Tully Nursing Home

Performance Report

13 Bryant Street
TULLY QLD 4854
Phone number: 07 4068 2355

**Commission ID:** 5454

**Provider name:** Tully Nursing Home Inc

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

**Date of Performance Report:** 19 October 2021

# Performance report prepared by

Tara Wurf, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 Approved Provider did not provide a response to the Site Audit report.
* The Performance Report completed 21 October 2020 following the Assessment Contact conducted 9 to 10 September 2020.
* The Monitoring Assessment Contact Record for the (monitoring) Assessment Contact conducted 4 August 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 said staff are kind and respectful towards consumers, and that their individual identity, culture and diversity is recognised and valued. They said the service supports them to exercise choice and independence, including about who is involved in their care and what they can do independently.

Staff demonstrated they know what and who is important to consumers. They respect consumer preferences and support for consumers’ culture, values and background to influence the delivery of care and services. Staff described care preferences for individual consumers and how this influenced the way they delivered care and services. Staff identified ways they support consumers to maintain relationships and engage with their culture. Lifestyle staff support consumer choice in activity participation.

Consumers are supported to take risks and live the life they choose, including making choices about mobilising and diet. Staff identified the activities involving risk as they apply to consumers. Health professionals are consulted about risks.

Care planning documentation for sampled consumers reflected their culture, preferences, important relationships and preferred activities. Regular reviews are conducted to assess risks and discuss care decisions, and involve the consumer and their representative. Care documents reflected consumer choice and risk, and any communication barriers and resulting interventions required to facilitate communication with consumers.

Consumers and representatives said they are satisfied with the information they receive from the service, that they receive regular communication and feel comfortable to clarify if they are unsure.

Consumers and representatives stated staff respect their privacy, including through knocking on doors and announcing presence, respecting consumer preferences, closing doors and curtains while care is provided and maintaining confidentiality. Staff described procedures used to maintain privacy and confidentiality. Staff follow policies in disclosing information to representatives.

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

## 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 expressed that they feel like partners in the assessment and planning of the consumer’s care and services. They said staff consult with them initially to develop a plan, which they can access, and care delivered is consistent with the plan.

Staff described how consumers and representatives are involved in planning and review of care plans, and this was evidenced in the care plans reviewed by the Assessment Team. Staff described what is important for consumers and consumer preferences.

Care planning documents reflected involvement of consumers/representatives in assessment and planning, were reviewed regularly, updated when consumer’s needs change or incidents occur and included input from other providers of care and services (for example, medical officers and allied health specialists).

The outcomes of assessment and planning are communicated to consumers and representatives. Staff communicate with consumer representatives when there is a change in the consumer’s condition, and representatives confirmed they receive explanations and copies of care plans.

Consumers’ care plans are reviewed regularly, and following incidents. Staff have access to policies and procedures, and follow them to update care plans according to consumer needs.

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.*

Consumers/representatives expressed satisfaction with the assessment and care planning processes and the care and services the consumer receives.

Care plans are initiated for consumers on entry to the service, and have been reviewed periodically and when changes occur. Assessments are completed by registered staff and consumers are referred to other allied health professionals where there is an identified need. Care planning documentation for consumers identified that risks (such as falls and skin integrity) are documented to inform the delivery of safe and effective care.

The service has clinical guidelines, policies and procedures to guide staff. Registered staff stated the outcomes of assessments are documented in care plans and discussed with care staff. Staff identified they receive information about consumers at handover.

Actions have been taken to improve the performance of the service in this requirement, following the decision of non-compliance at the Assessment Contact conducted 9 to 10 September 2020.

* In September 2020, the service’s clinical nurse conducted a care plan review for consumers with specialised or complex care needs, including those consumers with catheters, diabetes and pain.
* The service transitioned to an electronic care system in May 2021. The electronic care system supports alerts for care requirements, contains clinical assessment tools and facilitates greater clinical oversight.
* Risk assessments are completed for consumers, as appropriate, and are retained in a single folder. Further risk assessments were made following any incidents, such as falls.

Based on the above, this requirement is now compliant.

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

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

### 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.*

The service conducts reviews of consumers’ care and services three-monthly and following any incidents, and care plans are updated accordingly.

Consumers’ representatives described being contacted by the service following incidents and when changes were made to consumers’ care.

Staff had a shared understanding of the periodic review process, and that reviews should occur following incidents or when consumers’ needs change. Staff were aware of types of incidents, the escalation and reporting process, and how communication occurs at handover to identify changes in consumers’ health status.

The service made improvements in response to the non-compliance identified during the Assessment Contact conducted on 9 to 10 September 2020 by implementing an electronic care system and care review processes.

* Registered staff undertake regular reviews. All care plans were reviewed in September and October 2020. The service now maintains a review schedule with registered staff allocated to review groups of consumers. Care plans reviewed by the Assessment Team were reviewed within the last three months and following incidents.
* Following the transition to the electronic care system in May 2021, staff receive electronic alerts for care plan reviews.
* Communication about changes in consumers’ care needs is managed through clinical nurse oversight of medical officer rounds, electronic alerts, and at handover and regular staff meetings.

Based on the above, this requirement is now compliant.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and their representatives considered consumers receive personal and clinical care that is safe and right for them. They consider staff personalise care to meet their needs. Consumers were satisfied they have access to health professionals.

Staff demonstrated understanding of how to meet consumer needs and preferences. Care staff have escalation pathways to involve registered staff when care needs warrant clinical care. The service minimises the use of restrictive practices and maintains appropriate records where they are used.

Care planning documents show high-impact or high-prevalence risks are managed, including skin integrity and falls. Consumers are made aware of risks and strategies are implemented to mitigate them. Staff demonstrated knowledge of the risks and strategies for individual consumers, and the Assessment Team observed consumers being cared for in line with the strategies.

Consumers’ care documentation demonstrated the needs and preferences of consumers nearing the end of life are recognised. Staff described how they support comfort and dignity.

Consumers’ condition is regularly monitored by the service. Care plans and progress notes reflected staff identify and respond to deterioration or changes in condition.

Care planning documents showed referrals to and input from other health professionals where relevant, and information was accessible and sufficiently detailed to support care. Staff could describe how the input of other health professionals informs care.

The service has policies and procedures in relation to minimising infection-related risks, and staff provided examples of practices to prevent and control infections.

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.*

Consumers/representatives said they get the care they need and described the ways the care being provided was meeting their needs, including for example, in relation to pain management.

Staff demonstrated knowledge of individual consumer’s needs and preferences and described specific strategies in place for consumers with complex health care needs. Care staff reported that registered staff and the clinical nurse are available to them and they report any concerns about consumers’ care. Registered staff described the process to monitor incidents and how they seek input from others involved in the care of consumers.

The service has policies and procedures for key areas of care, including restrictive practice, skin integrity and pain management in line with best practice. Staff can access this information.

Actions have been taken to improve the performance of the service in this requirement, following the decision of non-compliance at the Assessment Contact conducted 9 to 10 September 2020, particularly in relation to the management of restrictive practices and skin integrity.

The service has a policy on minimising restrictive practices and guidelines that detail assessments prior to the use of restraint, gaining consent and ongoing monitoring and review of restrictive practices. Authorisations forms have been updated to record additional information and were in place for consumers subject to restrictive practices. Risks assessments have been completed for all consumers subject to a restrictive practice. The psychotropic medication register detailed the reason why medications were prescribed, and plans for individual consumers showed alternate strategies trialled prior to use of restraint. There is evidence of psychotropic medications being reviewed and, in some cases, ceased.

Care documentation demonstrated that consumer’s wound healing progress was consistently monitored by the clinical nurse, wounds were attended to by registered staff, and photographs of wounds were taken to monitor wound healing progress and for easy transfer to medical officers for review. Wound charts are now electronic with the implementation of the new electronic care system. Stages of pressure injuries are now being recorded on wound charts and incident forms. Referrals are made to medical officers or specialists for advice where concerns are noted. Registered staff have completed education on wound care.

Care documentation evidenced consumers’ pain is regularly assessed and pain charts are completed, reviewed and evaluated. Pain assessments and care plans have been recently updated. Staff monitor the effectiveness of pain interventions. A new pain assessment tool was introduced in May 2021 to assist with pain assessment for consumers who cannot verbalise pain.

Based on the above, this requirement is now compliant.

### 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.*

Consumers/representatives stated they receive information from management and staff at the service regarding minimising infection related risks, particularly in relation to the COVID-19 pandemic and changing visitor restrictions.

Staff demonstrated an understanding of antimicrobial stewardship and infection control through describing processes followed to manage use of antibiotics and the hygiene and infection control guidelines. The service’s Infection Prevention and Control (IPC) lead has undertaken the required training and described their role in leading any response to an outbreak. A duty list is being developed for this role.

The service has written policies and procedures relating to antimicrobial stewardship, infection control management and an outbreak management plan, including for COVID-19. The service has a vaccination program, including for COVID-19.

The service made improvements in response to the non-compliance identified during the Assessment Contact conducted on 9 to 10 September 2020 by improving is COVID-19 outbreak management processes. The service has:

* reviewed and updated the service’s COVID-19 outbreak management plan
* implemented an electronic care system to facilitate access to care documentation by key personnel
* commenced new process to screen staff and visitors on entry to the service
* displayed infection control signage
* made hand-sanitiser and personal protective equipment readily available
* a designated area of the service to be used in case of an outbreak
* identified strategies to gain access a surge workforce in the event of a COVID-19 outbreak.

Based on the above, this requirement is now compliant.

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers and their representatives considered that consumers receive suitable services and supports to optimise their daily living. Consumers are supported to be as independent as possible and participate in activities that promote their well-being and quality of life. They participate in activities within the service and in the community, and their activity preferences are noted in care plans. The service engages lifestyle, care and pastoral staff to provide support and staff are aware of what is important to consumers and what they like to do. Lifestyle staff support consumers through one-on-one activities if that is the consumer’s preference.

Consumers said staff identify changes in their mood and offer personalised support to maintain well-being. Staff demonstrated they notice changes in a consumer’s behaviour and implement strategies to support the consumer, in line with the consumer’s care plan. Staff were observed to be speaking with consumers in a caring, respectful and reassuring manner.

Consumers are supported to participate in the community and maintain personal relationships through social visits within and outside the service, and also use telephone and internet services to remain connected. Care plans reflect the support that consumers need to participate in activities, and note personal relationships that are important to consumers. Staff demonstrated awareness of what each consumer is interested in and their important relationships. Staff also support consumers to utilise electronic devices to connect with families or external support services.

Care planning documents provided adequate information about consumers’ conditions, needs and preferences. The leisure and lifestyle component of the plans are reviewed periodically and adjustments are made when changes occur. Care plans reflect involvement of outside organisations, and information is relevantly shared with external providers when appropriate. Preferences and changes are communicated to other areas of the service, and discussed at staff handover. Staff demonstrated an understanding of how to communicate concerns or identify when consumers may require additional support or referrals to other services.

Consumers provided positive feedback about their meal quality, variety and portion size. They said they have good communication with staff to have input for their meal options. Diet and nutrition assessments are completed on entry to the service and care documents identified dietary requirements, preferences and allergies, which are communicated to hospitality staff and prominently displayed. Staff demonstrated awareness of each consumer’s needs, tailoring meals as required and engaging with consumers through surveys to obtain feedback. The kitchen environment was observed to be tidy and there was a relaxed and calm environment in the dining room.

Equipment provided for consumers was observed to be clean, suitable and well maintained. Shared items were clean and tidy. Staff said they have access to sufficient and suitable equipment that is kept in good working order, and maintenance is attended to in a timely manner. Maintenance schedules support this.

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 felt safe and comfortable, that they could move freely around the service environment and their visitors are welcome. They reported that the environment and their rooms are clean, staff attend to potential hazards, and that they have a pleasant outdoor environment to spend time in. Consumers’ rooms include decorations and personal items to support their sense of belonging.

The environment was observed to be clean and uncluttered, with signage and handrails to support movement. Furnishings and fittings appeared clean and suitable. Staff were observed assisting consumers in the secure living environment to access the outdoor area, and other consumers were observed to be moving freely indoors and outdoors. Staff said maintenance is promptly attended to and they follow procedures to request repairs or report unsafe equipment.

Consumers said they feel safe with the equipment and that the furniture and fittings are comfortable and meet their needs. Call bells were observed within reach of consumers. Staff said they have enough equipment to perform their role and meet the needs of consumers, and that any shared equipment is cleaned. The service undertakes audits of equipment, has a preventative maintenance schedule and purchased purpose-built equipment where relevant to best suit the service and consumers’ needs.

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 considered they are encouraged and supported to give feedback and make complaints, and that this is acted upon. Consumers who had raised concerns or provided feedback described changes that the service made to address this. Consumers and their representatives were aware of methods to raise concerns, including through consumer meetings.

Staff described how they respond to consumer or representative feedback, and their role in supporting and assisting consumers to raise feedback. The service supports consumers to access interpreter or advocacy services by displaying information about access to these. Details for how to make complaints were displayed at the service, and a secured box to lodge forms was observed in the reception area.

Consumers and representatives said action is taken in response to feedback and that an honest explanation is given when things go wrong. They said they felt heard after raising concerns, that there was a resolution and the service confirmed that they were satisfied with the resolution. The service has an open disclosure policy to inform staff on how to approach complaints, and staff described actions taken to resolve complaints.

Examples of how the service addressed feedback and complaints and use these to improve the quality of care and services were provided. The service maintains a complaints register, copies of feedback forms and a record of review of the actions taken to resolve the complaints. The governing body is also regularly informed about complaints.

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

## Assessment of Standard 6 Requirements

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

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

### 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 their representatives said staff are kind, caring and considerate of consumer needs. They considered staff are skilled to meet individual consumer care needs and preferences and spoke positively of the quality of care provided.

The service reviews the adequacy of staffing levels through feedback from consumers and staff, analysis of incidents and observations. They adjust staffing levels as needed to support the delivery of safe and quality care, including completing staff allocation reviews at the commencement of shifts. They have processes in place to address unplanned leave and to manage peak periods. Consumers said they generally receive prompt responses when they utilise call bells, and the service monitors and reports on any delays in call bell response times.

Staff were observed assisting consumers in a respectful, kind and unrushed manner. They showed respect for consumers by addressing them using preferred names, knocking on doors prior to entering and asking before providing assistance during meal service.

The service has processes in place to recruit suitable staff and conduct orientation and training for new staff. The service maintains a suitably skilled workforce through regular training, monitoring and performance management. Training records demonstrated that mandatory training is completed. Staff can request additional training to build competencies, and they spoke positively about education practices at the service. Care staff said they have sufficient time to provide consumers with care and they have access to registered staff and mentoring for support.

The service monitors workforce interactions through periodic consumer surveys, with the most recent survey results reporting increased satisfaction ratings. Staff confirmed they receive regular performance reviews and stated their satisfaction with the process utilised by the service. In addition to appraisals, any incidents are investigated and feedback is analysed to monitor and review staff performance.

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 considered the service is well run and they are supported to participate in decisions about care and services. They are invited to provide feedback through various methods about the service, including lifestyle activities, food and engagement with community services. Records support that the service has utilised consumer and representative input to make improvements and maintained ongoing consumer consultation regarding menu options.

The service has policies and procedures in place to promote a culture of safe, quality and inclusive care. They have accountability mechanisms and escalation processes. The service undertakes regular reporting on audit outcomes, incidents, complaints and staffing for the board and internal committees. The board has communication in person and in writing with staff.

The service has effective organisation wide governance systems. Staff are supported to provide quality care through the information management systems, including the care documentation system and handover processes. The service has considered contingencies for management of important documentation during unexpected electronic system outages. Financial governance and workforce governance are addressed, with flexibility to engage additional staff or accommodate shift time changes to meet consumer needs to staff training requirements.

The service has a structured process for identifying and monitoring continuous improvement, and for reporting incidents. Regulatory compliance is maintained through staff education, escalation processes and incident data analysis. Feedback and complaints are captured and actioned, and consumers and their representatives reported positive changes in response to the feedback management processes implemented by the Director of Nursing.

There is a documented risk management framework, which contains policies for governance, risk identification and monitoring in line with regulatory obligations, high impact and high prevalence clinical risk and dignity of risk. The service has an incident management policy and incident management system. Staff described their training regarding risk management, and described the practical application of intervention strategies to mitigate risk and optimise outcomes for consumers.

The service has a clinical governance framework, including policies on antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff were aware of principles from these policies and could describe how to apply these in practice.

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

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.