Uniting Caroona Yamba

Performance Report

4 Freeburn Street   
YAMBA NSW 2464  
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**Commission ID:** 0393

**Provider name:** The Uniting Church in Australia Property Trust (NSW)

**Site Audit date:** 27 April 2021 to 30 April 2021

**Date of Performance Report:** 18 June 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **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 27 May 2021
* feedback received by the Aged Care Quality and Safety Commission from consumers and/or representatives prior to the commencement of the Site Audit.

# 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 said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers and representatives said staff value the relationships the consumers have with others and support them to maintain the relationships.

Consumers provided examples of how the service supports them to be independent, exercise choice and make decisions about the care and services they receive. They gave examples of how the service provides them with opportunities to exercise choice where risk may be involved and said staff were respectful of their wishes and discussed potential risks associated with their choice.

Consumers said their personal privacy is respected including in their personal relationships.

Care planning documentation was individualised, captured consumers’ life history and personal preferences and reflected the diversity of the consumers within the service. Contact information for nominated representatives and those the consumer wished to have involved in their care was captured in care planning documentation.

Care staff spoke respectfully about consumers with an understanding of the consumer’s life journey and personal circumstances and described how it influenced the day-to-day delivery of their care. Staff were observed engaging with consumers in a respectful manner which included addressing consumers using their preferred name.

Staff described the process for identifying, assessing and monitoring risks associated with consumers’ choices. Care planning documentation confirmed risks and consequences are explained to consumers and where they exercise choice, discussions are documented, and care plans reviewed regularly.

Consumers are provided with information on entry to the service including a copy of the Charter of Aged Care Rights and an information handbook. Minutes of consumer meetings are provided to consumers, and newsletters together with a regular activity calendar provide information about the day to day events and activities. The daily menu is displayed, and noticeboards and brochures were observed throughout the service that provided information about COVID-19 and other general information.

The organisation had policies and procedures outlining the requirement for consumers to be treated with dignity and respect and acknowledging consumers’ cultural, social and religious background. Polices relating to supported decision making, risk management and privacy were available to support and guide staff and management.

The organisation’s Diversity and Inclusion Strategy 2020-2023 and Reconciliation Action Plan outlines how the service will ensure care and services are provided in a culturally safe way.

Management staff advised the service has access to the Translating and Interpreting Service and that the organisation was Rainbow Tick accredited in 2015.

Education records confirmed staff are provided with dignity and respect training and have access to a suite of tools and resources to support inclusive care for consumers. The organisation has introduced a Cultural Competence Program and Aboriginal Cultural Learning module. Management advised the organisation has started rollout of the new learning modules commencing with team leaders.

Regular surveys are completed to understand consumer preferences and where appropriate, actions are taken, and changes are implemented in response to feedback.

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 they are involved in the initial and ongoing care planning of the consumer’s care. Medical officers, specialists, nurse practitioners and allied health professionals are involved in the process as required. Consumers and representatives said staff had discussed with them consumers’ care needs and the information within the care plan.

Care planning documentation demonstrated care plans were developed in consultation with consumers and representatives and were regularly reviewed and updated when changes occur. Care plans provided guidance and support to staff in relation to pain management, manual handling, personal hygiene requirements, advance care planning and end of life preferences.

Staff said they receive information about consumers and changes to consumers’ care needs during handover and that the electronic care management system highlights tasks that are due for completion. Staff said they are able to refer to the registered nurse if they have queries relating to care delivery.

Registered staff demonstrated an awareness of assessment and care planning processes to identify risks to the consumer’s health, safety and well-being. Identified risks included, but were not limited to, pain, catheter management, wounds, challenging behaviours and falls.

Staff were aware of incident reporting processes and how these can trigger a reassessment or review. The Assessment Team confirmed that following incidents such as falls or changes in a consumer’s condition that care plans had been reviewed.

The organisation has policies and procedures available to guide staff practice regarding assessment and care planning for consumers. Staff have access to on-line learning modules and practical face to face training relevant to their position that includes consumer care.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and representatives spoke positively about staff and the care they receive. They said that staff know the consumers and how to meet their needs and preferences. Representatives said consumers receive care that is safe and right for them and have access to a medical officer and other health professionals as required.

Care planning documents reflect the identification of, and response to, changes in the consumer’s condition and/or health status. Clinical records reflect referrals to medical officers and allied health professionals including podiatry, dietitian, wound and behaviour specialists, and demonstrate directives are implemented and followed.

Assessments and care plans are linked to best practice models of care and include a range of risk-based assessments. The Assessment Team found that nutritional advice was sought to support wound healing, specialised nursing care needs were identified and addressed, strategies to minimise risk of falls were in place to support consumers at high risk of falls, management of diabetes was in line with care plan directives and consumers who had experienced weight loss were receiving nutritional supplements,

Staff described policies and procedures that guide their practice and explained that these were available to them electronically. Policies and procedures included key areas such as restraint management, pain management, skin care and responding to a change or deterioration in the consumer’s condition.

Staff described high impact, high prevalence risks for consumers including falls, wound management, behavioural concerns and skin related incidents and identified strategies they used to manage those risks. Staff were familiar with the individual needs and preferences of consumers and described how they adjust their care to maximise comfort for consumers approaching end of life.

Registered staff are on site 24 hours per day to support and monitor care delivery including in relation to wound care, specialised nursing care and palliative care.

Staff have access to clinical nurse educators and a range of internal specialist practitioners in areas such as palliative care, dementia and pastoral care who provide advice, education and support as required.

Staff were familiar with incident reporting processes and clinical indicators including falls, pressure injuries, medication incidents, restraint and infections are analysed monthly and discussed at clinical governance meetings. Where restraint is used, authorisations for use are in place and the service monitors the use of psychotropic medications.

Staff described how they minimise the need for or use of antibiotics such as encouraging fluids to reduce urinary tract infections, implementing good personal hygiene practices and accessing pathology services. Staff understood the role of handwashing protocols, the use of personal protective equipment and the isolation of consumers who are potentially infectious as elements of the infection control program. Staff stated they had received training in infection control and COVID-19 and that influenza vaccinations were progressing.

Strategies to minimise infection-related risks including the impact of a potential COVID-19 outbreak included screening at entry to the service, daily temperature checks for staff, training on donning and doffing personal protective equipment and hand hygiene.

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 said they are supported by the service to engage in activities of interest both within and outside of the service environment. They felt their spiritual and emotional wellbeing was well supported and they were able to maintain connection with people who are important to them. Consumers generally described enjoying the food and confirmed there is always adequate food available, and the service caters for individual preferences. A small number of consumers were not happy with the food service but acknowledged that there had been improvements in recent weeks with the introduction of a new winter menu. Management staff explained the actions being taken to improve the variety and quality of the meals. This has included a review of the menu with consumer input, the development of standardised recipes, daily sampling of the meals by management staff, additional temperature checks for plated meals and the introduction of more substantial meals for the evening meal.

Consumers provided examples of the activities that they are involved in and this included gardening, playing bingo, attending exercise classes and visiting with other consumers. Consumers also provided examples of how they continue to maintain relationships and participate in the broader community, going on outings and drives, shopping, and meeting with friends for dinner.

Care plans included information about what is important to consumers and the supports needed to help them do the things they wish to do such as reading the newspaper, playing bowls, gardening, cooking or participating in exercise classes. Spiritual and religious preferences were captured in care plans and consumers confirmed their spiritual and emotional needs were met.

Care planning documentation identified the involvement of others in the provision of lifestyle support and allied health services, including pastoral care and volunteers. Dietary needs and preferences were identified in care plans and were understood by staff.

Care staff were familiar with consumers’ preferences and knew what was important to the consumer. Lifestyle staff described how the lifestyle program changed during recent COVID-19 restrictions with bus outings and shopping trips resuming in May 2021. Consumers and representatives said the service communicated regularly with them during visitor restrictions and they were able to keep in touch using electronic devices.

Some staff raised concerns about the lifestyle program and the availability of resources in the secure living environment. Management staff explained the model of care that is in place in the unit that aims to engage consumers in meaningful activities of daily living. Additionally, they advised of recent improvements to activities within the area. The approved provider in its response to the Assessment Team’s report stated that meetings have been held with staff that included practical suggestions to support the delivery of individualised activities in the secure unit. New staff are being mentored to support effective engagement and respect and additional resources such as interactive boards, puzzles and craft items have been purchased.

The service’s pastoral practitioner said they provide one to one emotional and spiritual support to consumers and that staff refer to them if they identify consumers who are feeling ‘low’. Volunteers support the pastoral care program and visit with consumers providing social engagement and friendship opportunities.

The service has a library and a chapel that can be accessed at any time for private prayer. The Assessment Team observed a variety of books (including large print), magazines, audio books and DVDs available for consumers. Volunteers support book delivery to consumers’ rooms. Board games were available in lounge areas. The hairdressing salon was clean and well equipped. The main activities room contained tables and chairs for activities and a piano that a consumer was observed playing independently during the site audit.

Mobility aids such as walking aids and wheelchairs which support consumers to mobilise and attend lifestyle activities were clean and well-maintained.

Meeting minutes from consumer meetings demonstrated that consumers have input into the lifestyle program and consumers are advised of activities through the provision and display of an activity calendar.

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 feel safe living at the service and they can freely access indoor and outdoor areas. Consumers were generally satisfied with the cleanliness of the service and said it was well maintained. They said they can personalise their rooms with photographs, paintings and other items. They said the Maintenance Officer was available to assist them with tasks such as hanging pictures.

Consumers and representatives said visitors are welcome in the service and they enjoy having various indoor and outdoor areas where they can sit comfortably. Consumers commented positively about their rooms, bathrooms and the general living environment and said the furnishings provided were comfortable.

Staff described the process for reporting equipment that may be faulty, advising all staff have access to the electronic maintenance management portal. Staff said the Maintenance Officer is always available to assist with maintenance issues and these are addressed promptly. Staff said that shared equipment is cleaned with alcohol-based wipes after use in line with infection control procedures. Review of maintenance records confirmed reactive maintenance issues are promptly addressed and preventative maintenance is occurring in-line with service schedules.

Navigational aids and cues such as directional arrows and signage assist consumers and visitors to find their way. The Assessment Team observed the environment to be calm and welcoming, with maintained gardens and appropriate outdoor furniture. Consumers were seen accessing outdoor areas and using the seating that was available.

Equipment was observed to be clean and well maintained and suitable for use. Fire evacuation diagrams and illuminated signage was displayed and fire-fighting equipment was available to staff.

Management advised the service will be undergoing a significant refurbishment in 2021. Consumer meeting minutes demonstrated consumers have been kept updated and informed of planned building works.

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 representatives were aware of the service’s formal process for raising a complaint, they said that they felt safe raising any issues directly with staff and/or management and did not express concern about potential retribution if they were to provide feedback. Consumers and representatives were aware of advocacy services and external complaints organisations and said that information about these services had been included in the consumer handbook.

Most consumers and representatives sampled were satisfied that appropriate action was taken in response to feedback and complaints and felt confident that if there were any issues in future, they would be promptly resolved by the service.

Complaints avenues included direct communication with staff and management, feedback forms, monthly audits and consumer meetings. Staff were able to describe the ways that consumers are able to provide feedback or lodge a complaint and said they attempt to address the concern for the consumer in the first instance and also assist them to complete a feedback form. Staff said that feedback and complaints are escalated to management as appropriate.

Staff were aware of how to access interpreter and advocacy services but said they have not needed to access these for consumers yet. They could describe how they supported consumers with cognitive impairment or difficulty with communication.

Staff were familiar with the concept of open disclosure and how this relates to complaints resolution; management staff provided an example of how this had been applied in a recent incident.

The Assessment Team observed feedback forms, feedback boxes and brochures for raising complaints externally with complaints bodies were displayed and readily available at the service’s front reception and residential areas of the service.

The Assessment Team found that the service has an effective process and system for dealing with feedback and complaints which informs continuous improvement in care and service delivery. A complaints register is used to capture compliments and complaints from a range of sources including verbal feedback, email correspondence and complaints made to external complaints bodies. Policies and procedures outlined complaints protocols and key roles and responsibilities. Staff received education and training on topics relating to this Standard including open disclosure.

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 confirmed that staff know what they are doing and are confident that staff are adequately trained and are competent in their roles. They said that staff are kind, caring and treat them well.

Consumers generally expressed the view that staff were busy and that the service would possibly benefit from recruiting additional care staff. While consumers expressed some level of dissatisfaction with staffing levels they were not able to identify how this had impacted them personally.

The Assessment Team reviewed call bell response times and did not identify delays in staff attending to consumers’ requests for assistance and noted consumers are invited to provide feedback about staff response times at consumer meetings. Management staff said they are responding to consumers’ concerns in relation to staffing and have increased cleaning hours, engaged additional care staff and are implementing a pilot traineeship program for care staff.

Most staff considered there were enough staff and felt they had sufficient time to complete their work.

The Assessment Team observed staff interactions that were generally kind, caring and respectful and noted the service recently conducted a consumer experience survey that demonstrated 100% satisfaction with the way staff treat consumers. The approved provider has advised in its response to the Assessment Team’s report that following the site audit it has continued to provide education and increase mentoring of new staff, to support them to engage respectfully with consumers.

The organisation has a capability framework that identifies the skills and training required for the workforce, and the qualifications, knowledge and skills required are documented under detailed position descriptions for each role. An orientation program supports staff as they transition into the workplace and ongoing education is provided. The Assessment Team identified that staff had received recent training and education in a variety of areas including personal protective equipment, infection prevention and control, positive workplace behaviour, the Serious Incident Response Scheme, identifying and responding to elder abuse, antimicrobial stewardship and hand hygiene.

The service has policies, processes and systems in place to recruit, train and performance manage staff as necessary. Staff behaviour is monitored through complaints, surveys and observation of interactions. Staff sign a code of conduct on commencement of employment and undertake mandatory training in this area.

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 organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives said they were engaged in ongoing reviews of care and services and can provide improvement suggestions.

Management described the various ways that consumers are supported to be engaged in the development and evaluation of care and services. This includes through feedback forms, audits, surveys, consumer meetings and case conferences. Examples of improvements made in response to consumer feedback were provided to the Assessment Team.

The organisation’s governing body promotes a safe and inclusive culture at the service and has implemented effective governance and risk management systems to ensure it is accountable for the delivery of safe and quality care and services.

There are governance systems that relate to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and complaints.

Consumers were satisfied with the information provided to them and staff had access to the information they needed to undertake their role.

The organisation maintains a continuous improvement system that is managed at both a site and organisational level. The organisation’s Quality, Risk and Compliance team conduct regular audits and surveys as per the established corporate audit schedule and monitor and evaluate improvement actions resulting from the analysis of incidents, audits, clinical and operational data. The Board uses this information to satisfy itself that the service is meeting quality and compliance requirements.

A documented clinical governance framework is in place and staff were familiar with the associated policies including in relation to antimicrobial stewardship and minimising the use of restraint.

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.