Yallaroo

Performance Report

1 Stafford Road   
ALBURY NSW 2640  
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**Commission ID:** 2630

**Provider name:** Lutheran Aged Care Albury

**Site Audit date:** 13 April 2021 to 15 April 2021

**Date of Performance Report:** 24 May 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** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-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** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 7 May 2021

# STANDARD 1 NON-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 relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Most sampled consumers considered that 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. All consumers indicated that staff respect their privacy, they provided examples such as staff knocking on their door when they enter their room. Staff described how they respect and support consumers’ relationships with family and others important to them.

However, some consumers reported that they are restricted in relation to decisions about their life, in particular in relation to smoking and being able to independently leave the grounds of the service. While consumers are supported to take some risks which they wish to take, this does not occur in relation to consumers being enabled to go outside the service and risk assessments are not undertaken to enable consumers to do this safely.

The Quality Standard is assessed as Non-compliant as one of the six specific requirements has been assessed as Non-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.*

The assessment team found the service has effective admission processes to facilitate consumers in making decisions about who and when family or friends should be involved in their care. The consumer signs admission documentation which identifies who they want involved in their care. Staff support consumers to make connections with others and maintain relationships of choice, including intimate relationships. However, the assessment team reported that the service was unable to demonstrate that consumers are involved in decisions to restrict their access to smoking and are not supported to exercise choice in making decisions about wanting to leave the grounds of the service or have their wish to return home responded to.

The approved provider submitted evidence to confirm that the consumer who wanted to return home was under a Guardianship Order and attached a medical discharge summary which assessed this consumer as not being safe to live at home. The approved provider disputed that consumers are not involved in decision making about their smoking and provided evidence to confirm this along with signed consents. The approved provider response in relation to consumers leaving the grounds of the service will be addressed in 1(3)(d).

I am satisfied that the approved provider response demonstrates that consumers are involved in decision making about their smoking and provided a reasonable rationale for why a consumer’s wish to return home was not acted upon.

I am of the view this requirement is Compliant.

### Requirement 1(3)(d) Non-compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

The assessment team found the service has risk assessment processes to identify how the service can support consumers to safely undertake risks to enable them to live the best life they can. Risk assessments are completed in relation to a range of activities including smoking and using a lifter. However, some consumers provided feedback that they are not allowed to exit the service from the front door without having someone with them and that they are dissatisfied with this. Staff confirmed that this was the case and explained that due to the location of the service consumers are not allowed to exit the front door of the service unless accompanied. The facility manager confirmed that none of the consumers could leave the service without staff letting them out, irrespective of cognitive status.

The approved provider response submitted evidence to demonstrate that consumers and or their representatives sign a consent form upon entry into the service acknowledging the use of environmental restraint. The approved provider submitted that due to the location of the service there would be safety concerns in allowing consumers to enter and exit the front door of the service of their own volition and this is acknowledged.

The approved provider submitted evidence to support that for some consumers mobility and falls risk assessments have been completed in relation to consumers ability to safely enter and exit the front door of the service. However, the approved provider did acknowledge that the service could make improvements in relation to supporting consumers to make decisions about exiting the service of their own volition.

The approved provide asserted that they have subsequently updated their processes to include whether consumers who are not cognitively impaired can be provided with a fob key to enter and exit the front door of the service. The actions of the approved provider are acknowledged in addressing this issue. However, this will take time to complete for all consumers and become embedded in practice. In conjunction with the negative feedback provided by consumers in relation to not being able to take risks to exit the service and their dissatisfaction in relation to this, I find this requirement is Non-compliant.

### 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.

Most sampled consumers and/or their representatives considered that they feel like partners in the ongoing assessment and planning of their care and services, that they are informed about the outcomes of assessment and planning and are regularly consulted as circumstances However, some consumers and representatives said they were aware of the care plan although had not been offered a copy of this.

Most consumers/representatives said the service had discussed, end of life planning with them. Review of documentation found that information in consumers’ assessment and care planning documentation is current and reflects consumers’ needs, goals and preferences.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

The assessment team found most consumers and their representatives interviewed confirmed they are kept informed of the outcomes of assessment and planning and of the care and services provided. Care planning documents and staff interviews confirmed that consumers’ assessment outcomes are updated in care conferences, documented in care plans and verbal updates shared, however not all consumers and their representatives have received a copy of the care plan. Staff confirmed the care plan copies are available to consumers and their representatives if requested, however not routinely offered to them.

The approved provider response clarified the service’s process for case conferencing and that during this conference the consumer and their representative are offered a copy of the care plan. The approved provider submitted evidence in the form of family conference records in support of this. I am satisfied that the outcomes of assessment and planning are effectively communicated and that a copy of the care plan is readily available and offered to the consumer and their representative.

I find this requirement Compliant.

### 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 understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them. All sampled consumers and representatives expressed satisfaction with their care. Care planning documents generally reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer in relation to general clinical care, skin integrity and pain management.

There is a system to identify and manage high impact or high prevalence risks associated with each consumer’s care and clinical data is collected, recorded and analysed to identify and to respond to trends. The service was able to demonstrate that deterioration in a consumers’ condition is responded to and referrals made to other services consistent with the consumers needs. Some gaps were identified in relation to the use of chemical restraint and behavioural management

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 found that most consumers and their representatives interviewed said they are satisfied with how staff provide personal and clinical care in line with consumer’s needs, goals and preferences and that they were extremely happy with the care being provided. Care staff said they always follow the direction of the registered nurse to meet the care needs of consumers and staff were confident that they provided safe and effective care due to the organisational policies and procedures which guide them. The service has comprehensive policies and procedures for the management of wounds and skin integrity and implement best practice wound and pressure injury care.

The assessment team reported that management confirmed the service is working with medical practitioners to reduce the use of psychotropic medications and there was evidence of three-monthly reviews taking place. However, the assessment team found that while the organisational policies are regularly reviewed, there was no evidence to indicate that the restraint policy had been updated to reflect changes in restraint management legislation that took effect in 2019. The assessment team found that some consumers prescribed psychotropic medications for behavioural symptoms related to dementia were correctly identified as being chemically restrained. However, other entries which included multiple consumers who did not have a diagnosis for which the medication is indicated for and who have not been identified as chemically restrained. Some entries also included some consumers where the entries listed the diagnosed condition as agitation and aggression and this not being identified as chemical restraint.

The approved provider response submitted evidence to demonstrate that the service does have an updated restraint management policy consistent with legislative requirements. The approved provider agreed that some consumers did not have a diagnosis listed for which the medication was indicated for and asserted that the absence of a primary diagnosis for prescribing identified the medication was indeed a chemical restraint. The approved provider submitted evidence that clarified for some consumers identified by the assessment team as being prescribed medication for behaviour and it not being identified as chemical restraint, that this was prescribed for a primary diagnosis and therefore did not constitute restraint. The approved provider submitted evidence which confirmed the primary diagnosis for these consumers.

I find this requirement Compliant.

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

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

The assessment team found the service demonstrated effective management of some high impact, high prevalence risks; specifically, diabetes is managed effectively, and falls are documented and followed up by the occupational therapist. Consumers’ weights are taken regularly and consumers who have lost weight are followed up by the dietician or speech pathologist if indicated. However, challenging behavioural symptoms were identified to be of high frequency and not effectively managed which have had an adverse impact on consumers. Behavioural charts were observed to be completed for consumers along with the response to the intervention, however the outcome or evaluation was not always recorded.

The assessment team found that staff identified behavioural issues as a high prevalence risk, although felt they were able to manage these issues due to knowing the consumer’s well and individual triggers. Staff provided examples of behaviour management strategies and advised that if a situation escalates they notify the registered nurse. The organisation was found to collect and record clinical data monthly to trend, analyse and respond to high impact or high prevalence risks.

The approved provider response agreed that there have been numerous incidents involving behaviour, however reported a consistent downward trend in these incidents and that this information was made available to the assessment team during the audit. The approved provider response further explained that the number of incidents involving behavioural symptoms is in the context of the service being the only one in the region to accept a cohort of consumers with complex and challenging behavioural presentations.

I am satisfied that behaviour charts could be completed more efficiently for consumer’s by including an evaluation of the intervention. I am however satisfied that the findings of the assessment team in relation to diabetes, falls, and nutrition management in conjunction with the approved provider response demonstrates that on balance, high impact and high prevalence risks are effectively managed.

I find this requirement Compliant.

### 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 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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.

Most consumers confirmed they are supported to do things they like, and consumers and representatives confirmed that they are supported to keep in touch with people who are important to them. Consumers said that there are services and supports to promote emotional, spiritual and psychological well-being and overall consumers expressed satisfaction with the food available.

Care planning documentation generally reflected individual needs goals, and preferences however this was not always evident in practice. Not all consumers were provided with opportunities to do things of interest and the lifestyle program did not specially cater to male and younger consumers at the service.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

The assessment team found most consumers and representatives expressed satisfaction with all aspects of the service, however, review of care planning documentation identified that not all consumers are receiving services that meet the consumers needs, goals and preferences. The lifestyle staff member informed the assessment team that despite the service accommodating 29 males and some younger consumers there are no specific activities particularly targeted to these groups.

Lifestyle staff informed the assessment team that there have not been any surveys of consumers about the lifestyle program nor a system to evaluate or review activities. The facility manager acknowledged that improvements were needed to the lifestyle program and that the previous lifestyle coordinator recently left the service which they are currently recruiting for. The facility manager acknowledged that the previous lifestyle coordinator was reluctant to implementing changes.

The approved provider response acknowledged the gaps in the lifestyle program and advised that since the audit the service has been successful in recruiting a new lifestyle coordinator. The approved provider response advised that following the audit, the service conducted a review of all lifestyle plans and that the lifestyle coordinator has commenced a new over-arching program to meet the needs, goals and preferences of consumers. The proactive actions of the approved provider are acknowledged, however based on the findings at time of the audit, I find this requirement Non-compliant.

### 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.*

The assessment team found overall consumers did not raise any issues with the lifestyle program although a few consumers did say that the activities are not of interest to them. The assessment team reported found that the service supports consumers to have social and personal relationships and that care planning documents generally included information about consumer interests.

The assessment team found that consumers are limited in participating in services and supports outside of the service due to bus the service used being small and only having capacity to accommodate a few consumers at a time. However, bus trips do occur fortnightly and staff have a list of those who want to attend and rotate. The facility manager advised the assessment team that a larger bus has been organised to be used for outings.

I accept that not all consumers are supported to do things of interest to them, however this has been addressed in 4(3)(a). I accept that consumers have been limited to access outside services, although am of the view that the service did attempt to implement this and that the purchase of a larger bus will provide more opportunities for this.

I am of the view this requirement in Compliant.

### 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.

Most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed said they were happy living at the service, that they feel at home and were able to bring in their own furniture into their rooms and hang pictures on their walls. Consumers also commented that the service is clean and well maintained.

Consumers provided feedback that their visitors are made to feel welcome and gave examples of how staff help to welcome their visitors. Consumer representatives confirmed that they are happy with the service environment and are made to feel welcome when visiting. During the audit the assessment team observed the environment to be spacious, clean and well maintained. Consumers were observed to move freely around the service using a range of mobility assisted aids.

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.

Most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Most sampled consumers and representatives said they felt comfortable raising complaints directly to staff or management and several consumers were aware of the resident meetings as a format to provide feedback. Consumers and representatives interviewed who had made a complaint expressed satisfaction with the action taken in response. The continuous improvement plan demonstrated that consumer feedback is used to improve the quality of care and services.

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 sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. All consumers and representatives indicated that they believe staff are competent to effectively perform their roles and generally felt staff are available when they need them. Review of documentation and feedback from consumers and staff demonstrates there are a sufficient number of staff to meet consumer needs.

Sampled consumers indicated staff were kind, caring and gentle when providing care. This was also reflected in comments from representatives interviewed on this topic who generally stated that staff were very good and tried to do their best for the consumers. The facility manager said she determines that staff are competent and capable in their roles by ensuring staff complete required competency assessments; through feedback from consumers and other staff; incident management; and the organisation’s appraisal system.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example, consumers, or representatives on their behalf, said they feel the service is responsive to any concerns or suggestions they might have about the organisation. They indicated they feel the organisation is well managed.

Overall the organisation has effective governance systems in place and the board of directors ensure they are kept informed, and are responsive, to issues that may arise in relation to their governance responsibilities.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 1(3)(d)

*Each consumer is supported to take risks to enable them to live the best life they can.*

* *Ensure that risk assessments are completed for all consumers to determine if consumers have the cognitive ability to exit the service of their own volition.*
* *Where appropriate provide consumers with a fob key to enable them to enter and exit the service if they choose to do so.*

### Requirement 4(3)(a)

*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.*

* *Review the lifestyle program and seek consumer feedback to determine if it meets the individual needs, goals and preferences of all consumers.*
* *Implement services and supports that cater to multiple groups of consumers to optimise their independence and quality of life.*