Amber Aged Care

Performance Report

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**Commission ID:** 6137

**Provider name:** Amber Aged Care Inc

**Site Audit date:** 27 April 2022 to 29 April 2022

**Date of Performance Report:** 9 June 2022

# Performance report prepared by

Meritt Nassif, 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; 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.

# 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

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

Consumers and representatives gave positive feedback about staff at the service and said staff treat consumers with respect and kindness. Staff were familiar with consumers’ identity, background, lifestyle choices, daily care preferences and religious requirements. Care planning documents included information about consumers’ identities, religious requirements and cultural needs and observations showed respectful and kind interactions between consumers and staff.

Consumers and representatives spoke positively of the service’s cultural competence, with consumers saying they feel safe, with their individual diversity respected. Staff could describe the cultural and linguistic backgrounds and needs of sampled consumers. Care planning documents showed the service has processes in place to identify and document consumers’ religious, spiritual and cultural profiles and needs. The service has an organisational diversity and inclusion policy and plan and provides cultural safety training.

Consumers said they are supported to maintain independence and gave examples of daily care decisions they had made and described how their representatives are involved in their in care. Staff described the important decisions consumers had made about their care and how they are supported to maintain relationships. Other documents, evidence and observations showed care planning processes support consumers to nominate representatives and others, to be involved in their care. Care plans documented consumers’ decisions about how and when their care is delivered.

Consumers described risks they are supported to take to enable them to live they best life they can. Those consumers confirmed their awareness of risks involved in those activities and staff outlined how they support consumers to understand the risks. Care staff confirmed they receive training to support consumer risk-taking and clinical staff confirmed the use of risk assessments for individual activities, which are regularly reviewed. The Assessment Team viewed assessments and risk acceptance paperwork for two consumers, which corroborating evidence provided by consumers and staff.

Consumers and representatives said they receive the information they need to make decisions about care, including in relation to daily menus, activities and health services. Staff described how information is provided to consumers about day-to-day care and services, including the use of verbal and non-verbal techniques for consumers who speak English as a second language. Menus, activity calendars and notices were displayed throughout the service.

Consumers said staff provide their care and services in a way that respects and maintains their privacy, for example by knocking on their doors before entering consumer rooms and respecting consumer gender preferences for carers. Staff described how they demonstrate respect for consumer personal privacy, by ensuring doors are closed when providing personal care, seeking consent before attending to care and knocking before entering. Staff understood their obligation of non-disclosure of personal information. The service has a current privacy policy and it was observed that offices where consumer personal clinical information is stored were kept locked when unoccupied by staff.

## 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

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

The service is guided by organisational policies and procedures which stipulate which assessments occur and when. Reviewed care planning documents reflected that comprehensive assessment and planning, including consideration of risks to consumer’s health and well-being. Consumers said they received the care they need and are involved in the assessment and planning processes. Staff understood the assessment and planning process and described the comprehensive initial assessment process which informs an interim care plan, with a full care plan developed a month after admission and then reviewed every six months and as required.

Care planning documents demonstrated the service’s assessment and planning processes identify, document and address the current needs, goals and preferences of consumers. Care plans also evidenced advanced care and end of life planning in collaboration with consumers and representatives. Consumers and representatives said they are involved in assessments and care planning. Staff and management outlined how end of life and advanced care discussions are offered during the initial admission processes, when raised by the consumer or in response to changes in condition. The service is guided by organisational policies and procedures on palliative care and advanced care planning.

Care planning documents evidenced ongoing partnership between the service, consumers and others they wish to include in assessment, planning and review. Consumers and representatives considered that other individuals, organisations and providers are involved in consumer care. Management outlined the range of allied health professionals retained to complete assessments and develop care plans, and staff gave examples of consumer and representative involvement in assessment and care planning. The service’s policies and procedures stipulate that consumers and representatives are partners in planning and assessment, and progress notes sighted by the Assessment Team confirm this occurs in practice.

Representatives confirmed the service communicates and discusses consumer care and services with them and they can request copies of consumer care planning documents. Care planning documents are available on the service’s electronic care management system (ECMS) and contains assessment outcomes and related care plan instructions for a range of consumer health issues. Staff and management outlined how the service communicates the outcomes of care and planning to consumers and/or their representatives and confirmed they have access to the ECMS and care planning documents.

The service demonstrated care planning documents are reviewed six-monthly and in response to changes in consumer condition and needs. Reviews were also evident in response to incidents, for example following choking episodes and falls. Staff understood their incident reporting and escalation obligations and management confirmed reviews occur as part of ‘Resident of the Day’ processes. Clinical staff monitor progress notes to identify areas which may require re-assessment.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers and representatives were satisfied they receive safe and effective care that meet their needs and preferences. Care planning documents evidenced personal and clinical care that is tailored, safe, effective and in line with best practice. For example, care plans reflected best practice behavioural and diabetes management. Staff were familiar with policies and procedures relating to personal and clinical care and advised they receive regular training and support in clinical care areas, such as restrictive practices and continence. The Assessment Team were satisfied that environmental and mechanical restraints used in the service were compliant with legal requirements. Skin integrity and wound management was reflective of best practice. Pain management was also reflective of best practice, with appropriate pain assessment, monitoring and pain scales used to assess and manage pain.

Consumers and representatives considered the service manages high impact and high prevalence risks well. Care planning documents confirmed this, with sampled documents showing the service’s processes for identifying and managing clinical and personal care risks is effective. Staff could accurately describe risk mitigation strategies for sampled consumers, which aligned with consumer care planning documents and care staff outlined how pertinent consumer risks are brought to their attention at shift handovers. Policies and procedures guide staff in the identification and management of risks and the service has monthly high-risk meetings to evaluate mitigation strategies currently in place.

Care planning documents evidenced that the service assesses and records consumers’ end of life needs, goals and preferences. A consumer who was palliating at the time of site audit had a detailed palliative plan with their wishes noted and progress notes confirmed the plan was being followed by staff. Their representative was highly complimentary of the staff providing support and other consumers and representatives were confident the service would meet their needs and maximise their comfort when they near end of life. Staff confirmed they know how to access consumer end of life preferences.

Care planning documents demonstrated the service effectively identifies and responds to deterioration and changes in their condition. Consumers and their representatives were satisfied with the service’s handling of changes in condition and representatives considered they are kept well-informed of these. Staff were familiar with escalation processes if a consumer deteriorated, and they are guided by policies and procedures on recognition and response to deterioration and change in consumer condition. Documentation review confirmed Registered Nurses routinely monitor consumers for changes or deterioration and handover notes confirmed changes in consumer condition are communicated to staff at shift changeover.

Documents, including care planning documents, demonstrated they provide adequate information about consumer’s condition, needs and preferences to enable effective care and service delivery. Consumers said the staff communicate with each other about their care needs and staff outlined the range of ways information is shared when consumer changes occur, including through handover, progress notes and a communication book. Management and staff confirmed medical officers and allied health professionals have access to consumer care plans and representatives are consulted and informed of changes in consumer condition, clinical incidents and medication changes.

Care planning documents showed the service makes timely and appropriate referrals to other individuals, organisations and providers of other care. Consumers and representatives confirmed consumers have access to the external services they require. Management and staff outlined how referrals are made using the electronic care system, and in consultation with consumers and representatives. Staff were familiar with allied health professional involvement with specific consumers and are guided by procedures for the making of referrals. Progress notes documented referrals made.

Consumers and representatives were complimentary of the service’s infection control practices and use of COVID-19 precautions, confirming they see staff taking appropriate measures. Staff outlined their training in infection prevention and control measures and gave practical examples of how they minimise risks and monitor consumers for signs of infection. The service monitors clinical indicators, including infections and staff demonstrated understanding of antimicrobial practices at the service. The service is guided by policies and procedures to minimise infection-related risks.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

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

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

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

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and 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.

Consumers said, and representatives agreed, that they receive support they need to do activities they enjoy and that interest them. Care planning documents captured consumer likes, dislikes, hobbies and key relationships. Staff were familiar with sampled consumers, their interests, favourite activities and important relationships. Lifestyle staff outlined how the lifestyle program is designed to cater to differing preferences and levels of function and activities are evaluated to determine their appropriateness for the consumer cohort.

Consumers and representatives considered that consumer emotional, spiritual and psychological needs are well supported by the service. Care planning documented included key information for staff to use in supporting consumer well-being, including information about consumer spiritual and religious beliefs, key relationships, cultural backgrounds and key emotional supports. Staff could describe how they would identify and respond if a consumer’s mood changed or if they were feeling sad. Observations showed staff reassuring consumers, assisting in various activities and generally engaging them throughout the day.

Consumers and representatives gave positive feedback on the service supporting consumers to participate in their community inside and outside the service and maintain their important relationships. However one representative raised concerns about the lack of visiting hours on Sunday. Management confirmed the staff roster is being revised to improve visitor access on Sundays. The weight of other evidence gathered reflected compliance, with care planning documents containing information needed to support consumers to maintain their interests, community participation and relationships of choice. Staff outlined how the service supports consumers to keep in touch with family and friends and to maintain their involvement with external clubs and organisations. Observations made by the Assessment Team also reflected compliance.

Consumers and representatives interviewed considered that internal communication about consumer conditions, needs and preferences, is effective. Care planning documents conveyed sufficient information to enable safe and effective support for daily living, including consumer interests, hobbies, dietary preferences and requirements. Staff could describe how information about consumer’s condition, needs and preferences, as well as changes to those, are communicated through verbal and written handovers.

Consumers and representatives confirmed they receive supports from other organisations and service providers, such as a specialist dementia support service and a visiting Catholic priest. Care planning documents reflect involvement with a range of external lifestyle supports, including a visiting psychologist. Lifestyle staff described how they engage with external organisations to support consumer community involvement, including social groups and various religious denominations.

Consumers were mostly satisfied with the quality and quantity of food provided. Where consumer/representative feedback was not positive, management was able to provide further context and to outline continuous improvement steps already taken, which addressed the feedback. Care planning documents contained nutrition and hydration assessments and detailed information about consumer dietary needs, preferences and meal time support requirements. Staff outlined how the service identifies and documents dietary needs and preferences, monitors consumer food satisfaction and offers seasonal menus which rotate four-weekly, with alternative options offered. Observations confirmed meals were of suitable size and were mostly being eaten by consumers.

Equipment that supports consumers in their daily living was observed to be clean, well-maintained and suited to purpose, with a range of games, media, equipment, art and craft equipment on hand, in addition to mobility aids such as walkers and wheelchairs. Consumers and representatives confirmed they have access to the mobility and manual handling equipment and other aides they need to complete activities of daily living. Staff confirmed they have the equipment they need when it is needed and confirmed maintenance staff keep equipment well-maintained. Documentation review showed the service has both preventative and reactive maintenance systems, with routine maintenance up to date and reactive maintenance requests actioned in a timely manner.

## 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

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

Consumers and representatives said the service feels like a community and is homely. The service’s common areas feature decorations made by consumers and have several indoor and outdoor communal areas. Layout of the service incorporates dementia friendly design principles and the service was observed to be well lit with handrails to support consumer mobilisation and independence. Staff described design features of the service that promote consumer independence, including direction signposts, and noted staff support and direct consumers around the service.

Consumers and representatives said the service is well-maintained and safe. Staff understood how to make maintenance requests and maintenance staff outlined the service’s processes for ensuring a safe environment. Cleaning staff outlined the schedule they follow and additional COVID-19 cleaning requirements and infection control practices. Documents reviewed by the Assessment Team demonstrated the service environment is monitored, maintenance occurs in a timely manner and on schedule and there are preventative maintenance checks. The service environment was observed to enable consumers to move freely, both indoors and outdoors.

Consumers and representatives reported maintenance requests are attended to quickly and consumers feel safe when staff use mobility and transfer equipment. Staff confirmed adequate equipment is available for consumer needs and outlined how cleaning of equipment and maintenance requests are actioned. Consumers were observed using a range of aids and furnishings and trolleys, oxygen and chemicals were observed to be appropriately stored.

## 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

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

Consumers and representatives said they felt comfortable making complaints and providing feedback. Staff understood the service’s complaints handling process and described how they encourage and support consumers to provide feedback and make complaints. Management outlined a range of mechanisms used to invite feedback and observations on site confirmed the service encourages consumers, representatives and others to provide feedback using feedback forms. Meeting minutes evidenced that consumer feedback is encouraged at consumer meetings.

Consumers and representatives were aware of and willing to use interpreter services and external complaints functions if needed, but noted they were comfortable to provide feedback to service management. Staff explained how they communicate with consumers from Culturally and Linguistically Diverse (CALD) backgrounds, relying on communication charts, body language and staff who speak the consumer’s language. Management outlined that interpreters are available for use; however, all consumers can communicate in English and have representatives able to interpret if required. The Assessment Team observed promotional material for advocacy services and the Commission’s complaints function on display.

Consumers and representatives provided examples of times when they raised complaints or provided feedback, and confirmed management addressed the issues to their satisfaction. Management described the service’s use of open disclosure in complaints handling, while care staff outlined the processes they follow when things go wrong. Clinical staff described their responsibility to implement improvements to reduce the risk of recurrence in future. The service’s feedback and complaints register demonstrated complaints are recorded and appropriate responses provided.

Consumers and representatives confirmed the service uses feedback to improve the quality of care and services. Management outlined the service’s system for recording complaints and feedbacks from all sources and using them to identify opportunities for improvement, which are recorded, actioned and monitored through the service’s continuous improvement log. Review of the log demonstrated the process is followed and continuous improvement actions are taken and documented.

## 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

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

The service demonstrated they have a sufficient mix and number of staff deployed to enable the delivery and management of safe and quality care and services. Consumers and representatives considered there are enough staff at the service to meet their care and service needs. Staff said they have enough time to complete their daily care tasks effectively and considered that the service manages unplanned absences well. Management outlined how the service increased staff in response to the pandemic and noted that agency staff are rarely used. Documents reviewed included rosters and call bell reports, which showed heavier staffing in the mornings than evenings, no recent unfilled shifts and an average call bell response time of less than three minutes which is below the service’s ten-minute target.

Consumers and representatives considered staff are kind, gentle, caring and cheerful in their interactions with consumers. Observations showed respectful and kind interactions between staff and consumers. Staff practice is guided by policies and procedures, and informed by mandatory training, including in relation to cultural awareness.

Consumers and representatives felt staff have the skills necessary to effectively meet consumer care needs. Management described the mandatory training package required of staff, checklists used to orient new and agency staff and how position descriptions set out the key competencies, qualifications and registrations needed for each role. Staff confirmed they complete training and it provides them with the knowledge needed to perform their roles.

Consumers and representatives said that staff are equipped and trained to deliver effective, safe and quality care. Management outlined staff recruitment, induction and ongoing training requirements, including the use of multiple “buddy shifts” with experienced staff for new starters, and staff confirmed their participation in training. The Assessment Team reviewed the service’s training matrix and noted the service monitors staff completion of training and alerts staff when completion is overdue.

The service regularly assesses, monitors and reviews staff performance, including through bi-annual performance appraisals to identify opportunities for improvement, professional development or further training. Staff confirmed performance appraisals occur. At the time of audit, service records indicated five employee appraisals were outstanding for the month, which was not yet finished. Records also showed the service identifies and addresses staff misconduct and performance problems.

## 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

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

The service demonstrated it engages consumers in the evaluation, development and delivery of care and services. Consumers and representatives confirmed their engagement through consumer meeting attendance and through regular conversations with staff. Management described other ways consumers and representatives are engaged, including through regular surveys and the six-monthly care plan reviews. Review of meeting minutes confirmed the service invites consumer input at the meetings.

The service demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Three sub-committees, covering building and finance, clinical governance and lifestyle, receive reports from the service to present to the governing body. The service has an internal high-risk meeting monthly, and reports to the clinical governance sub-committee on high risk/ high prevalence matters, trends and incidents such as falls, skin integrity and diabetes. The organisation’s quarterly Medication Advisory Committee (MAC) meeting discusses various clinical indicators, including medication incidents and psychotropic medication.

The service’s organisation wide governance systems were found to be effective in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, the governing body monitors the financial status of the organisation through the building and finance sub-committee, and management confirmed the organisation is responsive to requests for additional expenditure to meet consumer need.

The service was found to have effective risk management systems and practices in relation to high impact and high prevalence risks, abuse and neglect, supporting consumer quality of life and incident management and prevention. Staff were familiar with consumers with high impact/high prevalence risks and their practice is guided by up to date policies and procedures. The service has policies and procedures that set out the incident management process for staff.

The service provided a documented clinical governance framework that includes policies and procedures relating to antimicrobial stewardship, minimising the use of restraints and open disclosure. Staff confirmed they had been supported with education about these policies and demonstrated their practical understanding of the concepts.

## 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 in order to remain compliant with the Quality Standards.