TriCare Stafford Lakes Aged Care Residence

Performance Report

682 Rode Road
CHERMSIDE WEST QLD 4032
Phone number: 07 3350 7000

**Commission ID:** 5470

**Provider name:** Tricare (Chermside) Pty Ltd

**Site Audit date:** 3 February 2021 to 5 February 2021

**Date of Performance Report:** 22 March 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 on 5 March 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 representatives said consumers were treated with dignity and respect by staff and management, they were encouraged to do things for themselves and maintain their independence. Consumers from culturally and linguistically diverse backgrounds said staff and management understand them and respect their preferences. They said they were supported to take risks to enable them to live the best life they could. They weare provided with information to assist them in making choices about their care and lifestyle, including meal selections and daily activities.

Consumers and representatives confirmed they had received a welcome pack when they entered the service detailing the information on the organisation and the services available to them.

Consumers said staff were respectful of their privacy and their private information was respected.

Care planning documents included information on consumers’ cultural identities, personal preferences and individual needs. The care plans instructed staff on the care that promoted consumers’ goals and desired level of independence. Care staff could describe the personal preferences of consumers.

Education records demonstrated that all staff were provided with training on treating consumers with dignity and respect as part of the service’s mandatory training. Staff have received training on the Quality Standards.

Lifestyle staff described how consumers were supported to maintain connections with friends and family during COVID–19 visitor restrictions by facilitating phone calls, face view calls on the service’s electronic tablet, and through pre-booked window visits.

Staff could describe how the consumer was supported to understand risks and risk-mitigating strategies. Care plans established that risks and consequences were explained to consumers, and where a consumer exercised choice involving risk, records of decisions were documented and care plans were regularly reviewed. Risk assessments were conducted and strategies to maintain consumers independence, choice and function were documented in care plans.

Staff described various the ways information was provided to consumers, such as meetings, emails, noticeboards, verbal and written communications and newsletters.

The service’s consumer handbook provided information on meals, activities, laundry services, privacy, newspapers, visiting, religious services, pets and animals, safety, security, and personal property.

The Assessment Team observed posters on the Aged Care Quality Standards, complaints management, external advocacy organisations, translating services, and notice boards displaying service information. For consumers who were cognitively impaired or unable to communicate, there was evidence in progress notes that information was provided or discussed with the consumer’s representative.

The organisation’s policy relating to protection of personal information instructed staff on the collection, use and disclosure of personal information.

Staff said consumer information was stored on computers that were password protected.

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 representatives said the service involved them with the initial and ongoing assessments of planning for consumer care and services and they could access a copy of their care plans if they chose. They said they had discussed advance care planning and end of life wishes with staff and felt comfortable approaching staff or management if they needed to further discuss end of life care.

Consumers and representatives said the service involved medical officers and other allied health professionals in the assessment process as required.

Care planning documentation established that the service completed comprehensive assessment and care planning when the consumer entered the service to identify consumers’ needs, goals and preferences, including advance care planning and end of life preferences. Reviews were undertaken regularly and when a consumer’s needs and preferences changed. The documentation evidenced consumers and their representatives were consulted in assessments and care planning, and other health professionals such as medical officers, allied health and dementia specialists were involved in the process.

Care planning was individualised and contained information relating to identified risks to each consumers’ health and well-being, such as falls and mobility, nutrition, infections, skin integrity and pain. Where a risk was identified, a medical officer or an allied health specialist such as a physiotherapist or speech pathologist reviewed the consumer.

The service had policies and procedures to guide staff in undertaking assessments of consumers and policies and processes to support palliative care and advanced care planning. Clinical assessment tools were available to staff on the service’s electronic clinical care system.

The Clinical Manager said regular care planning reviews were conducted every three months or when changes occurred with consumer’s care.

Staff were aware of their responsibility in relation to reporting and escalating incidents and the need to report any change in the consumer’s circumstances which may prompt a reassessment.

The service monitored and analysed clinical indicators for trends, including skin integrity, falls, weight loss and pressure injuries.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers said they received the care they needed and they were confident that when they needed end of life care, the service would support them to be as free as possible from pain and to have the people they wanted with them. They said they were satisfied timely and appropriate referrals were made when needed and they had access to relevant health professions such as allied health professionals, medical specialists and specialist services.

Consumer care documentation identified that consumers received safe and effective care which was best practice and tailored to the specific needs and preferences of the consumer. The care documentation established the service implemented strategies to provide comfort and dignity during a consumers’ end of life.

Care planning documents demonstrated deterioration or changes in the consumer’s condition or health status was responded to in a timely manner and evidenced input from medical officers, allied health professionals and other aged care specialist services, including physiotherapists, dieticians and dementia specialists.

The service had policies and procedures relating to clinical and personal care delivery and advance care planning and palliative care.

Care staff said they accessed care plans to ensure the care they provided to consumers was in line with consumer needs, goals and preferences. They stated if they had any concerns about the care provided to consumers, they reported it to the registered nurse.

Registered staff said they were provided with training on delivering safe and effective care for consumers.

The service had a restraint minimisation policy which promoted a restraint free environment and the safe use of restraints as a last resort. The service monitored the use of psychotropic medications. Files sighted by the Assessment Team established that the consumers who had restraints had restraint authorisations from a medical officer and consent had been obtained from a representative.

The service had policies and procedures to guide staff in managing and preventing pressure injuries and promoting skin integrity. The Assessment team established that consumers who were at high risk of developing pressure injuries received care that was safe, effective and tailored to their needs and preferences.

Pain management policies and procedures providing guidance in assessment, monitoring and managing pain for consumers were available to staff. The service utilised pain assessments and monitoring charts to assess consumers’ pain. The Assessment Team reviewed documents relating to consumers who had chronic pain and acute pain and established pain management was delivered to consumers in a safe, effective way and the consumers were regularly monitored.

Consumer files demonstrated high impact and high prevalence risks were effectively managed by the service and strategies were implemented to minimise risks. Care documentation described the key risks to those consumers, including falls, pain, pressure injury and aggression. Staff demonstrated an understanding of consumers’ assessed needs and examples of risks to individual consumers.

The organisation had a risk management policy that provided guidelines on how risk was identified, managed and documented.

The service conducted monthly clinical audits to trend, analyse and respond to high impact and high prevalent risks such as falls and behaviour incidents. Clinical incidents were discussed at monthly meetings and were used to identify improvements in consumer care.

The organisation had procedures and guidelines to guide staff in supporting consumers at the end stage of their lives, including information on palliative care services providing care, education, advice and support.

Care planning documents detailed consumers’ advance care planning information and end of life preferences. Palliative care plans reflected consumers’ needs, goals and preferences. The care documentation for a person receiving palliative care established that medication reviews had been conducted, strategies to manage pain, comfort and dignity were implemented, including increased hygiene and oral care, repositioning for comfort and pressure area care, and the implementation of a subcutaneous infusion system to deliver pain medication.

Clinical staff advised they arranged pastoral care visits for consumers who were palliative when requested by consumers or their representatives.

Care documentation, progress notes and incident reports identified the recognition and timely response to changes in the health or physical function of a consumer.

A review of clinical observation records and charts, such as vital signs and neurological charts, established that consumers were regularly monitored by registered staff. Registered staff said they notified the consumer’s medical officer and representative if they identified a change in a consumer’s condition, if there was a clinical incident, or if there was a change in medication.

Staff stated that when consumers were referred to other health professionals and individuals, their input was shared with staff to ensure changes in care and services were implemented. The Assessment Team noted information and recommendations were consistently recorded from other providers of care and services in consumer care planning documents.

Registered staff were able to describe the practical steps they took to reduce the risk of increasing resistance to antibiotics and said they conducted regular assessments to identify or monitor potential infections. Staff stated they conducted handwashing before and after attending to consumers and used personal protective equipment (PPE) to prevent spread of infections.

Education records confirmed training and education was provided to staff on infection control and COVID-19. Management at the service confirmed staff had been educated on appropriate usage of PPE.

The service had policies and procedures relating to infection control and antimicrobial stewardship. Antimicrobial stewardship was discussed at Medication Advisory Committee meetings. A review of influenza vaccination records confirmed all staff had received an influenza vaccination in 2020.

The service had multiple outbreak kits for the management of any potential outbreak which may occur at the service, and an outbreak management plan to manage a potential COVID-19 outbreak.

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 and representatives stated the service supported consumers to maintain their independence, health, wellbeing and quality of life and to undertake lifestyle activities of interest to them. Consumers said they had input into the lifestyle programs at the service.

Consumers and their representatives said consumers were supported in their emotional and spiritual care interests and they were able to maintain their personal and community connections.

Consumers expressed satisfaction with the meals and said they were involved in preparing the menus and making improvements to the quality and variety of meals.

Consumers’ care reflected consumer’s individual needs and interests and what was important to them. Lifestyle staff said consumers were assessed when they entered the service to gain an understanding of their interests and to develop a monthly activity program that complimented the consumers’ care plans. Care staff said consumers’ preferences, life histories, and leisure profiles could be viewed on the service’s electronic care system. The staff were able to provide information on consumers’ likes, dislikes and the support individual consumers required to participate in activities.

Lifestyle staff advised consumers residing in the service’s memory support unit were able to join in activities outside the unit, such as concerts, balance classes, indoor bowls, gardening group, quiz sessions, craft groups, men’s group, community outings, reminiscing and special cultural events. Consumers who did not wish to join group activities were provided with options for one-to-one support, including music therapy, reminiscing activities and individual activities of their choice.

Management advised the service had activities every day of the week and the activity program was reviewed every three months.

Staff interviewed described how they work with external organisations to help supplement the lifestyle activities offered within the service. Staff advised the service referred to health professionals and counsellors as the need arose. The service had policies and a system for making referrals to individuals and providers outside the service. Clinical staff advised they had assessment processes to identify when a consumer needed emotional support and, if necessary, a focussed assessment was undertaken that could involve a referral to a medical officer for review or to other health professionals.

Staff said any changes to consumers’ wellbeing, preferences or choice of activities was communicated at handovers and on message board alerts and in care plans.

Consumers dietary preferences were included in care plans and consumers dietary profiles were available in the kitchen for catering staff. The Chef said consumers provided feedback about the meals regularly. The meals were cooked fresh on site and if a consumer did not want what was on the menu, the service provided alternative meals.

Catering staff demonstrated an awareness of the dietary needs and preferences of consumers, such as vitamised meals and supplements, as well as the individual likes and dislikes of the consumers.

The Assessment Team observed the kitchen was clean and tidy and staff were wearing appropriate PPE. Menus were sighted on electronic notice boards in all dining areas and paper copies of menus were in consumers’ rooms. Menus offered hot and cold options for breakfast, lunch and dinner.

The Assessment Team reviewed the Food Services Audit conducted on 12 May 2020 and identified the service was 100% compliant.

The Assessment team observed equipment which supported consumers to engage in lifestyle activities was suitable, clean and well-maintained. Allied health staff advised all consumers who required a hoist had their own sling for safety and infection control purposes.

Maintenance staff said they followed a maintenance schedule to ensure all equipment was serviced when required. A review of maintenance documentation established there were no outstanding equipment maintenance issues.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers said they considered they belonged in the service and they felt safe and comfortable. They said the service was clean, safe and well-maintained and they could access outdoor areas.

Consumers and visitors were observed moving freely throughout the service. The service environment was clean, well-maintained and comfortable and cleaning staff were undertaking cleaning of consumers’ rooms and communal areas and kitchenettes. Fire evacuation diagrams and illuminated emergency exit signage was displayed and fire-fighting equipment was readily available for staff. Consumers had call bells in their rooms. Furniture, fittings and equipment were observed to be safe, clean, well-maintained and suitable for purpose. Equipment such as hoists, wheelchairs, wheeled walkers, and trolleys were also observed to be clean and well-maintained. There were sufficient stocks of equipment available, such as pressure relief equipment and transfer equipment.

Management said all consumers were encouraged and supported to personalise their rooms. Management monitored consumer satisfaction with the service by monitoring feedback at meetings and in comments and complaints, audits, safety checks and consumer experience interviews.

Maintenance staff stated the service had a scheduled preventative maintenance system. Documentation relating to preventative maintenance established that scheduled work had been completed and work was up-to-date. Corrective maintenance was completed in a timely manner.

Staff advised maintenance staff were quick to respond to consumer requests for assistance.

‘Resident meeting’ minutes established that maintenance staff attended meetings every month and equipment, environment and consumers’ needs were discussed.

Housekeeping staff advised the service was cleaned according to a schedule.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and family members said they felt comfortable raising concerns and providing feedback. They said management was approachable and responsive and they provided examples of changes made in response to feedback, including improvements to the menu. They said when they have had any concerns with the care or services, they have let staff know and an apology was always given.

Consumers and representatives who have previously raised concerns with management said they have felt heard and that management acknowledged their concerns, acted to address the issues raised and checked with them afterwards to make sure the issues were resolved to their satisfaction.

Staff described the processes available to consumers if they wished to lodge a suggestion or raise a complaint. Care staff said they would attempt to address the concern in the first instance or escalate the matter to a registered nurse or management. All staff advised they had completed training and understood open disclosure principles. Staff advised they have received training in open disclosure.

Consumers were provided with written information about how to provide feedback and make a complaint in the ‘Welcome’ handbook, which contained internal and external complaint handling options.

The Assessment Team viewed the complaints register and noted complaints processes included investigation and follow-up actions.

Management and staff were aware of interpreter and advocacy services and the external agencies that could be accessed to assist consumers to make a complaint.

Information for consumers on how to make a complaint was displayed in the foyer and feedback boxes and forms were available for consumers and visitors.

The organisation has a ‘Quality Policy’ containing information on feedback and complaints management and ‘open disclosure’. Complaints were logged on an electronic database and all complaints on the register were reviewed and actioned. Information from complaints and feedback was used to make improvements to safety and quality systems across the service. For example, feedback from consumers in July 2020 identified there was a delay in staff answering buzzers which prompted the service to implement strategies to reduce response times.

The Assessment Team reviewed the service's plan for continuous improvement and noted that it reflected feedback from consumers. A review of consumer and staff meeting minutes demonstrated complaints were captured and reviewed and outcomes were discussed at meetings. The Facility Manager reviewed all complaints and reported on the complaints to corporate management and the Board.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers said staff were kind and caring, responded promptly to requests for assistance and provided quality care and services that met their needs and preferences. Consumers considered staff were competent and had the qualifications and knowledge to provide care and services.

Management had processes to ensure sufficient staff were employed and a suitable mix of staff was allocated to enable the delivery and management of safe and quality care and services. There were processes to ensure that the workforce had the qualifications and knowledge to effectively perform their roles and to ensure that staff were recruited, trained and equipped for their roles.

Workforce planning took into account the number of consumers, their needs and preferences, assessed risks, and feedback. The master roster was reviewed fortnightly. Registered nurses were rostered on each shift.

Staff said there was enough staff for the staff to meet consumers’ care and service needs and preferences. Call bell data demonstrated there was enough staff to meet consumers’ needs.

The expectations of the organisation were detailed in position descriptions. Selection criteria included the qualifications and knowledge requirements for each role.

Qualifications and competencies were monitored and there were processes to monitor the registration of registered nurses and the currency of police certificates for all staff.

New staff completed an induction that included mandatory training for all staff and competency assessments such as handwashing and use of PPE. Records evidenced staff had completed induction programs, mandatory training modules and tool box training sessions in areas such as fire and emergencies, manual handling, the Quality Standards, infection control and antimicrobial stewardship.

Staff performance was monitored annually and on an ad hoc basis. Staff said they had completed a performance appraisal with management within the previous twelve months.

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 considered that the organisation was well run and they were involved in improving the delivery of care and services.

The organisation had effective governance systems and risk management systems and practices supported by a clinical governance framework.

Management said the service sought consumer engagement in the delivery of care and services through resident meetings, food focus discussions, monthly consumer surveys, reviews of care and service plans with consumers and representatives and from feedback and complaints processes. Feedback from consumers was collated and reported to the Board monthly.

Members of the Board have completed training in the Quality Standards. The organisation has established processes to monitor the performance of the service against the Quality Standards. Critical incidents and near misses were reported to the Board.

Staff said they could readily access the information they needed to perform their roles. A paper-based documentation system was available for staff if the electronic system was unavailable as part of the service’s emergency preparedness plan.

The governing body had access to information about the performance of the service. The organisation had a system to ensure policies and procedures were relevant and up-to-date.

The service has a Plan for Continuous Improvement that summarises improvement initiatives for each Aged Care Quality Standard. For each improvement initiative, the source of the improvement was identified, the goal of the relative requirement was considered and planned actions were developed and recorded. The Plan included the person responsible for the activity, the planned completion date and notes on the progress of the activity or an evaluation of the outcome.

Management said they had authority to expend funds to meet the unanticipated needs of consumer.

The organisation had policies and procedures and human resource managers to manage the workforce. Position descriptions detailed the responsibilities and accountabilities of staff.

The organisation had policies and procedures about compulsory reporting consistent with current regulatory requirements. The service’s records demonstrated that management maintained a compulsory reporting register containing details of incidents. The register provided details of each reportable incident and the actions taken by management. Staff stated they had received training in mandatory reporting and elder abuse and were aware of compulsory reporting requirements.

The organisation had a restraint minimisation policy. Records demonstrated that for all consumers with a restraint, its use had been assessed, consent had been obtained, and the use of the restraint was monitored and recorded.

The organisation’s governance systems ensured that feedback and complaints were reviewed at the service level, regional level and Board level.

The organisation had a risk management framework and policies describing how high impact and high prevalence risks associated with the care of consumers were to be managed, the abuse and neglect of consumers was to be identified and responded to, and risk assessments were to be conducted with strategies to minimise risk implemented. Staff attended training in risk management.

The service had a clinical governance framework that incorporated antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff have had training in relation to the policies and were able to provide examples of the relevance of the policies to their work.

A Clinical governance committee managed clinical risks, clinical practices and staff training requirements in relation to clinical care. A medication advisory committee discussed antibiotic usage and antimicrobial stewardship at meetings of the Clinical governance committee.

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.*

### 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.