risk assessment or fall to occur. The Assessment Team reviewed the clinical records for two consumers participating in the program and found they had not had a fall since commencing the program.

The Assessment Team reviewed complaints records and found that when a complaint was lodged, management met with the complainant, consultation occurred, and the complaint was tracked through to resolution.

Policies and procedures relevant to his standard are available to staff and provide guidance in relation to complaints processes and open disclosure.

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

Consumers said there were adequate clinical staff, care staff and service staff rostered. The spoke positively about the kindness of staff and said they were caring. Overall consumers, including those who had experienced occasional delays, were satisfied with the responsiveness of staff when they requested assistance. Consumers who receive time critical medications were satisfied that they received these on time.

Clinical and care staff were generally satisfied with the roster and said that while they were busy, sufficient staff and time were allocated to allow them to meet consumers’ care and service needs.

Management staff described how workforce planning enables the allocation of the number and mix of staff to support the delivery of safe, quality care and services. They said registered nurses are rostered on each shift and that there have been recent changes to the roster and staff allocations including:

* increased care staff hours
* increased recruitment of care staff and registered nurses
* the appointment of a dedicated wound care registered nurse.

Management staff monitor staffing levels and responsiveness through surveys, satisfaction surveys, monitoring call bell response times and unfilled shifts. They advised that as new staff have been recruited the use of agency staff has reduced. A review of call bell data by the Assessment Team generally identified that overall staff response times have been declining.

Staff receive education and training relevant to the Aged Care Quality Standards including sessions on consumer respect, choice and diversity.

The Assessment Team found that staff held relevant qualifications and that they were competent and possessed the knowledge required to effectively perform their role. Staff had received education and training and were supported to deliver care in accordance with consumers’ needs and preferences and the Aged care Quality Standards.

Staff performance is monitored through regular performance review processes, staff observations, audits, and consumer feedback and complaints.

The Assessment Team observed staff interactions to be kind, caring and respectful.

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.*

The Assessment Team brought forward information under this and other requirements that demonstrated the service has taken action to ensure staff have received training to effectively perform their roles and deliver the outcomes required by the Aged Care Quality Standards.

Interview with management and staff and review of the service’s plan for continuous improvement and associated records identified staff have attended training in topics including minimisation of restrictive practices, the Aged Care Quality Standards, falls management, and compulsory reporting.

Management staff described the organisation’s training program which includes an orientation program and a combination of mandatory and non-mandatory training; competency assessments are completed following completion of the required training. The organisation has a policy of standing down staff if mandatory training has not been completed.

Additional education and training topics are identified through the analysis of incidents and other events that impact consumers and the service provided evidence of when this had occurred.

Staff interviewed by the Assessment team demonstrated knowledge in relation to restrictive practices, compulsory reporting requirements, consumers’ care and service needs, the management of complex behaviours and caring for consumers with dementia.

Management staff demonstrated the required knowledge and skills to deliver safe, quality care.

This requirement is Compliant.

### 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

Consumers said the organisation is well run and that they can partner in improving care and service delivery. Consumers provided examples of how they had been engaged in discussions about improvement initiatives including the dining experience and the purchasing of specialised furniture.

Management staff said that the organisation is currently developing a ‘consumer voice’ group and that this will include consumers and members from the executive management team.

The organisations governing body promotes and is accountable for the delivery of safe, quality care and services. A quality governance framework and a risk management framework are in place that identify accountabilities from the executive through to the service level. Processes to manage the escalation of critical incidents are documented and regular reporting to the governing body occurs and includes clinical indicators, critical incidents, incidents relating to the Serious Incident Response Scheme, complaints and quality indicators.

The organisation has a clinical governance framework that includes policies relating to the minimisation of restraint, antimicrobial stewardship and open disclosure. The service’s management team have received training in relation to the framework and were able to provide examples of how the policies were applied in their role.

The management team provided examples of improvements that had been initiated by the governing body to promote a culture of safe, inclusive, quality care including for example the wellness and falls prevention program, additional training for staff where a need had been identified, the implementation of a pain recognition application and new policies and procedures relating to falls management.

The organisation has effective governance systems in place that include information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

The organisation has policies in place to guide staff that are relevant to this standard and include partnering with consumers, inclusive care, anti-microbial stewardship and risk management.

The organisation monitors compliance with the requirement of this standard through audits conducted by the national internal audit team.

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.*

The Assessment Team brought forward information under this and other requirements that demonstrates that the service has taken action to improve performance under this requirement.

Staff reported that the organisation has effective information systems that enable them to perform their role. The Assessment Team reviewed care planning documentation for consumers and found that it was accurate. Information including restraint documentation, incident reports and compulsory reports had been reviewed by management and this was found by the Assessment Team to be accurate and complete. Management staff had a shared understanding of those consumers who were subject to restrictive practices, including chemical restraint.

The organisation demonstrated a continuous improvement system that is informed through complaints, critical incidents, improvement suggestions, audits, staff feedback, recommendations from the governing body and advice from external organisations. Improvements are captured on a quality improvement action plan and are tracked through to completion. Staff provided the Assessment Team with numerous examples of improvement activities that were designed to improve outcomes for consumers.

The organisation has an annual budget and financial delegations are in place that provide guidance in relation to expenditure.

Workforce governance is monitored by the Human Resources Director and the Board. The responsibilities and accountabilities of managers and staff are set out in position descriptions.

With respect to regulatory compliance, the divisional quality team carries the primary responsibility for monitoring aged care law and regulations and communicating any changes to management and staff. Examples of this were provided and included the implementation of the Serious Incident Response Scheme, influenza vaccination, monitoring of police certificates and the testing of the incident management system.

The organisation has an effective system to document complaints, the investigation of complaints and complaint outcomes and report complaint information to the governing body.

Policies relevant to this requirement were in place to guide staff.

This requirement is Compliant.

### 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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.