TriCare Mt Gravatt Aged Care Residence

Performance Report

20 Somerfield St
MOUNT GRAVATT QLD 4122
Phone number: 07 3349 9122

**Commission ID:** 5949

**Provider name:** TriCare Mt Gravatt Aged Care Pty Ltd

**Site Audit date:** 20 April 2021 to 22 April 2021

**Date of Performance Report:** 11 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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-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 17 May 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and their representatives considered that they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose.

Consumers/representatives confirmed that they were treated with respect by staff. Consumers/representatives advised consumers were encouraged to do things for themselves and make choices, staff knew them as individuals and knew what is important to them. Consumers/representatives gave examples of where consumers had chosen to take risks and had been supported by the service to live the life they chose. Consumers/representatives said consumers’ personal privacy was respected and the various ways they liked to spend time with significant others.

A suite of organisational policies was available to guide staff practice; these included ‘diversity and inclusivity, choice and decision making’; which outlined their commitment to ensuring each consumer is treated with dignity and respect, their identity, culture and diversity valued. Staff had been provided with education including ‘consumer dignity and choice’ outlining the need to treat consumers with dignity and respect with their identity, culture and diversity valued. A service brochure provided consumers with information on making decisions and choosing care options.

Care planning documents reflected what was important to the consumer and provided information to guide staff in delivering care tailored to the consumer’s expressed preferences. Care documentation provided guidance regarding people who are important to the consumer and their individual preferences in relation to care and services. Consumers’ files contained evidence of consultation with consumers and their representatives, and care planning documents described areas in which they were supported to take risks to live the life they wished. Risk assessments were completed and strategies for managing risks were included in care directives for staff to follow.

Staff spoke about consumers in a way that demonstrated respect, an understanding of their personal circumstances and how they wished to be treated. Staff showed an understanding of providing care and services without bias or judgement and according to what made consumers feel comfortable and safe. Staff described various ways in which they provided information to consumers about care options and service’s available. Staff demonstrated they knew what was important to each consumer, knowledge of people who were important to them and could describe how consumers were supported to maintain relationships with family, partners/significant others and friends.

Consumer and representative meetings were held regularly, and consumers were encouraged to provide feedback about the services offered and evaluate changes that had been implemented. The Assessment Team observed staff approaching consumers facing them and speaking to consumers prior to assisting them; staff were discreet in offering assistance to consumers and when discussing consumers’ care needs.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and their representatives considered that they felt like partners in the ongoing assessment and planning of the consumer’s care and services; they advised outcomes of assessment and planning were communicated to them. Consumers/representatives reported staff consulted them through initial assessment and planning to develop a plan of care that was delivered to meet the consumer’s needs; consumer/representative had ready access to the consumer’s care and services plan if they wished.

The service had clinical guidelines, policies and procedures to guide staff in their practice including the procedure for completing advance care directives. Clinical assessment tools were available on the service’s electronic clinical care system. The service had documented incident management guidelines for staff to refer to.

Care documentation demonstrated assessment and planning was undertaken, including the identification of risks, and addressed the consumer’s current needs. Care planning documents reflected that consumers/representatives were involved in assessment and planning, which included other providers of care and services such as medical officers and allied health specialists. Documentation confirmed care and services are reviewed and care plans updated on a regular basis, or when incidents impact on the needs and preferences of consumers; representatives were contacted following incidents.

Registered staff described how they involved consumers/representatives and other appropriate health professionals in assessment, planning and review processes. Staff demonstrated an awareness of the service’s three-monthly reassessment process; and when consumers’ needs changed including following incidents, on return from hospital and review by the consumer’s MO or allied health professionals. Staff reported the shift handover was used to communicate identified changes in consumer’s health status, and confirmed they had access to consumer’s care plans.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and their representatives considered they received personal care and clinical care that was safe and right for them. Consumers/representatives explained that staff informed them about the care consumers are provided with and felt staff personalised consumers’ care to meet their needs and preferences, that optimised their health and wellbeing. Consumers had access to a MO and other health professionals when needed and consumers/representatives said referrals occurred in a timely manner.

The organisation had policies and procedures regarding the management of clinical deterioration which included assessment by the registered nurse, early warning signs for care staff, escalation and documentation requirements. The service also had policies and procedures for key areas of care, including restraint, skin integrity and pain management in line with best practice. Staff had access to this information. The service had access to palliative care services as required and had practices in place to minimise the risk of infections.

Care planning records demonstrated documentation provided adequate information of the individual consumer’s information to support the provision of appropriate care; risks associated with the care of the consumer were identified and actions to remove or minimise the risk were implemented. Care documents reflected the identification of, and response to, deterioration or changes in the consumer’s condition and health status. Referrals and recommendations from medical officers, a range of allied health and other medical professionals were evidenced. Documentation confirmed the needs and preferences of consumers nearing the end of life were recognised.

Staff demonstrated individual knowledge of consumers’ needs and preferences and how to meet these. Staff were aware of the risks associated with the care of individual consumers and strategies to manage those risks. Staff could describe the process for escalating changes to a consumer’s health and how they support the comfort and dignity of consumers who are nearing the end of life. The Assessment Team observed care and registered staff communicating information about consumers.

Clinical audits and analysis of risks; such as falls, medication incidents, pressure injuries, weight loss and infections, were conducted by the service. Monthly clinical indicator data was completed at a service level, discussed at meetings and reported at an organisational level. The organisation had written policies and procedures relating to antimicrobial stewardship, infection control management and an outbreak management plan for COVID-19.

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.*

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers considered that they got the services and supports for daily living that were important for their health and well-being, and that enabled them to do the things they want to do. Consumers advised they were supported by the service to do the things they liked to do; including activities, community visits and visits with family and friends. Consumers/representatives said consumers were supported to keep in touch with people who are important to them and supported in their emotional needs and spiritual care interests. Most consumers expressed satisfaction with the meals and explained they had input into the menu; improvements to the quality and variety of meals had occurred because of their feedback.

Organisational policies, inclusive of the ‘lifestyle’ policy which described how programs were developed in consultation with consumers who have the right to choose, were available to guide staff practice. The service had a system for making referrals to individuals and providers outside the service.

Consumer files demonstrated assessment processes captured what and who were important to the individual consumer and care plans included information about the consumer’s emotional, spiritual or psychological well-being; this information informed care plans to guide staff. Documentation contained detailed information on family contacts and about how the consumer participated in social activities and events; adequate information was provided to support effective and safe sharing of the consumer’s care.

The Lifestyle coordinator said they tailored activities to suit the preferences of consumers. Activities were discussed at consumer/representative meetings and suggestions were considered in future planning. Kitchen staff explained the dietary needs and preferences for different consumers, such as vitamised meals and supplements in addition to individual likes and dislikes. Kitchen staff said there were always alternative meals should a consumer not want what was on the menu. Staff advised they had access to the equipment they need when they need it.

The Assessment Team observed activities being undertaken at the service. A weekly activities calendar and menu were displayed throughout the service. The Assessment Team observed equipment used to provide and support lifestyle services were safe, suitable, clean and well maintained. Equipment used to provide laundry, cleaning and catering was generally clean and in working order.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-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

Consumers considered that they felt they belong in the service and felt safe and comfortable in the service environment. Consumers provided examples of how their visitors were welcomed. However, two representatives were dissatisfied with the cleanliness of the service.

The service demonstrated that the service environment was welcoming, easy to understand and optimised each consumer’s sense of belonging, independence and interaction.

However, the Assessment Team observed cleanliness issues and maintenance concerns in the kitchen, visitor amenities and some consumers’ rooms; fittings throughout the service that required replacing and equipment not fit for purpose due to damage and hygiene issues. The service’s monitoring processes had not consistently identified deficiencies in the cleanliness and maintenance of the service environment.

The Quality Standard is assessed as Non-compliant as two of the three specific requirements have been assessed as Non-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) Non-compliant

*The service environment:*

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

While most consumers and their representatives considered the environment to be safe and comfortable, two representatives reported concerns with the cleanliness of the service.

Some areas of the service, both internal and external, were unclean and/or not well maintained. Two consumer bathrooms floors and walls were observed to contain grime and a strong smell of urine, paint was missing from doorways in consumer rooms and skirting boards were missing in a consumer’s room. The service’s monitoring processes had failed to identify these deficiencies in the cleanliness and/or maintenance of the service environment.

The Approved Provider in its written response to the Assessment Team’s findings stated a new Environmental Team Leader had begun at the service just prior to the site audit. During the audit, a plan for continuous improvement was commenced 22 April 2021, which included review of cleaning monitoring processes (increased visual monitoring, spot checks and increased audits), implementation of a weekly Facility Manager monitoring meeting with the Environmental Team Leader and the housekeeping staff roster increased by 10 hours on the weekend, effective 31 May 2021. In addition to regular in-house housekeeping personnel providing cleaning services, the Approved Provider showed evidence of deep cleaning being undertaken of the service environment since July 2020, by an external cleaning contractor. The Approved Provider stated consumers’ rooms were now under remedial repair and on a painting schedule (for door frames), to be completed by the end of May 2021.

Cut lawns with remaining clumps of grass left as a potential trip hazard and water damage to the ceiling in the reception area and a nursing station (fixed with a temporary ill-fitting ceiling) were observed.

The Approved Provider in its written response advised the grounds maintenance contractor was immediately contacted to arrange clearing of the lawn trimmings and to reiterate the service’s quality expectations for grounds work. The Approved Provider acknowledged recent heavy rain caused roof leaks and damage to the front reception ceiling and provided confirmation the ceiling damage to the reception area and nursing station had been rectified in May 2021. The Approved Provider stated issues were previously identified concerning the roof leaks and demonstrated evidence of repairs conducted as an interim measure. A review of roofing options and quoting had been completed and a project approved and initiated to trial restoration of the roof tile, failing which the roof will be replaced. A plan for continuous improvement was commenced to monitor completion of these actions.

The kitchen was observed to contain food debris on floors, overflowing bins and boxes blocking a hallway leading to an exit area; food items in the main freezer were not dated for use by the date identification. In its written response the Approved Provider reported the identified issues were rectified immediately during the audit, and that at the time they had been recruiting a new Chef Manager who has now commenced at the service on 3 May 2021. The Approved Provider provided evidence of a recent Queensland Health food compliance audit that was conducted, whereby the service was deemed compliant in all areas of food safety.

Several planned maintenance tasks on the service’s preventative register had not occurred and not all regular maintenance of the service environment had been completed according to the planned maintenance task schedule (relating to building interior). The scheduled servicing of mobility equipment, which is arranged by head office, was not noted on the service’s planned task list schedule; the organisation’s head office was unable to provide a schedule of the service’s mobility equipment servicing at the time of the audit.

In its written response the Approved Provider advised the Maintenance Officer acknowledged omitting documenting the completion dates on the task list as per the schedule. Additional training relating to administrative work and timely documentation had been scheduled for the Maintenance Officer in May 2021 and the implementation of a weekly Facility Manager meeting with the Maintenance Officer for support and monitoring purposes. The Approved Provider acknowledged gaps in the service’s preventative maintenance schedule caused by challenges associated with COVID-19 restrictions and Government mandated lock downs, restricting contractor access to the service. Outstanding maintenance relating to internal walkways, corridors and stairways and quarterly checks relating to building interior had been completed in April and May 2021. The Approved Provided showed evidence the service had completed mobility equipment (hoist) servicing in the last 12 months (November 2020) and a further six monthly service is scheduled in May 2021.

The Approved provider stated an organisational review of its Asset Management systems and processes had been commenced; including discussions between the Aged Care and Asset Management Divisions, implementation of an organisational plan for continuous improvement outlining review tasks such as maintenance policy review, contractor reviews, site reporting processes and maintenance system auditing and monitoring process. This review is scheduled to be completed end June 2021.

While I acknowledge the immediate and long-term actions the Approved Provider has either completed or is in the process of completing to improve the cleanliness and maintenance of the service, at the time of the site audit the service was not clean or well maintained. Therefore, I find the service Non-compliant in this Requirement.

### Requirement 5(3)(c) Non-compliant

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

Consumers said they felt safe with the equipment provided to them and the furniture and fittings were pleasant and appropriate to meet their individual needs. Consumers stated if there were issues they reported them to maintenance using the maintenance book, and they were attended to promptly.

However, fittings and equipment were observed to be unsafe, unclean and not maintained to be suitable for consumer use. This included food trolleys delivering meals contained food smears and smudges, a shower bed trolley contained grime and the mattress was torn, a standing hoist footboard was rusted, communal computers and keyboards available for consumers use throughout the service were unclean with no cleaning wipes readily accessible.

The Approved Provider in its written response to the Assessment Team’s findings stated all kitchen trolleys are scheduled to be cleaned as part of the food safety program and at the time of the audit, the food trolleys were in use. Evidence was provided of a recent Queensland Health food compliance audit that was conducted, whereby the service was deemed compliant in all areas of food safety. The Approved Provider showed confirmation the service had purchased a new shower bed trolley with shower mattress, one full hoist and one stand up hoist since the audit and advised these are in use; cleaning staff commenced using a new cleaning agent under the shower trolley to prevent reoccurrence of collected grime. Communal computer areas are cleaned daily; disposable wipes have been provided and reminder notes have been implemented to ensure cleaning between use is completed. The service has further commenced in May 2021 a deep clean for all of its equipment every two months.

Maintenance and staff were unable to advise how often equipment is maintained in accordance to a preventative schedule. In its written response the Approved Provider reported the service holds a preventative maintenance schedule, which includes equipment maintenance. A weekly Facility Manager meeting with the Maintenance Officer is to be implemented for support and monitoring purposes.

While I acknowledge the immediate and long-term actions the Approved Provider has either completed or is in the process of completing to improve the cleanliness and maintenance of the fittings and equipment at the service, at the time of the site audit the service’s fittings and equipment were not clean or well maintained. Therefore, I find the service Non-compliant in this Requirement.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and their representatives said they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken. Consumers advised they felt comfortable raising concerns and providing feedback, including at meetings and directly to management and staff; family members reported management was approachable and responsive. Consumers had been made aware of external complaints handling options.

An organisational ‘Quality Policy’, which contained feedback and complaints management, and ‘open disclosure’ information and guidelines, was available for staff to follow. The service provided consumers/representatives with information regarding processes available to provide feedback in the consumer handbook, which was issued to consumers on entry to the service.

Staff could describe the processes available to consumers if they wished to lodge a suggestion or raise a complaint. Care staff said they would attempt to address any concerns or would escalate the matter to registered staff or management for action. All staff had completed training and understood the process of open disclosure. Staff described how they were able to access information in other languages if required and were aware they could access language, interpreter and advocacy services on behalf of the consumer.

Management demonstrated an understanding of open disclosure. They said they communicated with consumers/representatives in an open and transparent way and admitted to mistakes, apologised and reassured consumers and representatives that actions had been taken to prevent a recurrence. The Assessment Team reviewed the electronic complaints register and noted all complaints listed had been reviewed and actioned. Information about internal and external feedback mechanisms and feedback forms were available at reception and throughout the home in secure boxes.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers considered that they got quality care and services when they needed them and from people who were knowledgeable, capable and caring. Consumers advised there were sufficient staff to meet their needs and staff at the service were kind, caring and considerate of their needs when providing care for them. Consumers reported staff knew what they were doing and were suitably skilled to provide appropriate care to be delivered to them.

Management advised workforce planning was based on the number of consumers, consumer needs and preferences, risks, observations and feedback. The service conducted a weekly analysis of call bell response times and investigated any call bell response times which were outside of the outlined timeframes. Management described the service’s systems and processes to monitor the registration of nursing and allied health professionals

Staff advised they had enough staff rostered and adequate time to enable then to attend to consumers’ personal preference and care needs. Staff described how they had access to education, are required to complete mandatory education annually and had regular access to both internal and external training opportunities. Staff confirmed they received annual performance appraisals by the management team; newly employed staff received extra performance appraisals during their probation period at the service.

The Assessment Team observed staff knocking on consumers’ doors and asking permission prior to entering their rooms. Staff and management were observed engaging with consumers in a respectful manner and addressing consumers by their preferred name. The Assessment Team observed staff responding to call bell responses promptly to attend to consumers’ requests.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and their representatives said they were confident they are supported to be engaged in the development, delivery and evaluation of care and services. Consumers/representatives considered that the service was well run and advised they were involved in the service’s commitment to providing a safer environment for consumers.

The organisation’s governing body had implemented processes to ensure they promoted a culture of inclusive, quality and safe care and services and were accountable for their delivery. The organisation had effective governance systems and risk management systems and practices that were supported by a clinical governance framework.

Staff and consumers were provided with a range of publications that set out the organisation’s corporate governance framework.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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

* The service environment is required to be clean, safe and well maintained and comfortable for consumers.
* Furniture, fixtures and equipment must be safe clean and well maintained for consumer use.