SwanCare Ningana

Performance Report

3 Allen Court
BENTLEY WA 6102
Phone number: 08 6250 0650

**Commission ID:** 7421

**Provider name:** SwanCare Group (Inc)

**Site Audit date:** 14 April 2021 to 16 April 2021

**Date of Performance Report:** 18 June 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 Approved 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

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

The Assessment Team found most consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers said staff know them well, they understand their personal preferences and ensure their needs are met.
* Consumers felt staff treat them with respect and their culture is valued. One consumer said they can choose meals based on their cultural preferences.
* Consumers said the service supports them to maintain relationships, exercise choice and independence. Individual care preferences were discussed with them on entry and are ongoing.
* One consumer explained how staff identified another consumer who was from their country town and now they are friends and participate in activities together.
* Consumers said they are supported to understand the benefits and risk of activities of choice, and make their own decisions so they can live the best life they can.
* Representatives said they are advised of any changes in consumers’ condition, health and well-being in a timely manner.

The service demonstrated consumers are treated with dignity and respect, with their identity, culture and diversity valued. On entry, staff gather information on consumers’ culture and background, including things important to them and these guide care and service delivery. The Assessment Team found staff demonstrated an understanding of consumers’ culture and were observed treating consumers with respect. The service identifies and celebrates culturally relevant days and management advised they are currently recruiting volunteers from varying cultural backgrounds, who will be available to provide additional support and connection for all consumers.

The Assessment Team found consumers are supported to exercise choice and independence, including with how care and services are delivered, who is involved in their care and how they are supported to maintain relationships of choice. Staff were able to describe how they support consumers with their decisions on care and service delivery, including support they provide to six couples who are maintaining intimate relationships. Care plans sampled were individualised and included goals and steps to enable consumers to exercise their choice and independence, and activities of interest were listed.

Staff engage in discussions on risk with consumers and demonstrated an understanding of consumers’ choice to continue with risk activities enabling them to live the best live they can. They could describe the process to complete risk assessments and understood how this information informs strategies for them to safely deliver and manage consumers’ care. The service Risk Management Policy aligns with the process and is used to guide staff in best practice. The service has posters displayed to encourage consumers to talk to staff about their goals and what they want to achieve.

Information provided to consumers is current, accurate, timely and ongoing and is shared with those who are involved in their care. Staff were able to describe how information is shared and the different information mediums used to ensure it meets the needs of consumers, enabling them to understand and exercise choice. Consumers and representatives are regularly invited to attend meetings where changes to consumers’ care and service delivery are discussed, actioned and documented for reference by all staff.

The Assessment Team found through observations, and speaking with consumers, representatives and staff, the service demonstrated consumers’ privacy is respected and personal information is kept confidential. The delivery of care and services was observed to be respectful of consumers’ privacy and discreet. Staff were mindful not to discuss consumers’ personal information in public areas and all information is kept in locked cabinets or on password protected systems. Staff must complete training in privacy, dignity and choice and the service has a privacy policy and procedures that guide both staff and external Heath professionals in the delivery of care. Consumers could provide examples of when staff have respected their privacy.

The Assessment Team observed strategic documents, policies and procedures to guide staff in care and service delivery. The documents appeared to have a consumer centred approach, supporting them to take risks to live the life they choose and ensuring care and service delivery is provided in a culturally safe way to meet the needs of consumers.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1, to ensure a culture of inclusion and respect for consumers; supports for consumers to exercise choice and independence and consumers’ privacy is respected.

Based on the evidence documented above, I find SwanCare Group (Inc), in relation to SwanCare Ningana, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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 COMPLIANTOngoing 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 Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers and representatives interviewed expressed their satisfaction with the information provided to them about consumers’ care planning processes and involvement. Consumers could describe details documented in their care plan and felt comfortable to ask staff for access.
* Consumers felt they get the care they need and staff regularly ask them about their care preferences.
* Consumers are happy to discuss and complete the end of life and advance care directive to ensure their cultural and personal preferences are documented.
* Representatives felt they able to advocate for the consumer when they are unable to do so themselves.
* A consumer and their representative, who had recently lost a love one were “extremely happy” with the extra services and additional emotional support received.

The service uses validated assessment tools when assessing and planning consumers’ care and service delivery. Consumer files contain assessment and planning documents and when consumers express that they wish to manage their care, appropriate risk assessments are completed and strategies implemented to ensure safe and effective care delivery. Staff were competent in describing the service’s assessment and planning process and how this information is used to inform care delivery that is tailored for each consumer.

Care planning documents reflect consumers’ end of life wishes and advance care directives. Clinical staff could describe how they approach end of life and advance care planning with consumers and representatives. This aligned with the service’s policies and procedures which are available to guide staff in best practice. Management advised they engage an external palliative care provider to ensure staff are supported and able to meet consumers’ specific care needs at end of life.

The service demonstrated it delivers care and services in ongoing partnership with the consumer, other external services and Health Professionals. Assessments and care reviews are completed by Clinical staff annually and/or when there is change or deterioration in the consumer’s condition. Staff said that while care and service delivery is documented, consumers are encouraged to discuss their specific preferences daily and staff regularly check to ensure consumers’ needs are being met. During the Site Audit, the Assessment Team observed other Health Professionals completing consumers’ assessments.

Policies and procedures guide staff in care plan reviews to ensure care and services effectively meet consumers’ needs, goals and preferences. All care plans have a review date scheduled and information on clinical care is identified and clearly documented. Staff confirmed care plan information is discussed with consumers and representatives. Progress notes and incident reports indicate representatives are contacted in a timely manner after an incident and/or when there is a change or deterioration in consumers’ health and well-being.

Staff advised they receive mandatory training and have access to policies and procedures to recognise changes in consumers’ health and well-being and were able to demonstrate when to escalate to senior Clinical staff. The Assessment Team reviewed incident forms which indicated incidents are managed, investigated and strategies implemented to reduce risk. Meeting minutes indicate the multidisciplinary team meet weekly, incidents are discussed, next steps identified and all changes required in care and service delivery are reflected on consumers’ file.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning is conducted in partnership with consumers and has a focus on optimising health and well-being in accordance with consumers’ needs, goals and preferences.

Based on the evidence documented above, I find SwanCare Group (Inc), in relation to SwanCare Ningana, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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 COMPLIANTPersonal 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

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

The Assessment Team found overall, consumers sampled considered that they get personal care and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers and representatives said they were satisfied with personal and clinical care provided.
* Two consumers diagnosed with Parkinson’s said staff understand the importance of receiving their medication on time to ensure they remain symptom free.
* Two representatives were pleased staff understood what was required to support consumers’ diagnosed with Dementia and had placed a ‘dignity chain’ on entrance to their rooms.
* One consumer said since residing at the service, they have experienced less infection and falls and this was due to staff monitoring and support.
* Representatives are kept informed in a timely manner of any changes in consumers’ health and well-being.
* Consumers and representatives said consumers have access to other organisations and providers of care, where required and in a timely manner.
* Consumers said they provide consent for information when care and services are required by external service providers.

The service demonstrated consumers receive safe and effective personal, clinical care that is tailored to their needs and optimises health and well-being. Care files reflect individualised care that is safe, tailored to consumers’ needs and is reviewed regularly for effectiveness. Staff advised they receive training on policies and procedures to guide them in key areas of care, such as skin integrity, pain management and use of chemical and physical restraints. Changes in best practice guidelines are discussed monthly at staff meetings and memoranda placed on staff noticeboards.

Policies and procedures to identify and manage consumer risks are available to guide staff practice. Areas of high impact or high prevalence risks are identified by Clinical and Allied Health staff and appropriate individualised strategies are implemented. Staff could explain how they identify risks and described strategies to minimise risks. Incidents are recorded and analysed to ensure the incident is understood and actions implemented are effective to reduce reoccurrence.

The service demonstrated how they manage needs, goals and preferences for consumers nearing end of life to ensure comfort and dignity remains. The Assessment Team found all information is documented in consumers’ care files, and an external palliative care specialist is engaged to support staff and provide advice and recommendations on symptoms management. Staff complete mandatory training, are guided by policies and procedures and showed an understanding of consumers’ care needs when nearing end of life.

The Assessment Team found the service has policies and procedures in place to recognise, manage and escalate changes and deterioration in consumers’ mental health, cognitive or physical function. On review of care files, it was noted consumers had current assessments, care plans and evidence of timely referrals for further medical review by other Health Professionals. In addition, regular meetings with consumers and representatives occur to discuss consumer deterioration, providing an opportunity to agree to changes in care and service delivery. Staff attend mandatory training and have policies and procedures to guide them in referrals, communication and information sharing practices.

The service demonstrated it minimises infection related risks through implementing standard and transmission based precautions to prevent and control infection. Staff have completed mandatory infection control training, COVID-19 and donning and doffing personal protective equipment training. Consumer infections are reported, registered, tracked and actioned by consumers’ General Practioner. This aligns with comments from consumers and representatives.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 3 to ensure delivery of safe and effective personal and clinical care, in accordance with consumers’ needs, goals and preferences to optimise health and well-being.

Based on the evidence documented above, I find SwanCare Group (Inc), in relation to SwanCare Ningana, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### 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.*

### 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 COMPLIANTServices 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

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

The Assessment Team found overall, consumers considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers said the service assists them to engage in activities they enjoy, spend time with friends and family, engage with the outside community and do things that are of interest and meaningful to them and improve their life.
* Consumers are supported to maintain their faith and are provided with meals that are freshly cooked on site and generally of reasonable quality.
* Consumers feel supported by staff and said they spend time and assist them when they are feeling low.
* Consumers are confident staff know their needs and preferences and information is shared with others were care and service delivery is shared.
* A representative said staff provided “wonderful care spiritually and physically”; after the passing of a family member.

The lifestyle program includes a range of activities and the Assessment Team observed activities to be varied and in high attendance. Care files include information relating to consumers’ likes and dislikes and staff demonstrated an understanding of the things consumers like to participate in and things they like to do.

Care files include information on consumers’ emotional, spiritual and psychological well-being and outline things meaningful to consumers. Staff were able to describe how they spend time with consumers when they see they are feeling down and were aware of consumers who require additional emotional support. The service provides two different religious services and records indicate they are well attended. In addition, the service engages a Psychologist who provides additional emotional support where required.

Staff demonstrated what is important to consumers and provided examples of how they assist consumers to maintain relationships within and outside the service and how they encourage consumers to follow their interests and participate in social activities. The service engages volunteers from different cultural backgrounds to assist with activities and engage with consumers on a one-on-one basis.

The Assessment Team found consumers’ preferences and needs are clearly documented to ensure all persons involved in care and service delivery are well informed. This also includes social support requirements and care equipment needed to assist with daily living.

The service demonstrated it has processes to refer consumers to other health providers and organisations delivering care and services. Care files document when referrals are made, and staff were able to describe the process and could refer to policies and procedures to guide them. The Assessment Team observed external health providers on site working with consumers and completing assessments.

Overall, consumers said they were satisfied with the quality of food provided. However, two consumers indicated the menu was not varied and another was requesting a hot breakfast option. This feedback was shared with management and they followed up with the individual consumers and changes were made to meet their preferences. Care files reflect consumers’ dietary needs and meal preferences. The menu is on a four weekly rotation and consumer selection is reviewed with each care plan conference.

The Assessment Team observed service equipment to be clean and well maintained and consumers said they feel safe using them. All maintenance and cleaning is completed as per the schedule. In addition, reactive maintenance requests indicate repairs are completed in a timely manner.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 4 to ensure safe and effective services and supports for daily living are provided that optimise consumers’ independence, health, well-being and quality of life.

Based on the evidence documented above, I find SwanCare Group (Inc), in relation to SwanCare Ningana, to be Compliant with all Requirements in Standard 4 Services and support for daily living

## 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 COMPLIANTOrganisation’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

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

The Assessment Team found overall, consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* One consumer said, “this is why I came here, look at how nice it is and look at all my things, I really do feel at home”.
* A representative said, “a major factor is how new it is and how nice the rooms are and they keep it clean and well maintained, with good facilities”. The representative also indicated the consumer had settled in well.
* Consumers and representatives indicated they are encouraged to discuss living arrangements during consumer/representative meetings.
* Consumers advised they feel safe when staff are using equipment to deliver their care and indicated their mobility aids are regularly checked for any safety concerns.

The Assessment Team observed the environment and equipment, including soft furnishings, such as chairs and lounges, and floor coverings to be clean and well maintained. The environment was noted to be easy to navigate and consumer bedrooms were personalised. Additionally, consumers have access to indoor and outdoor spaces with balconies on the higher floors. For consumers located in the memory support unit, staff were observed to be taking them out to the central courtyard.

The kitchen was observed to be clean and tidy. The meals are prepared in the main kitchen and transferred to the serving kitchen located on different levels. Consumers had recently undertaken a tour of the main commercial kitchen and feedback was positive. Staff were observed following food hygiene protocols.

The service demonstrated there are processes to ensure reactive and preventative maintenance is completed. Staff have received training in how to use equipment safely and how to identify and report hazards. The service conducts monthly work, health and safety audits to identify areas of concern.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 5 to ensure a safe and comfortable service environment is provided that promotes consumers’ independence, function and enjoyment.

Based on the evidence documented above, I find SwanCare Group (Inc), in relation to SwanCare Ningana, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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 COMPLIANTFeedback 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

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

The Assessment Team found that overall, consumers and representatives consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Overall, consumers indicated they didn’t have any complaints to raise, but understood they could be submitted in writing, by phone and/or speaking directly to management.
* Representatives who had submitted a complaint said they were satisfied with management’s acknowledgement, apology and outcome.

The service has a system to monitor feedback and complaints, where management oversees all complaints, contacts the complainant to work with them to resolve the issues. Management is responsible to ensure all investigations and actions are taken through to resolution.

The Assessment Team observed information on external advocacy services with posters and brochures displayed at the entrance and staff advised this information is also provided on entry. For consumers and representatives where English is not their first language, the service has access to external translators.

The Assessment Team reviewed the service complaint register which contained three complaints over the last three month period and also included actions and feedback details provided to the complainant. In addition, the service has a continuous improvement plan which is used to initiate improvements and consumer satisfaction is monitored via meetings and surveys.

The service has an Open Disclosure policy to provide support to staff to identify and action feedback and staff said they were aware of the policy and have received training. When provided with a scenario, staff demonstrated an awareness of what open disclosure means and could detail their role and responsibilities.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure input and feedback from consumers, carers, the workforce and others is sought by the service and used to inform continuous improvements for individual consumers and the organisation.

Based on the evidence documented above, I find SwanCare Group (Inc), in relation to SwanCare Ningana, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 COMPLIANTHuman 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

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

The Assessment Team found that consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers and representatives believe there are sufficient staff to meet consumers’ needs. Most consumers indicated they didn’t have to wait long after ringing the call bell. However, one did raise some concerns and this was raised with management and they are working with both the consumer and representative to reach a suitable outcome.
* All consumers and representatives said staff are kind, caring and treat consumers with respect. They said they trust staff and they provide consumers with good care.
* One consumer said, “all staff here are good, even the agency staff, they treat me well and I think I have landed on the best place for my last years. I am lucky”.
* Consumers and representatives spoke highly of staff. They said staff are good at their jobs, supportive and assist consumers with all aspects of care, including nursing, social and spiritual care.

The comments provided from consumers and representatives align with the Assessment Team’s observations where staff were seen to be interacting with consumers in a kind and caring manner.

The service demonstrated it is regularly reviewing and changing the workforce to enable the delivery of safe and quality care and services. Management said being a new service, they are constantly monitoring staffing levels to ensure consumers are provided with optimal care. This aligns with a review of call bell response times, indicating care was generally provided in a timely manner. On review of staffing rosters, the Assessment Team found two Registered Nurses on day shift, with Registered Nursing coverage 24 hours per day and one Enrolled Nurse on each floor. Staff didn’t raise any staffing concerns during the Site Audit, advising they all work together as a team to ensure consumers are delivered quality care.

The Assessment Team found the service has engaged competent, qualified and knowledgeable staff to ensure delivery of safe and quality care. Staff said they are provided with duty statements and each role has a job description to guide them in the duties they need to perform. They advised they receive regular training inclusive, but not limited to; manual handling, abuse and neglect, effective communication, cultural awareness, use of restraints and behaviour management and more recently Serious Incident Reporting. The Service Manager observes staff during daily duties, assesses and considers feedback from consumers, representatives and other staff when determining staff ability and confidence in their role. This information identifies future training needs.

The organisation has a staff performance framework that guides management in staff performance management. All new staff have either a three or six month probation period which is dependent on the conditions they are employed under. This is to monitor staff performance against the duty statement and job description and to ensure staff are delivering care aligned with the service’s model of care.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 7 to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

Based on the evidence documented above, I find SwanCare Group (Inc), in relation to SwanCare Ningana, to be Compliant with all Requirements in Standard 7 Human resources.

## 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 COMPLIANTOrganisational 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

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

The Assessment Team found overall, consumers felt they are engaged in the development, delivery, evaluation and continuous improvement of care and services. During interviews with the Assessment Team, both consumers and representatives indicated the service is well run and they feel they are involved in delivery of care and services and encouraged to provide feedback.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints.

The service holds monthly consumer and representative meetings where there is opportunity to talk about consumers’ care delivery, feedback and areas of continuous improvement, food menus and activities provided. Minutes captured during the meeting are shared with all in attendance. In addition, the service conducts consumer and representative surveys annually, over a three month period, to ensure information collated in not just at a single point in time.

The organisation’s governing body promotes a culture of safe, inclusive, quality care and services and is accountable for the delivery. Two recent areas of focus have been around infection and prevention control and system implementation and training of staff in the Serious Incident Response Scheme. Training in the Aged Care Quality Standards is completed on induction and annually, posters are displayed throughout the service to guide staff in providing care reflective of the requirements.

The service has implemented an effective risk management framework, including policies, systems and practices to manage high impact or high prevalence risks. Staff showed an understanding of their role in responding to and reporting on consumer abuse and neglect. Clinical indicators are analysed regularly and individual consumer risks are monitored and reviewed for effectiveness.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and described how they implement these within the scope of their roles.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 8 to ensure the organisation’s governing body is accountable for the delivery of safe and quality care and services.

Based on the evidence documented above, I find SwanCare Group (Inc), in relation to SwanCare Ningana, to be Compliant with all Requirements in Standard 8 Organisational governance.

## 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

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.