The Whiddon Group - Glenfield - Easton Park

Performance Report

81 Belmont Road   
GLENFIELD NSW 2167  
Phone number: 02 9827 6666

**Commission ID:** 0243

**Provider name:** The Frank Whiddon Masonic Homes of New South Wales

**Site Audit date:** 24 November 2020 to 27 November 2020

**Date of Performance Report:** 1 February 2021

# Publication of report

This Performance Report **may 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.
* the provider’s response to the Site Audit report received 16 December 2020.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, most sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. All sampled consumers have stated that whilst it has been difficult to during the COVID-19 pandemic, the service has kept them safe and has been proactive in ensuring they continue to see their family through window visits, video-link and telephone calls.

The provider demonstrated systems in place which are designed to engage and include consumers and their family members in care and service planning, delivery and evaluation, as well as to provide each consumer with information that is current, accurate and timely.

Staff were observed to treat consumers respectfully while providing care and services and when speaking to consumers.

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.*

The Assessment Team interviewed a sample of consumers who stated they feel accepted and valued. They described communication to them by staff were in a kind, respectful manner.

Staff interviewed by the Assessment Team were found to speak respectfully about consumers. They were able to describe the preferences, personal circumstances, and life journey of specific consumers to demonstrate their understanding of individual consumers in the service. The staff also stated they received training on dignity and respect, and this was confirmed by a review of their training records. The team observed staff implemented this training in practice, as they interacted with consumers in a respectful and caring manner.

The Assessment team also sighted policies and procedures for dignity and respect available to assist staff.

I find this requirement is Compliant.

### 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.*

The Assessment Team interviewed a sample of consumers who stated they felt supported to exercise choice, maintain their independence and relationships of choice. For example, one consumer provided an example of staff respecting her shower time preference, and some other consumers provided example of staff supporting their decisions to maintain connections with others at the service.

Staff interviewed by the Assessment Team were able to describe how they supported consumers to exercise choice, independence and maintain relationships. They were able to provide specific examples, such as assisting a consumer to coordinate visits to his mother in another building onsite. The Assessment Team also observed discussing choices or changes to care and preferences with consumers.

I find this requirement is Compliant.

### 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives interviewed confirmed they are involved in care planning. Some consumers also explained they had taken part in care conferences with the services clinical staff to plan and review their care needs, goals and preferences.
* Consumers and representatives sampled confirmed they are informed about the outcomes of assessment and planning and have access to their care and services plan if they wish*.*

The Assessment Team found sampled care plans adequately detail care needs across all care domains, including complex care, which is assessed and documented clearly by clinical and lifestyle staff in accordance with each consumer’s individual needs and preferences. This enables all staff involved in care of the consumer to easily understand their role and safely deliver care required to each consumer at the service.

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.*

The Assessment Team identified that care and services are assessed and planned in consultation with consumers at the service. This was evident from the consumers and staff interviewed, whom were able to describe their joint assessment and planning process to inform the delivery of safe and effective care. The Assessment Team also reviewed the consumers care planning documents and they were found to be regularly updated in consultation with consumers and/or representatives, ensuring the present risks and well-being of consumers are always considered.

The Assessment team identified that assessments, including risk planning, were all completed for the sample of twenty consumers. The team also found that the provider has procedures to assist staff to complete assessments, and risk assessment tools are now available within the standard assessment suite.

I find this requirement is Compliant.

### 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.*

The Assessment Team identified that consumers at the service received assessment and planning that addressed their current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. This was evident from their review of care plans which found that all sampled care plans noted consumer needs, goals and preferences. Advance care planning was also completed for consumers that had provided consent. The team also noted that the provider has guidance on advance care planning and end of life planning to assist staff and consumers.

The consumers and staff interviewed by the Assessment Team were also able to demonstrate their awareness of end of life and advance care planning or describe how it occurs in the organisation.

The Assessment Team noted that all care plans sampled had completed assessments, and preferences around pain management and meals were recorded for consumers.

I find this requirement is Compliant.

### 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.*

The Assessment Team identified that consumers and their representatives at the service are partners in the assessment and planning process. This was evident from consumers and representatives interviewed who described how they are involved with assessment and planning. Staff interviewed provided similar feedback and were able to demonstrate their knowledge of specific consumers and the representatives they would like involved in the care. The staff also described relevant organisational policies and procedures that guided them for assessment and planning.

The Assessment Team reviewed a sample of care documentation and progress notes which showed that a consumer’s representatives, other organisations, individuals and providers of care and services are involved in the care of consumer.

I find this requirement is Compliant.

### 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.*

The Assessment Team identified that consumers at the service have a care plan and services plan that is easily accessible, and outcomes of their assessment and planning are communicated to them. This is evident from consumer feedback whom stated they were aware, and could access, their care plans if they wanted. Staff interviewed stated they could retrieve these care plans from an electronic care system at any time, and copies of these plans were provided to consumers after case conferences. If consumers or representatives wanted further information about the plan, the registered nurse is made available to discuss.

I find this requirement is Compliant.

### 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.*

The Assessment Team identified that consumers at the service had their care and services reviewed regularly for effectiveness, when circumstances change, or an incident occurs. This is evident from consumers and/or representatives interviewed, who have confirmed that they have been involved with the service in reviewing their care needs when their circumstances have changed or incidents have occurred. Staff interviewed were able to describe how care plans are regularly reviewed and described their handover process to demonstrate how changing needs are carefully monitored and reported.

The Assessment Team reviewed a sample of care documentation that confirmed assessment and planning was mostly responsive to changes and incidents. For example, a consumer’s care was adequately reviewed after a fall incident.

I find this requirement is Compliant.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

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

* One representative interviewed said that she feels her husband gets the care he requires and is confident that he is well cared for.
* Three consumers identified what was important to them regarding care and the staff were aware of these preferences and it was documented in their care plans.
* Consumers had access to doctors and other allied health professional including a geriatric outreach team which regularly comes to the service to minimise unnecessary hospital transfer.
* The service had policies and procedures for assessment and care planning in line with best practice to optimise consumers health and well-being.

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 identified that consumers at the service receive care that is best practice, tailored to their needs, and optimises their health and wellbeing. This is evident from consumers and/or representatives interviewed, who stated they receive the care they need and in the way they prefer. Staff interviewed were able to explain examples of delivering care that is best practice, and stated they are supported by organisational policy and procedural guidelines. The Assessment team reviewed these provider’s policies and procedures and identified they were easily accessible and accompanied by tools, frameworks, and registers.

The Assessment Team also reviewed care planning documents, progress notes, and other clinical documentation for a sample of consumers and found most consumers received individualised care that is safe and effective. There was one instance of a wound charting to not be in line with best practice, although no negative impact to the consumer was identified; the provider has since addressed this issue.

The Assessment team found that consumers had their physical restraints, behaviours, and pain management well managed, and they were able to support this finding with examples from a few consumers. They also found that care documentation was regularly updated to ensure clinical needs were monitored and care remained tailored to a consumer’s changing needs.

I find 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.*

The Assessment Team identified that the provider effectively manages high impact or high prevalence risks associated with each consumer. The team reviewed care documentation and identified that key risks were identified for each consumer sampled, and risk assessments and authorisations were attached.

The Assessment Team interviewed staff were able to identify and describe the risks for specific consumers sampled. Management staff interviewed were able to identify and discuss the high impact and high prevalent risks in the service, including any noticeable trends. They were able to describe their method of identifying these risks, including the use of risk management software, incident reporting, care plan documentation and clinical handover. Furthermore, they reported that the data was discussed at clinical meetings, management meetings, and staff meetings to develop strategies to manage these risks.

I find this requirement is Compliant.

### 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.*

The Assessment Team identified that the provider recognises and responds to consumer deterioration in a timely manner. This was evident in the care planning documents of sampled consumers, and staff interviewed were also able to provide examples of when deterioration was recognised and actioned.

I find this requirement is Compliant.

### 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.*

The Assessment Team reviewed a sample of care documents and identified that they contained adequate information about a consumer’s condition and needs. Almost all care plans sampled were up to date and reviewed regularly, aside from one that still contained old information. The consumers interviewed stated they do not feel they need to repeat information to advise staff of changes to care, which supports that information is recorded regularly and appropriately. Staff interviewed were also able to describe how they share information and how they are documented.

The Assessment Team observed handover and information shared between staff about the consumer’s needs and preferences, and sighted policies and procedures that outline how assessments and care plans should be reviewed and updated.

I find this requirement is Compliant.

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

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

The Assessment Team reviewed a sample of care documents and identified the input of other allied health providers and organisations. It was noted they were referred to other services or specialists in a timely manner, including examples of timely referrals made to manage behaviour, dietary and wound concerns.

Consumers interviewed also confirmed that there were timely and appropriate access to other services, and staff were able to describe how the service made referrals for consumers.

I find this requirement is Compliant.

### 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.*

The Assessment Team identified that the provider was able to demonstrate minimisation of infection related risks. Consumers and representatives interviewed were generally satisfied with the provider’s COVID-19 restriction response. Staff interviewed were able to demonstrate knowledge of infection control and antimicrobial stewardship and provided examples from their work. Management staff stated they have recently successfully implemented their outbreak management plan due to two consumers being identified as close contacts with COVID-19.

The Assessment Team observed recently updated policies and procedures for antimicrobial stewardship and infection control. They also sighted other precautions to minimise infection related risks at the service, such as completed flu vaccinations for most staff, PPE stocks in preparation, and others.

I find this requirement is Compliant.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service, and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, sampled consumers did confirm that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers interviewed indicated they are supported to keep in touch with people who are important to them through visits, telephone calls, and through social outings.
* Consumers interviewed indicated they feel supported to do the things they want to do; they said they have the freedom to choose what to do and when to do it.
* The vast majority of consumers interviewed provided positive feedback about the food served at the service, although one consumer stated that “steak served at the barbeque are like “cardboard”.
* All consumers / representatives interviewed indicated that they were very happy with the lifestyle program provided. Regarding laundry and cleaning services, consumers interviewed indicated that they were satisfied with the level of services provided.

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.*

The Assessment Team identified that consumers at the service were supported in their emotional, spiritual and spiritual wellbeing. This is evident in all consumers interviewed whom stated their wellbeing is supported, and a review of their care documentation also indicated that there is detailed information about their spiritual needs and preferences.

Staff interviewed were able to provide an extensive list of initiatives implemented to promote consumers emotional, spiritual and psychological wellbeing. They were also observed to engage consumers and provide emotional support.

I find this requirement is Compliant.

### 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.*

The Assessment Team identified that consumers at the service were supported to have social and personal relations, they are engaged in activities that are of interest to them, and this is recorded in their care plan. This is evident in the consumer feedback, their care planning documents which included information regarding daily living supports, and the team’s observations. Staff interviewed also provided specific examples of consumer participation in the community, and the activities provided that are of interest to consumers.

The Assessment Team sighted lifestyle and activity calendars that displayed activities within and outside the organisation’s service environment.

I find this requirement is Compliant.

### 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.*

The Assessment Team identified that consumers at the service had their condition, needs, and preferences communicated within the organisation and with others where responsibility for care is shared. This was evident in a sample of consumer care plans that were regularly updated with relevant information about a consumer, which enabled safe and effective sharing of the consumer’s care within the organisation. Staff interviewed were able to describe how information is provided to them to inform their work as relevant to their roles, duties and responsibilities. The team also observed organisational procedures regarding referral processes and management of information sharing to external services.

I find this requirement is Compliant.

### 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers spoke positively about the staff and confirmed that they kept the environment in their room and communal areas clean and tidy.
* Consumers were happy with the furniture and equipment (which have been recently purchased), and they feel safe when staff are using equipment with them.

The Assessment Team observed the service environment was decorated, clean, with several external and internal garden areas available for consumers. Most of the environment was observed to enable free movement for consumers with limited mobility, and consumers were observed to freely use the external areas for walking and other activities. However, it is noted that consumer’s in the Mallan Dementia Support Unit only have access to gardens when staff open the doors for them.

Management acknowledged that the current maintenance system does not facilitate communication regarding the completion of maintenance requests, although they stated they are currently implementing a new electronic maintenance system and expect it to be implemented in the next couple of months. Review of reactive maintenance demonstrated that several plumbing related repair jobs were completed outside a reasonable time frame.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, sampled consumers and representatives felt that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives interviewed said they know how to, and felt safe, raising concerns, making a complaint or giving feedback to staff
* Consumers and representatives interviewed were able to identify changes or improvement made at the service due to feedback or complaints such as increased communication between the service and consumer and representatives.
* The service uses an open disclosure approach and staff are educated on what this means and how to manage complaints. Whilst not all staff interviewed could explain open disclosure, the service did additional training after feedback was provided.
* Complaints are actioned in line with organisational policy, and the service identified areas of improvement by implementing templates for acknowledgement of complaints letter and response to complaints.

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.*

The Assessment Team identified consumers and representatives were encouraged and supported to provide feedback and make complaints. This was evident in consumer and representative feedback who were able to identify methods they used to raise concerns, and stated they felt comfortable to do so. Staff interviewed were able to explain how they would support consumers to provide feedback or make a complaint.

I find this requirement is Compliant.

### 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.*

The Assessment Team interviewed consumers and representatives who confirmed they had access to advocates, language services, and other methods to raise complaints. Staff interviewed were able to describe how they would support consumers to access these methods of complaints, including for non-English speaking consumers. The Assessment Team also observed posters, flyers, pamphlets, and information in resident, staff and volunteer handbooks communicating relevant information.

I find this requirement is Compliant.

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

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

The Assessment Team interviewed consumers and representatives who confirmed they had access to advocates, language services, and other methods to raise complaints. Staff interviewed were able to describe how they would support consumers to access these methods of complaints, including for non-English speaking consumers. The Assessment Team also observed posters, flyers, pamphlets, and information in resident, staff and volunteer handbooks communicating relevant information.

I find this requirement is Compliant.

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

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

The Assessment Team identified that feedback and complaints are reviewed to improve the quality of care and services. This is evident from consumers and staff interviewed whom have stated feedback and complaints have been reviewed and resulted in improvements.

However, during this assessment, management staff was able to describe how they analyse their feedback and complaints register for trends, and state that no noticeable trends were identified from March 2020 to Nov 2020. The Assessment Team also found that feedback from consumers and staff drove improvements such as music being selected during meal services and improved communication between staff and consumers.

I find this requirement is Compliant.

# 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers interviewed provided positive feedback regarding staff being kind and caring. They gave several examples where staff had sat and talked with them and had gone out of their way to help.
* Consumers said they felt staff were knowledgeable about their care needs. Some consumers said they felt safe when staff had used equipment to assist them as they were being re-assured by the staff throughout the process.
* Consumers generally felt there were enough staff as they did not have a long wait for staff to attend if they used their call bell.

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.*

The Assessment Team identified that the workforce is competent with the qualifications and knowledge to effective perform their roles. This is evident from consumers and representatives interviewed who mostly stated that staff are competent and capable to perform their roles. Staff interviewed were also able to describe the ongoing training they received with assistance from management, and this training was reflected in the education documentation recorded for staff.

I find this requirement is Compliant.

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

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

The Assessment Team identified that the workforce are trained and equipped to deliver the outcomes required by these standards. This is evident from consumers and representatives interviewed who mostly stated that staff are competent and capable to perform their roles. Staff interviewed stated they have completed the mandatory training for Quality Standards.

The Assessment Team also reviewed the education register and confirmed that most staff had completed online mandatory training in relation to Quality Standards and other relevant topics this calendar year. The remaining staff that have not completed the training were mostly on leave or were otherwise under a timeframe for completion. The face to face mandatory training had a lower completion rate than online training, attributed to COVID restrictions.

Additionally, I have taken into consideration that the other Standards are compliant which would indicate that staff deliver care to consumers in line with the Quality Standards.

I find 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Consumers and representatives said they believe the service is well run by the organisation and the current management team. Consumers were able to speak to how they are involved in decision making around all aspects of care and service. This includes in care planning, in identifying needs specific to them and in setting goals for what they want.
* The service has processes in place where consumers and representatives have increased involvement in the operation of the service. There have been opportunities for consumers to be active participants in recruitment of a new hairdresser, taking part in forums and meetings, and consulting in changes to the service environment during the service’s recent renovation and relocation of consumers from Rains House to the Easton Park Units (EPU).
* Management described corporate governance as the key aspects of organisational structure, business performance monitoring and management arrangements. The aim of which is to ensure the organisational design reflects and delivers the Quality Standards within the framework of a business model and in partnership with key stakeholders but primarily consumers.

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 identified that the organisation has effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Information management as per consumer and staff feedback confirms they are able to easily access and receive accurate information about their care at any time. Staff have access to updated policies and procedures that guide them in their care to staff.

A review of the continuous improvement logs by the Assessment Team have indicates there is a methodical approach to ongoing monitoring, evaluation and service improvement.

The Assessment Team has found the staff sufficient and skilled in relation to workforce governance.

The Assessment Team found effective governance systems for regulatory compliance, including an adequate management of physical and chemical restraint at the time of assessment with policies and procedures to guide staff, and there is also evidence of minimisation of restraint use.

The Assessment Team identified sound feedback and complaints governance as the service demonstrates they regularly seeks feedback from consumers, and uses a complaints register to record, action complaints, and inform continuous improvements.

I find 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.*

### The Assessment Team identified that the service has effective risk management systems in place. A review of their documents indicates the provider has a documented risk management framework and policies indicating how to manage high impact or high prevalence risks associated with the care of consumers, identify abuse and neglect of consumers, and supporting consumers to live the best life they can. Staff interviewed were also able to confirm their understanding of these policies and provide examples of their relevance to their work.

### The provider was also able to demonstrate it identifies consumers who have high impact and high prevalence risks and collects and analyses clinical incident on a monthly basis. The service was able to identify their current high impact and high prevalence risks such as fall and wounds and describe how they were currently monitoring and working to reduce this risk.

### I find this requirement is Compliant. 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.*

The Assessment Team identified that the service has a sound clinical governance framework in place. The organisation had a documented clinical governance framework, and policies related to antimicrobial stewardship, minimising the use of restraint, and open disclosure.

During this assessment, management were able to describe updated policy or procedures and provide examples on how the implementation of these policies has resulted in a change to the way that care and services were planned. Staff were also able to discuss these policies and explain what it meant for them in a practical way.

I find this requirement is Compliant.

# 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.