Wattle Hill Lodge

Performance Report

2 Wattle Street
BUNBURY WA 6230
Phone number: 08 9370 0200

**Commission ID:** 7096

**Provider name:** Wattle Hill Lodge Inc

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

**Date of Performance Report:** 29 September 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 Approved Provider did not submit a response to the Assessment Team’s report.

# STANDARD 1 COMPLIANTConsumer 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

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team found overall, sampled consumers confirmed 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. Sampled consumers and representatives provided the following feedback in relation to this Standard:

* Staff are friendly and kind and take the time to explain things, always acting respectfully and providing personal care in a dignified manner.
* They are encouraged to share information regarding their personal preferences to ensure care is individualised and feel accepted and valued.
* Care and services are delivered in a manner which supports their culture and identity and some consumers were able to provide specific examples.
* They are supported to exercise choice and independence and to maintain ongoing relationships with family and friends, with examples including visitors being welcome and staff supporting them in engagement of things they like to do.
* They are supported to take risks to live their best life, including to maintain independence and engage in activities with risk to live their best life.
* They are provided information through various ways, including case conferences, newsletters, activity planner, menu displays and care plans.
* They felt they are kept updated with information.
* Their privacy and personal space are respected and personal information is kept confidential.

Staff interviewed spoke about consumers in a manner which demonstrated respect and understanding of each consumer’s circumstances and preferences. Staff were also able to describe specific consumers’ needs and preferences and said the cultural and social backgrounds of consumers are considered when providing care and were able to provide specific examples of tailored care and services to support individual preferences. Staff described strategies used to ensure consumers are explained things to enable them to make choices and decisions on a day-to-day basis and through regular and scheduled consultations. They also provided specific examples of how risk is discussed with consumers and risk mitigation strategies used to support consumers, including completion of risk assessments. Management stated all staff are required to sign a confidentiality clause as part of their employment contract and staff described examples of how they support consumers’ privacy and maintain confidentiality of consumers’ personal information.

Care planning documentation indicated family conferences are conducted during the initial phase after entry and each consumer’s identity, culture, background and spiritual preferences are discussed and reflected in care plans. Care plans also identified consumers’ important relationships and include information regarding decision making and where others should and can be involved in making decisions on behalf of consumers. Risk mitigation strategies were included in plans of care for activities consumers wish to engage in, which is in accordance with the service’s policy and procedure. Communication needs and preferences are assessed on entry, with strategies to support communication for those consumers with impairments. An information pack is provided to consumers on entry and other information circulated on a regular basis, such as newsletters and activities calendars. The resident handbook provides various information, including how consumers’ privacy and confidentiality of information will be maintained.

Staff were observed treating consumers respectfully and in a dignified manner, with consumers’ rooms decorated in accordance with consumers’ personal preferences, including religious icons, family photographs and memorabilia. Staff were observed to knock on consumers’ doors prior to entering and meetings where consumers’ personal information was discussed were conducted in private areas.

Based on the information and evidence in the Assessment Team’s report, I find Wattle Hill Lodge Inc, in relation to Wattle Hill Lodge, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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 COMPLIANTOngoing 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

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

The Assessment Team found overall, sampled consumers confirmed they feel like partners in the ongoing planning and assessment of their care and services. Sampled consumers and representatives provided the following feedback in relation to this Standard:

* Initial and ongoing consultation and assessments are completed to develop care plans, including planning of their daily care and discussions regarding advance care directives.
* They are able to meet with clinical staff and other members of the multidisciplinary team to discuss care and services, including having opportunities to discuss goals and preferences.
* They are informed of clinical incidents and the actions taken in response to the incidents.

Care planning documentation demonstrated initial and ongoing assessment processes are used to complete specified assessments and schedules, including assessment of risks to consumers’ health and well-being and consideration of other information, such as hospital discharge summaries to develop comprehensive care plans. Consumer records sampled demonstrated consumers’ needs and preferences are included in care plans and these are reviewed on a six-monthly basis or as required, with goals and advance care directives identified in most consumers’ records. End of life pathways are developed when a consumer enters the terminal phase of life and one consumer file sampled demonstrated this occurred, including management of pain and comfort. It was evident consumers and representatives are regularly consulted, including when health specialists and others are providing input in the planning of care and services. Referrals to other health specialists and allied health were included in care planning documentation.

Clinical staff described assessment processes in accordance with the organisation’s processes, including the development of interim care plans on entry and comprehensive care plans at the completion of all assessments. Care staff described how they support assessment and care planning through completion of assessment charts and how they are updated about changes to consumers’ care, including daily practices they use to ensure they are supporting consumers’ individual preferences. Care plans are reviewed on a six-monthly basis or when consumers’ care needs or health changes. Allied health staff described how they assess consumers’ preferences and needs and how this information is used to develop care plans. Staff confirmed handover processes are used to support understanding of consumers’ changing needs and to ensure appointments and requests are supported and met. They also indicated they are responsible for reporting changes to consumers’ conditions to clinical staff and were able to provide specific examples of how they have escalated adverse incidents or changes in health.

The organisation has policies and procedures to guide staff in initial and ongoing assessment and care planning processes, with the use of validated assessment tools. The Assessment Team observed staff conducting a case conference with a representative. Clinical incidents and accident reports are investigated and actioned by clinical staff.

Based on the information and evidence in the Assessment Team’s report, I find Wattle Hill Lodge Inc, in relation to Wattle Hill Lodge, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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 COMPLIANTPersonal 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

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

The Assessment Team found all sampled consumers confirmed they consider they receive personal and clinical care that is safe and right for them. Sampled consumers and representatives provided the following feedback in relation to this Standard:

* They are provided with timely personal and clinical care which is safe and in accordance with consumer preferences.
* They provided examples of care which is tailored to individual needs and preferences and which optimise health and well-being.
* They have access to appropriate clinical staff and other health specialists.
* Four consumers stated medication is administered correctly and on time, including a consumer with time sensitive medication, to support risks associated with their health condition.
* They are satisfied with referral processes to allied health and other health specialists.
* They are satisfied with infection control practices and confirmed they are offered and administered relevant vaccinations.

Staff interviewed were able to describe clinical and personal care provided which is specific to individual consumers and how they report concerns in relation to consumers’ conditions, including incidents. Staff were knowledgeable about consumers’ risks associated with their care, such as pressure injuries, diabetes, swallowing difficulties, behaviours, weight loss and falls. Staff confirmed they are kept updated with information in relation to consumers’ conditions through handover processes and communication diaries and were satisfied information is effectively shared. Clinical staff described how they monitor care staff infection control practices, such as hand hygiene and wearing of personal protective equipment. Staff confirmed the service has vaccination programs for consumers and staff and they are alerted to consumer infections through care plans and handovers.

Consumer care files, including progress notes demonstrated individualised care which is safe, effective, tailored to the specific needs and preferences of the consumer and meets relevant legislative responsibilities. Care files also demonstrated consumers’ risks associated with care are effectively monitored and managed, including the use of validated risk assessment tools. Clinical incident documentation demonstrates incidents are documented, investigated and actioned appropriately, including referrals to specialists and transfers to hospital as appropriate. Two consumers’ files demonstrated end of life care was provided in a timely manner, in accordance with consumers’ preferences and was inclusive of pain and comfort strategies to maximise dignity and comfort at the end of life. Clinical documentation also demonstrated where there are changes or deterioration to consumers’ physical or cognitive health status, this is investigated by clinical staff and referred to the medical officer or other health specialists as appropriate. Referrals to allied health, other health specialists and medical officers were evident in consumer files and in accordance with consumers’ needs and preferences.

The organisation has information in relation to best practice care delivery available to staff, including management of risks associated with care and responding and managing deterioration. Information regarding changes to consumers’ care needs are documented in care plans and communication to staff through shift handovers, progress notes, meetings and communication books. The Assessment Team observed handover which included discussion and communication of consumer needs. The Assessment Team also observed hand washing and hand sanitiser being used by staff.

Based on the information and evidence in the Assessment Team’s report, I find Wattle Hill Lodge Inc, in relation to Wattle Hill Lodge, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### 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 COMPLIANTServices 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

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

The Assessment Team found overall, sampled consumers consider they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Sampled consumers and representatives provided the following feedback in relation to this Standard:

* They are provided with services and supports which meet consumers’ needs, goals and preferences, and provided specific examples of how staff support them.
* They provided examples of situations where staff provided emotional support.
* They are able to participate in activities within and outside the service.
* They are provided with information about what is occurring within and outside the service, including a monthly newsletter and weekly activities schedule.
* They are satisfied referrals are made to relevant support services.
* Most find the meals to be of reasonable quality, with variety and choice.

Consumer files sampled demonstrated consumers’ goals, preferences and needs in relation to activities and daily living are identified and include lifestyle and leisure participation records to identify the types of activities consumers like and dislike. It also included information in relation to consumers’ emotional, spiritual and psychological well-being, with specified strategies. Progress notes support consumers are assisted to maintain relationships with others and referrals made to appropriate support services. Care plans contain information relating to consumers’ dietary requirements which is inclusive of their preferences.

Staff interviewed were able to describe and provide examples of how services and supports meet individual consumer’s needs and preferences, including supporting independence. They described how they support consumers’ emotional, spiritual and psychological needs, including engaging counselling and pastoral support. Volunteers are used to support consumers’ emotional and social needs. Lifestyle staff confirmed they meet with allied health staff to understand changes to consumers’ needs which may affect their participation in activities. Staff were able to describe consumers’ individual dietary preferences and indicated a variety of mechanisms used to gain consumer feedback in relation to meals. Staff indicated they have access to equipment to support consumers and have been provided with relevant training.

The Assessment Team observed equipment used to support consumers’ independence and consumers participating in leisure activities in accordance with their preferences. They also observed care staff serving meals which were of suitable and varying quantity in accordance with consumers’ preferences. Equipment to support consumers was observed to be suitable, clean and well maintained.

The service has policies and procedures to support cultural awareness and the provision of emotional, spiritual and psychological support. An activities schedule is maintained, with activities inclusive of trips outside of the service. Breakfast, lunch and dinner menus contain a variety of choices and options for consumers to choose from.

Based on the information and evidence in the Assessment Team’s report, I find Wattle Hill Lodge Inc, in relation to Wattle Hill Lodge, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 COMPLIANTOrganisation’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

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

The Assessment Team found overall, sampled consumers consider they feel they belong in the service and feel safe and comfortable in the service environment. Sampled consumers and representatives provided the following feedback in relation to this Standard:

* They felt like the service was their home, encouraged to personalise their rooms and felt safe.
* They indicated they are included in decision making processes in relation to the service environment.
* They felt the service environment was clean and well maintained and with some consumers stating cleaning staff perform their jobs well.
* They are supported to access outdoor areas and doors to outside areas remain open.

The Assessment Team observed the service environment to be welcoming, with consumers’ rooms personalised, clear signage to support effective navigation and various communal areas being frequently used. They also found the service environment to be safe, clean and well maintained, with cleaning observed on each day of the Site Audit and the environment was also free of clutter. Staff were observed using equipment in an appropriate manner, with furniture tailored to consumers’ needs in each house.

Management stated consumer feedback is obtained through surveys and meetings to understand potential improvements and described how consumers are consulted and included in making decisions associated with furniture and decorations. Maintenance staff described processes used to respond to reactive maintenance requests and routine maintenance processes to ensure equipment and the environment are well maintained. Allied health staff confirmed new equipment has been purchased to support consumers’ individual needs.

Maintenance requests and cleaning records demonstrate maintenance requests are actioned and cleaning undertaken in accordance with cleaning schedules.

Based on the information and evidence in the Assessment Team’s report, I find Wattle Hill Lodge Inc, in relation to Wattle Hill Lodge, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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 COMPLIANTFeedback 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

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

The Assessment Team found all consumers confirmed they are encouraged and supported to give feedback and make complaints, with appropriate action taken in response to feedback. Sampled consumers and representatives provided the following feedback in relation to this Standard:

* They confirmed they know how to provide feedback and make complaints and feel safe and comfortable to do so.
* They feel safe and comfortable to talk to staff and felt staff advocate for them.
* They are aware of several complaints mechanisms available, such as meetings, emails and feedback forms.
* Feedback is responded to in a timely manner and issues are resolved to their satisfaction.
* They are reassured that when things go wrong, they will not happen again.

Management described how they encourage consumers and representatives to provide feedback through meetings, surveys, feedback forms and via verbal conversation. Staff interviewed were aware of the service’s complaints mechanisms and described how they support consumers and representatives to provide feedback, including the use of advocate and language services. Staff demonstrated an understanding of open disclosure and how it is relevant to complaints, including providing an apology.

The Assessment Team observed information and brochures accessible to consumers and representatives in relation to internal and external complaints mechanisms, feedback processes and advocacy information.

The service has open disclosure, feedback and complaints policy and procedure. The complaints register demonstrates all complaints are investigated by management and results and outcomes of these investigations are discussed with the complainant. Complaints are analysed for trends with the continuous improvement plan inclusive of improvements initiated from feedback processes.

Based on the information and evidence in the Assessment Team’s report, I find Wattle Hill Lodge Inc, in relation to Wattle Hill Lodge, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 COMPLIANTHuman 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

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

The Assessment Team found overall, consumers sampled consider they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Sampled consumers and representatives provided the following feedback in relation to this Standard:

* Staff are kind, caring and respectful when they provide personal care and services.
* Staff attend to call bells quickly and consumers are not left waiting for assistance.
* They felt staff are good at their jobs and know what they are doing when they provide care and services.

Staff interviewed indicated there are sufficient numbers and skill mix of staff to ensure quality care and services are provided, with examples of rosters changes being made to ensure a registered nurse is always available. Management confirmed roster changes have been made in response to consumer and staff feedback, including a registered nurse always being rostered and additional care staff hours on the morning shift. Management described processes they use to allocate resources and how they monitor call bell response times, including understanding the situation relating to extended call bell responses.

Call bell response data for a six-week period demonstrated no major deficits in call bell response times and where extended waiting times were identified, management had sought an explanation as to why this has occurred. Management described processes and checks used to support that staff are suitably qualified and aware of their responsibilities associated with their role. Staff confirmed they participate in competency testing on a regular basis in association with their role. They also confirmed they participate in regular training. Staff confirmed they participate in annual performance appraisals and are able to request additional training or professional development opportunities during this process.

The Assessment Team observed staff assisting consumers in a kind, patient and caring manner, including effective communication.

The service has policies, procedures and a code of conduct to promote diversity and culture and to ensure staff act in accordance with behaviours to support consumer respect and dignity. Two staff files and training records demonstrate these staff have completed relevant competencies, performance appraisals have been completed and completion of mandatory training sessions by most staff.

Based on the information and evidence in the Assessment Team’s report, I find Wattle Hill Lodge Inc, in relation to Wattle Hill Lodge, to be Compliant with all Requirements in Standard 7 Human resources.

## 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 COMPLIANTOrganisational 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

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

The Assessment Team found overall, consumers sampled consider that the organisation is well run and they can partner in improving the delivery of care and services. Sampled consumers and representatives provided the following feedback in relation to this Standard:

* They felt included in the evaluation and development of consumers’ care and services.
* They find the service to be well run by management and were aware of various ways to provide feedback.

Management described different examples of how consumers and representatives are encouraged to provide feedback and be included in changes made to care and services. Management also described how the organisation’s Board is comprised of members from various disciplines and backgrounds and confirmed they attend quality meetings and provided examples of where the Board has initiated improvements for the service as a result of feedback. The Board is also provided with monthly clinical indicator data and audits to support them to monitor the performance of the service.

The service was able to demonstrate effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. These governance systems are supported by policies and procedures to guide staff practices.

The service has risk management framework inclusive of managing high impact or high prevalence risks associated with consumers’ care, identifying and responding to abuse and neglect of consumers, and support consumers to live the best life they can. The service uses monthly clinical indicator data and audits to determine areas of risk and opportunities for improvement. A risk register is maintained to support consumers who wish to participate in risky activities and staff are required to participate in annual training relating to elder abuse. The service also has an incident management system to monitor and manage incidents in accordance with legislative responsibilities.

The service has a clinical governance framework which is inclusive of policies and procedures to support staff practices. The framework supports antimicrobial stewardship, minimising the use of restraint and open disclosure. The Assessment Team found restrictive practices used in the service were inclusive of chemical and environmental, with it used in accordance with best practice and legislative requirements. Staff interviewed confirmed they have participated in training relevant to antimicrobial stewardship and provided examples of alternative strategies considered prior to antibiotic use. Staff were also able to provide examples of the principles of open disclosure.

Based on the information and evidence in the Assessment Team’s report, I find Wattle Hill Lodge Inc, in relation to Wattle Hill Lodge, to be Compliant with all Requirements in Standard 8 Organisational governance.

## 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 to remain compliant with the Quality Standards.