Trinder Park

Performance Report

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**Commission ID:** 5130

**Provider name:** Lutheran Church of Australia - Queensland District

**Site Audit date:** 27 April 2021 to 29 April 2021

**Date of Performance Report:** 22 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** | **Non- compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-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) | 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:

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* 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 25 May 2021.
* other information and intelligence held by the Commission regarding the service.

# 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 confirmed consumers are treated with respect and their personal privacy is respected by staff. They said consumers individual identity, culture and diversity is recognised and valued and expressed confidence that staff know what is important to consumers.

Consumers and representatives said consumers are encouraged and supported to maintain relationships of choice, and their independence including supporting consumers to take risks and live the life they choose. They said consumers are provided with information which assists them in making decisions about their care and services, including what activities and outings they would like to be involved in, meal selections, and staying updated on what is happening at the service.

Staff demonstrated respect towards consumers and an understanding of individual consumers and what was important to them. They support consumers to maintain relationships of importance both inside and outside of the service, including the service supporting consumers to make telephone calls to enable consumers to stay in contact with people important to them.

Care documentation included information specific to the individual consumers including culture, relationships of importance, personal preferences and activities of interest. For example, the Assessment Team observed individual consumer’s rooms to be decorated with personal effects and religious and cultural items that are important to them.

Management said that case conferences are held with consumers and representatives when a consumer expresses a desire to take a risk, and at that time the benefits and possible harm involved in the decision is discussed with them. The risks are re-assessed, and a follow up case conference occurs, on a three monthly basis or in the event of an incident occurring.

Review of documentation provided to the Assessment Team demonstrated the service supports consumer choice and independence through regular surveys, and changes are implemented in response to consumer feedback.

The organisation had documented policies and procedures, including the Dignity of Risk to guide staffs practice relating to consumer choice and dignity of risk including risk assessment and risk management strategies.

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 that they are involved in care planning of the consumer’s care and services, and said the service had discussed end of life planning with them. Consumers and representatives said they are informed about the outcomes of assessment and planning and while they have not requested a copy of their care plan, they said they could access the consumer’s care and services plan if they wish.

The Care manager and Clinical nurse consultants described how the assessment and care planning process identifies consumers’ goals, needs and preferences that inform the care plan development and delivery of care. They advised end of life care planning is discussed with consumers and representatives on entry to the service and at three-monthly reviews.

Registered staff described processes for assessment of consumers’ needs and preferences, including consumer assessment on entry to the service and ongoing assessments. Staff said consumers are referred to the Medical Officer, allied health professionals or medical specialists if required.

A review of care planning documentation demonstrated they are developed in consultation with consumers and representatives and are regularly reviewed and updated when changes occur.

The service had policies and procedures to guide staff in their practice regarding assessment and care planning for consumers. Evidence based assessment tools are available to support consumers assessment and care planning.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-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 representatives confirmed that consumers receive personal and clinical care that is right for them, meets their individual needs and preferences. Consumers and representatives said that the consumers were referred to their Medical officer or other health professional to meet their changing personal and clinical care needs and said they were satisfied the referral occurred promptly. Consumers and representatives expressed confidence that when the consumers needed end of life care, the service would support the consumer to be as free as possible from pain and to have the people of importance with them.

Staff described policies and procedures which guide their practice and confirmed these are available electronically and in hard copy. Registered staff are on site 24 hours per day to support staff and monitor consumer care delivery.

Care planning documentation reflected referrals to other health professionals and the identification of, and response to consumer deterioration or a change in consumer’s condition and/or health status.

The Assessment Team reviewed care documentation for consumers prescribed psychotropic medication for the purpose of chemical restraint and established that informed consent and authorisation had been obtained for the use of the psychotropic medication. Consumers with physical restraints such as those consumers living in the secure environment had authorised consents for the restraint.

The service has policies, procedures and guidelines to support the delivery of care provided including restraint, skin integrity, pain management, end of life care and recognising and responding to consumer deterioration.

The service has implemented policies and procedures to guide staff in minimisation of infection related risks. Staff confirmed they have received training in COVID-19, infection control principles and anti-microbial stewardship.

Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak, including the appointment of two Infection prevention control leads.

The Quality Standard is assessed as Non-Compliant as one of the seven specific requirements have been assessed as Non-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) Non-Compliant

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

The service was aware of the high impact and high prevalence risks for consumers in the service which included falls and risks associated with consumers who smoke. The service used validated risk assessment tools to guide staff in the assessment of consumer risks, and assessments occur on entry to the service and every three-months as part of the review process. Clinical indicators are reported and reviewed monthly and discussed at meetings and actioned as required.

However, the service was not able to adequately demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer. The service was not able to adequately demonstrate effective management for one named consumer’s individual risks including smoking unsupervised and leaving the service independently. Care documentation identified in January 2021 the consumer was assessed to have a high level of cognitive impairment; and a smoking risk assessment in March 2021 identifies the consumer lacks insight into consequences of actions including the impact on other consumers. However, the Assessment Team provided information that identified the consumer had access to cigarettes and lighters, and had been observed smoking in their room and in areas outside of the service’s designated smoking area. Including an incident in February 2021 where the consumer had set light to a wastepaper basket alerting the fire service to attend the site. In addition, the named consumer’s behaviour management plan, last reviewed in March 2021, did not include the consumer’s history of leaving the service and/or returning to the service independently from outings. While the service was aware of these behaviours, no risk assessment was completed and the consumer’s behaviour management did not include strategies to guide staff when the consumer exhibits these behaviours.

For a second named consumer, review of care planning documentation identified the consumer experienced a recent fall and recommendations by the Medical Officer included limiting use of their mobility scooter. The Assessment Team provided information identifying an assessment of competency to use the motorised scooter had not been completed by the Occupational Therapist after the consumers fall, and the consumer’s care plan states the consumer mobilises independently using the mobility scooter.

In their response dated 25 May 2021, the Approved Provider included a plan for continuous improvement and identified the service had immediately implemented actions to address the deficiencies identified by the Assessment Team. Actions included review of consumers’ care documentation to ensure individual risks are identified; ensuring smoking plans are completed for all consumers who smoke and include behaviour plans to guide staff when consumers resist requests by staff to smoke in designated areas; case conferences and communications with representatives to ensure understanding of the service’s designated smoking areas. The Approved Provider in their response identified the service had moved the first named consumer to the secure living environment as requested by their representative to support the safety of the consumer and others at the service. The service referred the named consumer to a specialist dementia service to support in behaviour management and this was planned to occur on 24 May 2021. The second named consumer has been assessed as able to make their own decisions, and the service is working with the Occupational Therapist to gain consent for the completion of a competency assessment for use of the mobility scooter.

While I acknowledge the Approved Provider has taken action to minimise risks for this consumer, I remain concerned that at the time of the Site Audit the significant risks associated with cigarette smoking for this consumer, who has medical conditions that impact their ability to safely smoke cigarettes and who had previously set light to a bin in the service had not been identified or addressed. The consumer’s risk for absconding had been identified by the service, however strategies to effectively manage this risk had not been actioned by the service. Therefore, I find the service Non-compliant in this requirement.

### 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 said consumers are supported by the service to do the things they want to do and that are important for their health and well-being. They confirmed that they are supported by the service to maintain social and emotional connections with those that are important to them.

Most consumers provided positive feedback in relation to food and confirmed that it was of adequate quantity, quality and variety. Consumers said the service accommodated individual needs and preferences including a choice between a hot meal, salad or sandwiches. One consumer expressed satisfaction that their feedback in relation to breakfast being served cold was action and resolved with the service now utilising temperature-controlled meal delivery trolleys.

Care planning documentation included information about consumer’s personal history, including social, work and family histories; activities of interest to them including family visits or events; and personal relationships of importance to the consumer inside and outside the service. Consumers said they felt supported to do the things they want to do and have supports available to enable to do so.

Staff said they have access to equipment used to provide and support lifestyle services and equipment to assist consumers and confirmed equipment is well mainted at the service.

A review of maintenance documentation demonstrated the service conducted regular planned maintenance of equipment.

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-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 that they feel safe, have privacy if they wish and can navigate easily around the service. Consumers and representatives expressed satisfaction that the service environment was clean and well maintained. They said visitors are welcomed, including that the service is welcoming of pets and this enhances their sense of belonging. Consumers said they are encouraged to decorate their rooms in line with their own preferences.

Management described the services processes for ongoing review and maintenance of the service. They said that environmental audits are undertaken monthly by management staff doing random checks of different rooms and areas and reporting any issues.

Staff described the processes for reporting maintenance and safety issues at the service.

Maintenance staff described both reactive and proactive processes, including undertaking reactive maintenance and ensuring that work reported is monitored until completion. The service had a preventative maintenance schedule for regular maintenance of equipment, and this is reviewed and monitored by the Maintenance Officer.

The service environment was observed to be welcoming, and consumers rooms were decorated with personal items. Communal areas included outdoor gardens and seating areas, and other quiet sitting areas within the service. Signage was in place to guide consumers and visitors to various areas of the service, corridors were well lit, unobstructed and had handrails to optimise independence and safety when mobilising.

The Quality Standard is assessed as Non-Compliant as one 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.*

The service did not adequately demonstrate the service environment is safe, as consumers smoke unsupervised outside of the service’s four designated smoking areas.

Consumers and representatives said the service had numerous consumers who were smokers and issues had arisen in relation to this. The Assessment Team provided information that identified a number of consumers are known by the service to smoke outside of designated smoking areas; and consumers and representatives had raised concerns with the service. One named consumer said they were being impacted as smoke was coming into their room, and when the issue was raised the service took several months to resolve. A second named consumer said staff monitor smoking areas, ensuring consumers wear smoking aprons if required and take action when consumers smoke outside of the designated areas. However, staff said that some consumers ignore their requests to only smoke in designated smoking areas; and Management confirmed an incident in February 2021 when a named consumer had started a fire in a rubbish bin outside their room while smoking, requiring attendance by the fire service.

The Assessment Team identified twenty one consumers at the service who are smokers. Review of care documentation identified consumers who smoke, do not always have documented smoking plans including strategies to guide staff when consumers choose not to smoke in designated areas. Actions taken by the service to control where the consumers smoke and minimise the risk of a fire have been ineffective.

The Approved Provider in their response included a plan for continuous improvement and identified the service had immediately implemented actions to address the deficiencies identified by the Assessment Team. Actions included immediate completion of risk assessments for all consumers who smoke and call bell pendants to be worn by consumers assessed as needing these; expansion of the main designated smoking area at the service; and case conferences and communications with representatives to ensure understanding of the service’s designated smoking areas. The Approved Provider in their response identified the service had moved the named consumer to the secure living environment as requested by their representative to support the safety of the consumer and others at the service.

While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the site audit, the service did not demonstrate that the service environment was safe for all consumers. Therefore, I find the service Non-compliant in this requirement.

### 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 representatives said they feel comfortable to make complaints, felt supported and safe to do so and said that appropriate action is taken in response to their concerns. Consumers and representatives said they feel comfortable raising concerns, and described how feedback is provided at the service. For example, via the completion of feedback forms, by speaking directly to staff and management, and at consumer meetings. Most consumers and representatives also said they felt comfortable escalating their complaint to the external complaints’ agencies.

Staff described how they would assist the consumer to make a complaint, including offering to document feedback on behalf of consumers.

Staff said that they had received training on open disclosure and demonstrated a shared understanding of the principles of open disclosure, including providing an apology to the impacted consumer, and implementing actions to prevent reoccurrence of the incident or complaint.

The organisation had a suite of documented frameworks, policies and procedures which guide staff in documenting, investigating, resolving and evaluating feedback and complaints made by consumers and representatives.

Management said the service had implemented additional staff training and updating of policies in response to the implementation of the Serious Incident Response Scheme.

The service demonstrated that consumer complaints and feedback is captured through various ways, and review of consumer and staff meeting minutes demonstrated complaints and feedback made by consumers and representatives are discussed at meetings, and actions taken by the service are evaluated.

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 and representatives said that staff were kind, caring and respectful of consumers’ identity, culture and diversity. They gave examples of what this means to them including in relation to being able to participate in events of cultural significance.

Consumers and representatives considered that they receive quality care and service when they need them and from people who are knowledgeable, capable and caring.

Most consumers said they were satisfied with the number of staff and the availability of clinical and care staff to meet their care and service needs. Consumers said when they used their call bell most staff respond promptly.

Staff interviewed reported they generally had enough time to complete their duties and were able to provide consumers with the assistance in a timely manner. They said staff unable to attend their shifts are replaced.

Management described how the service determine whether staff are competent and capable in their role, which includes orientation on commencement of employment, support shifts alongside experienced staff, mandatory training programs and performance reviews.

Staff confirmed they have access to education and expressed satisfaction with the training provided. Staff said they had completed mandatory training and competency assessments in a range of areas including infection control, personal protective equipment and handwashing, manual handling and fire training.

The organisation had a staff performance framework supported by policies and procedures, that includes probationary performance reviews, annual performance appraisals and mandatory education. Review of documentation identified performance appraisals, mandatory training and competency assessments are conducted annually.

Staff were observed assisting consumers in a way which was respectful and addressing consumers by their preferred name.

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 representatives considered that the organisations is run well and confirmed they are involved in the development and evaluation of services. Consumers and representatives said the service asks for their opinion about the delivery of care and services. Consumers and representatives expressed satisfaction that the service actions changes in response to consumer feedback

The service demonstrated the organisation’s governing body promoted a culture of safe, inclusive care and was accountable for the delivery by setting strategic priorities and reviewing risks from an organisational and consumer perspective. The governing body monitored and evaluate how the organisation performs against the Quality Standards through meetings and reporting processes.

The organisation demonstrated effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting. Policies and procedures that are available to guide staff in the organisation’s risk management systems and practices.

The organisation had implemented systems to monitor the performance of the service, including providing regular reports to the Governance and Risk Committee and Board. Monitoring systems include a range of registers and reports for incident management, compulsory reporting, feedback and complaints and audits. The governing body met regularly to review and consider this information.

The organisation had a clinical governance framework, including policies to guide staff practice in relation to antimicrobial stewardship, restraint minimisation, dignity of risk and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

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

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.

* Requirement 3(3)(b) – Ensure the service effectively manages high impact or high prevalence risks associated with the care of each consumer.
* Requirement 5(3)(b) – Ensure the service environment is safe for all consumers.