Accreditation Decision

**Decision to re-accredit service following a site audit**

**Reconsideration Decision on the further period for which a residential service is to be accredited**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Warrigal Mount Terry |
| **RACS ID:** | 0769 |
| **Name of approved provider:** | Warrigal Care |
| **Address details:** | 95 Daintree Drive ALBION PARK NSW 2527 |
| **Date of site audit:** | 06 August 2019 to 09 August 2019 |

**Summary of decision**

**DECISION TO RE-ACCREDIT SERVICE FOLLOWING A SITE AUDIT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Decision made on:** | 19 September 2019 | | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | | |
| **Further period of accreditation:** | 04 October 2019 to 04 October 2020 | | |
| **Assessment of performance with the Aged Care Quality Standards** | | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Not Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Not Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Not Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Not Met |
| **Timetable for making improvements:** | By 16 December 2019 | | |
| **Revised plan for continuous improvement due:** | By 04 October 2019 | | |

**RECONSIDERATION DECISION ON THE FURTHER PERIOD FOR WHICH A RESIDENTIAL SERVICE IS TO BE ACCREDITED**

|  |  |
| --- | --- |
| **Decision made on:** | 16 October 2019 |
| **Decision made by:** | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the Aged Care Quality and Safety Commission Act 2018 to reconsider a reviewable decision under Part 7 of the Aged Care Quality and Safety Commission Rules 2018 (Rules). |
| **Decision:** | The delegate decided to vary the decision made on 19 September 2019 to re-accredit the service for a further period of one year.  The delegate decided to re-accredit the service for a further period of 18 months. |
| **Further period of accreditation:** | 04 October 2019 to 03 April 2021 |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Warrigal Mount Terry (the Service) conducted from 06 August 2019 to 09 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 38 |
| Representatives | 20 |
| Residential Service Manager | 1 |
| Deputy residential services manager | 3 |
| Wellness and lifestyle manager | 1 |
| Business performance manager | 1 |
| Quality Auditor | 1 |
| Leisure and entertainment officer | 3 |
| Leisure and entertainment team leader | 1 |
| Volunteer and pastoral care coordinator | 1 |
| Executive leader, service integrated communities | 1 |
| Registered nurse | 5 |
| Certificate 4 care worker | 5 |
| Care staff | 12 |
| Physiotherapist | 1 |
| Dietitian | 1 |
| Enrolled nurse | 1 |
| ACFI Coordinator | 1 |
| Palliative care consultant | 1 |
| Bus driver | 1 |
| Laundry staff | 2 |
| Rostering officer | 1 |
| Payroll officers | 2 |
| Receptionist | 1 |
| Catering contractor staff | 5 |
| Catering contractor supervisor | 1 |
| Catering contractor operations manager | 1 |
| Cleaning contractor staff | 2 |
| Property supervisor | 1 |
| Property services officer | 1 |
| Property and sustainability manager | 1 |
| Contracts manager | 1 |
| Quality and compliance/WHS Coordinator | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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:

2. The organisation:  
  
a) has a culture of inclusion and respect for consumers; and   
  
b) supports consumers to exercise choice and independence; and   
  
c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that all six requirements under Standard 1 were met.

95% of consumers/representatives randomly interviewed said staff kind and caring most of the time or always. 86% of consumers/representatives say that staff treat the consumer with respect and their dignity is preserved/ maintained always or most of the time. However, a small number of consumers/representatives, state that staff are respectful some of the time and indicate this aspect of their care can be improved. The Assessment Team observed interactions between consumers and the workforce which where respectful, friendly and courteous.

The majority of consumers/representatives say that the staff understand their needs, preferences and know what to do to make them feel safe and valued. 95% say that consumers feel safe at the service always or most of the time whereas 5% reported it was some of the time.

Staff were able to articulate how they respect and value cultural diversity and describe what treating consumers with dignity and respect meant. Staff say they ask and/or confirm with consumers/representatives how they want their care and services delivered. For those with limited English skills, they utilise alternative ways to communicate.

The organisation conducts regular training and education sessions; 100% of the 134 staff have completed training on privacy and most of the staff have had training on elder abuse. The organisation is proactive in promoting a culture of inclusiveness considering each consumer’s individual background and circumstances. Social profiles are regularly updated from feedback and in consultation with consumers/representatives.

95% of consumers/representatives randomly interviewed said they are encouraged to do as much as possible for themselves most of the time or always. Consumers and representatives reported that consumers can freely exercise choice and their independence is respected. They are encouraged to make decisions about how care and services are delivered and foster relationships within the service and the outside community. All staff interviewed can describe how they support consumers to exercise choice and maintain their intimate relationships.

80% of consumers/representatives randomly interviewed said staff explain things to them most of the time or always. 20% said it was some of the time. Consumers/representatives say they are involved in discussions and/or regular meetings and they can provide feedback to the organisation on matters relating to their care and service.

Consumers interviewed were able to explain how they are supported and their cultural background respected. In relation to consumer experience interview, 75% of the consumers/representatives reported that they have input into their daily activities always or most of the time. 25% report it was some of the time and said this can be improved. Management advised they are putting in place measures to enhance these aspects for consumers.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:  
  
i) make decisions about their own care and the way care and services are delivered; and  
  
ii) make decisions about when family, friends, carers or others should be involved in their care; and  
  
iii) communicate their decisions; and  
  
iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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:

2. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that four of five requirements related to Standard 2 were met. Requirement 2.3(a) was not met.

75% of consumers/representatives randomly interviewed said they have a say in their daily activities most of the time or always. Some consumers said they did not get their preference related to care however this mainly related to leisure and lifestyle activity availability.

Staff could describe how consumers and others who contribute to the consumer’s care (including medical practitioners, allied health professionals and family members) work together to plan and review tailored care. Staff demonstrated understanding of adverse incidents and how these were identified, documented and reviewed by the service to inform continuous improvement.

The service has a system for regular and responsive reassessment and planning of care and services including consideration of risks to each consumer’s health and wellbeing. An additional round of case conferences and review of care plans is currently occurring to provide each consumer and their representative an opportunity to adjust and sign their care plan.

Assessment and planning identifies and addresses consumers’ current needs. Consumers have also been supported to provide their choice in relation to completing an advanced care directive.

The registered nurse or deputy residential services manager communicates the outcomes of assessments and recommended care plan through timely discussions and case conferences.

Goals are not currently being set with each consumer, however during assessment consumers are asked about their preferences and the service works with them to manage the risks around those preferences. The deputy residential service manager regularly has a case conference with consumer representatives to discuss satisfaction and any changes that need to occur in care and services.

Consumers are not having thorough assessments completed in relation to identifying Physical restraints such as bedrails and lap restraints are needed. There is no documented consideration of alternatives tried or considered. The consumer’s representative is not provided with clear information on the risks of the restraint so they can make an informed decision.

Reassessment of each consumer during clinical deterioration and update of their care plan do not always occur.

#### Requirements:

##### Standard 2 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:   
  
i) 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   
  
ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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: Personal care and clinical care Not Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found that four of the seven requirements related to Standard 3 were met. Requirements 3.3(a), 3.3(b) and 3.3(d) were not met.

Of the 31 consumers/representatives who were interviewed in relation this standard, 84% of them responded that consumers say they get the care they need always or most of the time whereas 16% said it was some of the time. Some of the consumers say that their clinical and/or personal care are either not delivered according to their preferences or is delayed.

While consumers/ representatives some consumers/representatives reported that the delivery of clinical care to the consumers are improving, the Assessment Team identified significant deficiencies in relation to some of aspects of consumers’ clinical care. This includes deficiencies in managing high impact and high prevalence risks, falls prevention, pain and medication management. However, the organisation has effective systems and processes to manage consumers that are receiving palliative treatment and/or end of life care. There is an external palliative care consultant that regular attends and review consumers on this treatment.

All staff interviewed in relation to this standard confirmed they receive training at orientation and annually in relation to clinical and personal care. They were able to describe how they manage consumer if they notice a change in their behaviour or daily countenance and how they manage infection control outbreaks. The organisation’s policy and procedure manual for clinical, personal care and other services is not up to date however, policies are being drafted to reflect current guidelines.

While the organisation is implementing systems and processes to align their practice with the New Accreditation Standards including minimising restrictive practices and align the use of restraints, there are examples where the use of bedrails and lap belt restraints are not in accordance with current legislative guidelines.

The organisation has in place effective systems and processes to minimise and manage infection control outbreaks. Consumers where able to describe how staff conduct hand hygiene and other measures including the use of personal protective equipment. The organisation has installed several infection control points on all sections of the facility including antimicrobial stations located in reception and all wings. Related information is displayed around various noticeboards on infection control.

#### Requirements:

##### Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   
i) is best practice and   
ii) is tailored to their needs and   
iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Not Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

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

##### Standard 3 Requirement 3(d) Not Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:   
i) standard and transmission based precautions to prevent and control infection; and   
ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Not Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found that five of seven requirements under Standard 4 were met. 4.3(c) and 4.3(f) were not met

95% of consumers/representatives randomly interviewed said they do as much as possible for themselves most of the time or always. 80% of consumers/representatives randomly interviewed said staff explain things to them most of the time or always. Concerns were around staff taking the time to explain. 75% of consumers/representatives randomly interviewed said they have a say in their daily activities most of the time or always. Concerns were mostly around lifestyle opportunities, particularly on the week-end and 5% were around care preferences. 75% of consumers/representatives randomly interviewed said they feel at home here most of the time or always. Concerns were mostly around the outside environment and ability to have their lifestyle choices. Some said that no matter how good it is it can never be home.

A range of assessments are completed for consumers on entry and on an ongoing basis to identify their preferences for services and lifestyle activities to ensure their independence, health and wellbeing and quality of life is supported.

Emotional and spiritual support is provided by an on-site by a pastor and a team of volunteers. Regular services and individual visits with consumers/ representatives are provided.

The organisation adequately demonstrated that it supports consumers to connect with other supports and people outside the service. Most consumer care plans included detailed reviews about important social and personal relationships. A large team of volunteers visit regularly providing entertainment and one to one attention and they are matched with consumers of similar cultural background. Schools and community groups also visit. Bus trips occur each week to visit different venues.

The organisation effectively demonstrated that it makes timely referrals to other organisations and care specialists when required.

Safe, suitable, clean clinical and personal care equipment was observed in most areas of the service. However staff interviewed reported difficulty accessing sufficient shower chairs in the mornings, and there were some minor issues with equipment maintenance.

The organisation seeks advice from consumers about activities through resident meetings. The lifestyle activities calendar is regularly updated.

On week-ends there are no leisure and entertainment staff. Care staff duties are increased to include running the lifestyle activities in addition to their caring duties without any additional time to do so. Consequently, movies and television are the mainstay for week-end activities.

Recently one leisure and entertainment staff resigned and another retired. This has impacted on delivery of lifestyle activities during the week in some areas of the home. The service organises fill in staff when possible and are recruiting for the two positions.

67% of consumers/representatives randomly interviewed said they like the food most of the time or always. The remaining 33% raised concerns about food taste, texture, too many stews and not enough variety, temperature and inconsistency in portion sizes.

The service was already aware that consumers are dissatisfied with the food. Some consultation has occurred, however responses to correct the issues have not been timely and consultation has not been very extensive.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Not Met

The organisation demonstrates that services and supports for daily living assist each consumer to:   
i) participate in their community within and outside the organisation’s service environment; and   
ii) have social and personal relationships; and   
iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Not Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that one of the three requirements under this Standard was met. Requirement 3(a) and 3b) were not met.

75% of consumers/representatives randomly interviewed said they feel at home here most of the time or always. While the majority of consumers/representatives were satisfied, a quarter were not. The impact and outcomes were described by consumers/representatives. Issues were identified regarding the condition of the environment including a consumer’s room impacting on their sense of belonging, independence and function.

95% of consumers/representatives randomly interviewed said they feel safe here most of the time or always. While the majority of consumers/representatives were satisfied, issues were identified by consumers, representatives and the Assessment Team regarding the service’s outdoor environment in relation to safety, cleanliness, maintenance and overall comfort for consumers and their guests.

The organisation demonstrated there are established processes for assessing the safety, cleanliness, maintenance and suitability of furniture, fittings and equipment through environmental audits however this could be improved at the point of care across this Standard.

The Assessment Team were not satisfied the organisation could adequately demonstrate that all aspects of this Standard are met.

#### Requirements:

##### Standard 5 Requirement 3(a) Not met

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

##### Standard 5 Requirement 3(b) Not Met

The organisation demonstrates that the service environment:   
i) is safe, clean, well maintained and comfortable; and   
ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found that all four requirements under Standard 6 were met.

Consumer experience interviews show that 80% of consumers said staff follow up when you raise things with them always or most of the time. Consumers generally reported they can provide feedback and make complaints and have confidence that appropriate action will be taken.

There are mechanisms to facilitate consumers and interested persons to provide feedback or make a complaint. The organisation has a ‘share your thoughts with us’ form which is readily available throughout the service. Secure confidential suggestions boxes are also available throughout the service.

Brochures, posters and booklets are available throughout the service promoting and explaining the internal and external complaint mechanisms available to them.

Consumers have access to advocates, language services if required and other methods for raising and resolving complaints. Staff have received recent training in supporting consumers to provide feedback and make complaints.

The organisation demonstrated that appropriate action is undertaken in response to a complaint and this is carried out in a timely manner.

Feedback and complaints are reviewed and investigated and used to improve the quality of care. Meeting minutes demonstrate that feedback and complaints are a standard agenda item. The organisation has a feedback and complaints register and can demonstrate how the complaints are used to improve services within its continuous improvement plan.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found that all five requirements under this Standard were met.

95% of consumers/representatives randomly interviewed said they get the care they need most of the time or always. Comments were complimentary regarding staff, with few exceptions, advising the care and services have improved. Staff described how the organisation had improved their workplace, how they are supported in their role and how they work towards achieving positive outcomes for individual consumers.

95% of consumers/representatives randomly interviewed said staff are kind and caring most of the time or always. Various examples were provided of what this meant to consumers including they are well cared for. Staff interactions were observed to be respectful. Staff were able to articulate the action they would take should a lack of respect be shown to consumers. The organisation was able to demonstrate a clear process for addressing any issues raised regarding respect for consumers and taking appropriate action in response.

91% of consumers/representatives randomly interviewed said staff know what they are doing most of the time or always. Consumers noted that the majority of staff know what they are doing and provide the care and services they need in a competent way however consistency in practice could be improved. Staff demonstrated knowledge of individual consumer’s needs and preferences and explained how they meet these on a daily basis. Staff advised they feel supported in performing their respective roles and comfortable in making suggestions for improvement. Currency of professional qualifications, skills and competencies and staff performance are monitored and reviewed by the organisation in an ongoing way.

The organisation demonstrated the workforce is recruited to specific roles with workplace mentoring, mandatory training and optional education programs, point of care assessments and specific training where relevant to individual consumer’s care and service needs. Performance appraisals from part of probation, with annual review or review as required and feed into further development. The organisation continues to actively recruit and manage the workforce towards the best possible outcome for consumers.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

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

##### Standard 7 Requirement 3(d) Met

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

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found that four of the five requirements in relation to Standard 8. Requirement 3 (e) was not met

Consumer experience interviews show that 95% of consumers that the service is well run always or most of the time. The organisation demonstrates that consumers have a say in the care and services provided via meetings, forums and feedback mechanisms. Consumers and their representatives are involved in case conferences with the multidisciplinary team when the need arises. The service engages consumers during their assessment process on their preferences for delivery and evaluation of care. However, they currently do not have a process to engage consumers in setting goals.

The governing body meets regularly and has skilled representation. The board sets clear expectations in its strategic plan for the organisation to follow and regularly reviews organisational and consumer risks including outcomes.

There are organisation wide governance systems that support effective information management, the workforce and compliance with regulatory requirements. There is a continuous improvement program in place which identifies areas for improvement and these activities are documented in the organisations plan for continuous improvement. Financial governance at the organisation includes budgeting processes, financial statements, delegations of authority and publishing accommodation pricing and key features information.

There is a clinical governance framework in place in the form of a care governance committee and reporting structures. Management uses a range of monitoring processes such as internal and external audits, including benchmarking, quality indicators and incidents to monitor consumer outcomes and identify and manage clinical risks.

Risk management systems and practices are in place including managing high-impact and high prevalence risks associated with the care of its consumers. There are systems in place and education provided to staff to identify and respond to abuse and neglect of consumers.

Antimicrobial stewardship has been addressed by the care governance committee with the support of a pharmacist and medical officer. There are currently implementing changes to reflect current guidelines.

The organisation still has the following policies in draft form; antimicrobial stewardship and open disclosure. The organisation is not following legislative requirements for the use of restraint.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

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

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:  
i) information management  
ii) continuous improvement  
iii) financial governance  
iv) workforce governance, including the assignment of clear responsibilities and accountabilities  
v) regulatory compliance  
vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:  
i) managing high-impact or high-prevalence risks associated with the care of consumers  
ii) identifying and responding to abuse and neglect of consumers  
iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Not Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:   
i) antimicrobial stewardship   
ii) minimising the use of restraint  
iii) open disclosure