Willoughby Retirement Community Hostel

Performance Report

1 Warrah Street   
CHATSWOOD NSW 2067  
Phone number: 02 9417 8443

**Commission ID:** 0319

**Provider name:** Willoughby Retirement Community Association

**Site Audit date:** 1 December 2021 to 3 December 2021

**Date of Performance Report:** 16 February 2022

# Performance report prepared by

James Howard, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit conducted from 1 December 2021 to 3 December 2021; 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 18 January 2022
* other information and intelligence held by the Commission in relation to this service

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined other relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers considered that they were treated with dignity and respect, could maintain their identity, were able to make informed choices about their care and services and live the life they chose. For example:

* Consumers and representatives said staff treated consumers with respect and dignity and valued their individual identities.
* Consumers and representatives provided positive feedback and gave examples of how the service supported consumers to be independent, exercise choice and make decisions about care and services provided.
* Consumers and representatives confirmed consumer’s personal privacy was respected.

Most consumers and representatives sampled said they were satisfied that their care was culturally safe, and that staff understood their needs and preferences. Consumers said that staff made strong efforts to incorporate individual consumer’s culture into their care and services. Staff and management were aware of consumers’ cultural backgrounds and knew where to access any relevant consumer information.

Staff demonstrated respect towards consumers and an understanding of consumers’ care preferences. The service had policies and training in place to guide staff in their engagement with consumers. Care planning documents and meeting minutes demonstrated the service understood and supported consumer choice.

Consumers’ relationships were acknowledged and supported, and consultation occurred to ensure staff were aware of matters of importance to the consumer and supported the consumer to live the best life they could.

Most consumers were satisfied that the service provides information that is timely current and accurate. Consumers and representatives said that they felt like they were always kept up to date by staff and that information was communicated in an effective manner. Staff demonstrated their knowledge around responsibilities for communication of information and described strategies for keeping consumers informed. Care planning documentation identified consumers who could require additional assistance and provided interventions for staff to follow.

Most consumers and representatives were happy with the efforts made by the service to maintain their privacy and to protect their personal information. Consumers said that overall, the staff were very respectful of consumer boundaries and made sure to give them their own space when needed.

Staff advised they were aware of the need to maintain consumer privacy within the service and could articulate their responsibilities in line with the service’s policies and procedures.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Consumers felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives confirmed they were involved in care planning, including when consumers’ care needs changed. Consumers and representatives were advised of assessment and planning outcomes and were able to access care plans. Consumers and representatives gave examples of how other care providers and medical officers were involved in meeting consumers’ healthcare needs.

The service had a clinical care system in place, which supported planned care and services to meet individual consumers’ needs, goals and preferences and informed the delivery of safe and effective care. Care planning documentation for individual consumers showed assessment and planning considered risk and reflected consumers’ current needs, goals and preferences.

Care and services were regularly reviewed for effectiveness, including when circumstances changed or incidents occurred, and consumers and representatives were involved in reviews. Care and service plans for consumers demonstrated integrated and co-ordinated assessment and planning involving other organisations, including medical officers and allied health professionals.

Care documentation was stored on individual consumer records and was communicated in a way that could be easily understood by consumers, representatives, staff and health care providers. Care documentation was reviewed regularly, and consumers and representatives provided with a copy of the consumers’ care plan.

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.*

The Assessment Team recommended this Requirement was not met, as the team considered there was a lack of documented advance care directives and end-of-life planning on the majority of consumers’ files, and that care planning documentation did not always detail individual consumer’s current needs, goals or preferences.

Based on the Site Audit report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service is Compliant with this Requirement.

In its response, the approved provider included extracts from consumers’ files and other material to illustrate its approach to advance care directives and end-of-life planning. The additional evidence and explanation of actions taken by the service addressed gaps noted in the report. The material provided in the response also addressed individual examples from the Site Audit report and provided context in relation to the nature and complexity of care provided by the service, along with the sensitivities of care in the current COVID-19 environment.

For the reasons detailed above, I find the service to be Compliant with Requirement 2(3)(b).

### 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

To understand the consumer’s experience and how the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care plans and assessments, and asked staff about how they ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Consumers received personal and clinical care that was safe and appropriate for them and in accordance with their needs and preferences. Care was provided in accordance with best practice guidelines and tailored to the needs of consumers. Consumers received appropriate care tailored to their individual needs and had access to a medical officer or other health professionals when required.

Consumers received care and services in line with their preferences, including for palliative and end of life care, and were provided dignity and comfort. Care was provided in a timely manner when consumers were unwell or experienced a deterioration in their health, their preferences were met, and they were provided with appropriate pain management.

Consumers’ individual needs were documented and this informed the provision of safe and effective personal and clinical care, including timely and appropriate referrals to medical officers and allied health professionals. Care planning documentation demonstrated the identification of, and response to, changes in consumers’ conditions and health status, including effective management of high impact, high prevalence risks to consumers. Clinical records reflected referrals to a range of allied health professionals, such as physiotherapists, podiatrists, dietitians, speech therapists and dementia care specialists.

Information about consumers’ health and well-being was documented and communicated between staff and other relevant people, such as health care providers. Staff were aware of consumers’ clinical care needs and demonstrated knowledge of signs and symptoms that could indicate a deterioration in a consumer’s condition.

The service had a documented infection prevention and control process, including an outbreak management plan. Staff were aware of, and trained in, infection prevention and control and anti-microbial stewardship with documented policies and procedures to support the minimisation of infection-related risks. Hand sanitiser and personal protective equipment were readily available.

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.*

The Assessment Team recommended this Requirement was not met, as the team had concerns about a possible lack of documented evidence around specific care items on the files of three consumers at the service and about proper record-keeping around restrictive practices, such as environmental and chemical restraint.

Based on the Site Audit report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service is Compliant with this Requirement.

In its response, the approved provider supplied additional information which demonstrated the consumers identified in the report all received safe and effective personal and clinical care in line with this Requirement.

The team noted the service’s exit doors were closed and required a code to be entered into a keypad in order to open the doors and this could be a restrictive practice, in the form of environmental restraint. The service explained that this was done for COVID safety purposes. In its response, it provided evidence that consumers were still free to go in and out of the service by signing out and signing back in upon their return. The service also noted that consumers told the Assessment Team about their ability to take walks outside the service.

The team also discussed the use of medication and raised the issue of potential chemical restraint. In its response, the service demonstrated, with accompanying evidence, that medication for named consumers was prescribed by consumers’ GPs and was used for pre-existing conditions and not for chemical restraint.

For the reasons detailed above, I find the service to be Compliant with Requirement 3(3)(a).

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

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

The Assessment Team recommended this Requirement was not met, as the team considered there were inconsistencies in care planning documentation regarding falls and swallowing deficits in the files of three consumers.

Based on the Site Audit report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service is Compliant with this Requirement.

In its response, the approved provider supplied additional information which demonstrates specific risks related to these consumers are managed within a framework of consumer choice and ‘dignity of risk’. The explanation and accompanying evidence provided in the response demonstrates the service has effective systems to assess and manage high impact or high prevalence risks in line with this Requirement.

For the reasons detailed above, I find the service to be Compliant with Requirement 3(3)(b).

### 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 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, sampled consumers considered they received services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. For example:

* Sampled consumers confirmed the service supported them to do the things they liked to do and that were of interest to them. This support included activities in the service and engaging with family and friends.
* Consumers said during COVID restrictions, they were encouraged to keep in touch with family and friends by telephone or the use of video-conferencing technology.
* The Assessment Team observed a variety of activities at the service during the audit. This included a Christmas high tea with consumers and representatives and family members, a barbeque lunch, bingo, wheel of fortune and group exercises.
* Most consumers sampled confirmed they enjoyed the food, and the selection was varied and of suitable quantity and quality.

The service demonstrated provision of safe and effective supports and services to meet consumer’s needs, goals, and preferences to optimise their independence, health, well-being and quality of life. Services and supports promoted each consumer’s emotional, spiritual and psychological well-being.

The service also demonstrated that services and supports for daily living assisted consumers to participate in the community within and outside of the service, have social and personal relationships and do the things of interest to them. Information about consumers’ conditions, needs and preferences was communicated within the organisation, and also communicated with others where responsibility for care was shared.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Consumers felt they belonged in the service, it felt like home and they felt safe and comfortable in the service environment. Consumers liked their rooms and were able to make decisions about and decorate their own rooms. The service’s internal and external areas were easy to navigate. Consumers reported the service was clean and well maintained, and equipment, furniture and fittings in the service were clean, safe, well maintained and suitable for their needs and preferences.

The service environment was welcoming, clean, well-maintained and easy to navigate. Designated cleaning staff ensured the service environment, furniture, fittings and equipment were clean, well maintained and appropriate for consumer needs. Staff described how they cleaned equipment in-between use by different consumers, in accordance with the service’s infection control procedures, including safe COVID-19 practices.

Maintenance staff monitored the environment to ensure it was safe and well-maintained. Consumers, staff or management demonstrated they were aware of how to raise maintenance requests and that issues were dealt with promptly. Staff confirmed maintenance issues were attended to promptly. Maintenance staff confirmed they could purchase supplies when required.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, consumers sampled consider they were encouraged and supported to provide feedback and make complaints, and that generally appropriate action is taken thereafter. For example:

* Interviews with sampled consumers and representatives demonstrated that they felt safe and supported to make complaints and provide feedback.
* Consumers and representatives could explain the internal and external feedback and complaints mechanisms available to them, including advocacy support and language services, and said that management generally acknowledged their complaint or feedback, promptly addressed the issue and resolved it to the consumers’/representatives’ satisfaction.

The service demonstrated it encouraged and supported consumers to provide feedback about the care and services they receive. For example:

* Processes were in place to promote and support consumers and representatives to provide feedback and make complaints, and feedback and complaints were used to continually improve the care and services provided to consumers.
* Staff had a shared understanding of the principles of open disclosure, and when an open disclosure process was to be applied.

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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, consumers considered that they received quality care and services when they needed them, from people who were knowledgeable, capable and caring. For example:

* Consumers and representatives confirmed that staff were kind, caring and respectful of their identity, culture and diversity. They gave examples of what this meant to them, including through interactions with staff and not feeling rushed.
* Consumers and representatives felt there were sufficient staff to support consumer care and services and stated they had confidence staff knew what they were doing.
* Consumers reported a high level of satisfaction with staff knowledge, skills, communication and personal interactions.
* Staff demonstrated knowledge and understanding of individual consumers and their preferences and needs.
* Staff reported they had enough time to complete their duties and that staff unable to attend shifts were generally replaced. Staff felt adequately trained, with regular education sessions provided and annual performance appraisals undertaken.

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.*

The Assessment Team recommended this Requirement was not met, as it considered some staff were unclear about the requirements for behaviour support plans and reporting under the Serious Incident Reporting Scheme (SIRS).

Based on the Site Audit report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service is Compliant with this Requirement.

In its response, the approved provider supplied additional explanatory material and evidence which demonstrated staff were provided with education concerning these topics, but that some staff may be unfamiliar with current terminology and acronyms. Appropriate staff were aware of the recent requirements in relation to SIRS reporting, restraint and associated behaviour support plans. The response indicated the service was updating its policies, procedures and resource materials to clarify these issues.

For the reasons detailed above, I find the service to be Compliant with Requirement 7(3)(d).

### 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Consumers considered the organisation was well run and they were involved in the improvement and development of care and services. Consumers and representatives confirmed they were consulted about their care and service needs, the service was well run, and they felt confident raising any issues or concerns with staff and management. The service used regular care reviews, feedback and complaints, audits, surveys and consumer meetings to ensure consumers were involved in planning and evaluation of care, services, food and activities. Consumers and representatives were encouraged to make suggestions to enable the service to support them to live the best life they could.

Consumers and representatives confirmed they engage with management and staff. The service had consumer focus groups where staff and consumers could discuss preferences and options and consumers were able to complete consumer satisfaction surveys to provide feedback.

The service’s board set strategic priorities and expectations for the organisation and met regularly to identify and review risks at an organisational and consumer level. The governing body monitored and evaluated how the service performed against the Quality Standards through meetings and monitoring and reporting processes. In doing so, it promoted the delivery of safe, inclusive and quality care and services.

The service had organisation-wide governance and risk-management systems. These systems supported effective information management, continuous improvement, financial governance, compliance with legislation and regulations, responsibility and accountability in maintaining compliance with the Quality Standards and delivering quality care and services to the consumers. Interviews with management and staff and reviews of records demonstrated the service constantly pursued feedback from consumers, representatives and staff.

The service had effective risk and incident management systems and practices to identify, report, prevent and manage risks and incidents, including incidents that must be reported under the Serious Incident Reporting Scheme.

The service had a clinical governance framework that set out specific roles and responsibilities concerning clinical leadership, safety and quality. Management and staff were trained in the framework and interviews with staff demonstrated they understood how to apply the policies to their work.

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.*

The Assessment Team recommended this Requirement was not met, as the team considered staff were not able to describe practical elements of the legislative changes around restrictive practices and that, as a result, the service did not have an effective organisation wide governance system for regulatory compliance.

Based on the Site Audit report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service is Compliant with this Requirement.

In its response, the approved provider advised that staff manuals are routinely updated with relevant legislative changes and changes to requirements are also placed on staff notice boards. The provider’s board also met shortly after the site audit and resolved that updates would be placed at the front of staff manuals and that updates will be provided to staff during daily handovers and staff meetings. I consider the additional evidence and explanation of actions taken by the service addressed the issue noted in the report.

For the reasons detailed above, I find the service to be Compliant with Requirement 8(3)(c).

### 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.*

The Assessment Team recommended this Requirement was not met, as the team considered the service could not demonstrate effective practices in relation to how falls and incidents were effectively managed. The Site Audit report noted the service had a documented risk management framework, including policies on high impact or high prevalence risks, but the team considered the policies did not adequately describe how to manage falls and incidents.

Based on the Site Audit report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service is Compliant with this Requirement.

In its response, the approved provider included copies of policies and procedures current at the time of the site audit that set out policies on falls. It also provided information on training and education provided to staff on falls risks and how to deal with falls. The procedures clearly set out what actions staff must take, which staff should take particular actions (such as clinical staff), how any referrals should be made, and how any incidents must be recorded. The additional evidence and explanation of actions taken by the service addressed the issue noted in the report.

For the reasons detailed above, I find the service to be Compliant with Requirement 8(3)(d).

### 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.*

The Assessment Team recommended this Requirement was not met, as the team considered the service could not demonstrate effective practices in relation to anti-microbial stewardship. The Site Audit report noted the service had a clinical governance framework that included anti-microbial stewardship, but the framework lacked information on the appropriate use of anti-microbial stewardship.

Based on the Site Audit report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service is Compliant with this Requirement.

In its response, the approved provider included copies of policies and procedures current at the time of the site audit that set out anti-microbial stewardship policies and procedures. The service advised that the Director of Resident Care is the Infection Prevention and Control Co-ordinator for the facility and is the author of an essay on anti-microbial stewardship in aged care. It also provided information on its approach to anti-microbial stewardship and on the resources, training and education provided to staff on anti-microbial stewardship. The additional evidence and explanation of actions taken by the service addressed the issue noted in the report.

For the reasons detailed above, I find the service to be Compliant with Requirement 8(3)(e).

# 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.