Arcare Carnegie

Performance Report

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**Commission ID:** 3802

**Provider name:** Arcare Pty Ltd

**Site Audit date:** 28 March 2022 to 30 March 2022

**Date of Performance Report:** 6 May 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 28 March 2022 to 30 March 2022; 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 on 29 April 2022.
* Other information and intelligence held by the Commission in relation to this service.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers and their representatives advised staff always treated them with dignity and respect. One consumer raised issues about her treatment by staff and the Assessment Team raised this issue with management, which advised they were aware of the consumer’s concerns and the mental health background of the consumer and were working with the consumer to manage the issues. Consumers and representatives spoke of being valued and supported within the service regardless of their needs, ability, culture, gender, sexuality, age, religion, or spirituality. Interviewed consumers described the various activities available that were tailored to meet cultural and religious needs of the consumers. Consumers reported they could make decisions for themselves about how care and services were delivered to them, consumers advised staff supported them to do this by providing information to them, including any associated risks. Consumers advised their decisions were respected and understood by staff. Consumers confirmed staff respected their privacy and took measures to ensure it was always maintained.

Interviewed staff explained their understanding of individual consumer identity, culture, and background, and how they respected these things. Staff provided examples of their awareness of specific consumers’ backgrounds and explained the ways they supported these consumers daily. Staff confirmed they would report any practices that were not in keeping with respect and dignity toward consumers. Staff described events and other activities that were designed to celebrate diversity and were tailored to consumers’ needs and preferences. Staff described the ways in which they respected consumers’ privacy, such as using curtains and keeping doors closed when providing personal care and seeking consent before entering consumers’ rooms.

The organisation had policies and procedures which guided and informed staff in treating consumers with dignity and respect and acknowledging diversity. Care planning documentation observed by the assessment team showed consumers background information, culture, personal preferences, and other individual identity details. The organisation provided training for staff during commencement of employment, including living with dementia. The organisation included various publications in the welcome pack for consumers, such as the Charter of Aged Care Rights and Elder Rights Advocacy information. The organisation maintained a lifestyle calendar which showed various religious and cultural events for celebration. Care planning documents demonstrated consumers were supported to make independent decisions and the assessment team observed decisions being implemented by staff, including decisions that contained an element of risk. The assessment team noted consumer privacy was respected, and the service had procedures and guidelines in place regarding privacy.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

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

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

Consumers and their represented advised the assessment team they were confident that care was well-planned and accounted for their individual needs. Consumers and their representatives confirmed they had plentiful input into care planning, and that care planning incorporated not only their own input, but also input from people important to them, as well as health practitioners as required. Consumers and their representatives advised that end of life planning was discussed and reviewed as wished by the consumers and was included in care planning documents. Consumers provided examples of how they were actively involved in the design and implementation of their care planning, including at initial entry to the service and ongoing review. Consumers reported they were comfortable in approaching staff to discuss their needs. Representatives advised they regularly discussed care planning with staff, whether it was for review or after an incident that impacted upon consumers’ conditions or needs.

Interviewed staff described how the care planning process commenced when a consumer entered the service and continued throughout their time at the service. Staff gave examples of their role in the process, including listening to and acknowledging the needs and preferences of the consumers to ensure care and services were delivered in line with their plans. Staff provided specific examples of consumers’ needs and diversity, and how they ensured they were met. Staff confirmed they used external health professionals as needed or wanted by consumers to supplement care and services. Staff confirmed sharing information with consumers and representatives to assist them to make informed choices, including decisions where risk existed. Staff discussed end of life wishes and preferences of consumers and how they ensured these were included in general care planning documents. Staff described how they ensured consumers and representatives had access to care planning documentation and how outcomes were communicated to them, including results of regular review processes or after an incident impacting on a consumer’s condition or needs.

The organisation had policies and procedures in place to guide and inform staff about how care planning should be developed in a consultative and collaborative way with consumers. The policies and procedures supported the sharing of information amongst staff, consumers, and other relevant people, and ensured reviews and updates were completed when required. The organisation’s electronic care management system allowed for end-of-life considerations to be recorded and shared at the relevant time. The assessment team observed communication both amongst staff and between staff and consumers which demonstrated ongoing awareness of consumers’ needs and preferences.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant

Consumers and their representatives reported the care and services they received were safe and right for them, met their needs and promoted their wellbeing. Consumers advised care and services were tailored to fit their individual needs, situation, and preferences. Consumer representatives reported the plans in place were appropriate and effective in managing risk and they were fully involved in risk management strategies. Feedback received by the assessment team regarding end-of-life care was positive with one representative stating the care provided was ‘lovely and could not be faulted’. Consumers and representatives reported staff showed awareness of deterioration in consumers’ conditions and applied strategies to manage this in a timely and efficient way. Representatives described examples, such as specific staff being assigned to look after specific consumers, or the use of strategies to manage behaviours. Consumers and representatives confirmed they were kept up to date with any changes in care or health status. Consumers and representatives gave examples of the use of external people and organisations to provide care and services including wound care specialists and Dementia Services Australia. Consumers and representatives said the staff practised good hygiene and they were encouraged to do the same by staff.

Staff advised a registered nurse reviewed assessments and monitored charting to ensure care plans reflected the needs and preferences of each consumer. Staff demonstrated how they followed best practice in providing care and services and gave examples of ongoing training and education opportunities. Staff confirmed they regularly reviewed consumers’ care plans and escalated concerns or issues to registered staff as required. Staff also described other services that were available to support consumers, such as physiotherapists, podiatrists, and other health professionals. Staff provided examples of high risk and high prevalence risk within the service and gave examples of how this is managed and recorded in care plans of consumers. Examples included use of sensor mats and frequent visual observations; diversion and communication to manage behaviours; pressure injury risk strategies such as use of pressure relieving equipment, frequent repositioning and promoting skin integrity through moisturising; pain management including therapeutic massage and regular analgesia. Staff advised end-of-life wishes were recorded on file as requested by consumers and representatives and were available for update at any time. The service had policies and procedures in place to ensure consumers’ wishes were respected and followed. Staff identified outside health providers and described processes for making referrals to these providers. Staff provided examples of when this occurred and the process for updating progress notes to reflect the additional care and services provided. Staff confirmed they had attended infection control training, including the use of Personal Protective Equipment, and were familiar with anti-microbial stewardship principles. Staff described practices to reduce the need for prescribing antibiotics, using Urinary Tract Infection control as an example.

The organisation had systems, policies, and procedures in place to support and guide staff in providing tailored, appropriate, and best practice care to consumers. The organisation maintained an electronic care management system that allowed for regular scheduling of reviews for consumer care planning and was readily available to staff and others for information and updates regarding consumers’ conditions and changes to needs and preferences. The service maintained a clinical risk register.

Policies and procedures were available to staff on high impact or high prevalence risks associated with care of consumers. These included:

* Recognising and responding to clinical deterioration.
* Pressure injury prevention and management.
* Restrictive practice management.

#### The organisation maintained a palliative care policy and staff were guided by policies regarding pain management and comfort care. The organisation maintained documentation regarding the use of outside health professionals and records showed timely and appropriate referrals were made.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers and representatives reported they were supported and given opportunities to engage in activities that were important and of interest to them. Consumers and representatives advised they could choose between group activities or engaging in independent activities of their choice. Consumers and representatives spoke of the activities positively, as promoting their health, wellbeing and increasing quality of life. Consumers and their representatives advised they felt comfortable to provide feedback and suggestions to staff about the activities. Consumers said the current activities were matched to their needs and preferences, and staff were flexible in types of activity and catering for times when they did not feel like participating in group activities.

Consumers advised their emotional, spiritual, and psychological needs were supported through activities available at the service. Consumers confirmed religious and cultural events important to them were respected and acknowledged, with opportunities provided for them to observe these things. Consumers spoke of contact and relationships being maintained with outside people during Covid lockdown periods, including attending religious and cultural events in a modified way. Consumers advised they could maintain relationships both within and outside the service and could engage in the community as they wished. Staff supported them to do this by providing technology for contact, encouraging visitors to the service and by supporting outings away from the service, accompanied by appropriate people. Consumers and representatives confirmed staff were aware of their specific needs and preferences, understood what they liked to do and ensured they had opportunities for activities. Consumers and representatives gave examples of when referrals were made to other individual and organisations to provide services, which included local religious groups and volunteers from the community. Consumers reported that meals provided were good and varied. Consumers and their representatives confirmed the equipment within the service was safe, suitable, and clean.

Interviewed staff showed a clear understanding of what consumers wanted to do for themselves to maintain their independence and sense of identity. Staff showed awareness of consumers interests and how care and service delivery was aligned to those areas. Staff provided examples, such as a consumer who enjoyed a morning coffee with their partner, another who enjoyed bingo events, and others who enjoyed gardening and watering the vegetable patch. Staff described how they identified when a consumer may need additional support, such as signs of agitation or emotional distress and what support was needed for them. Staff gave examples of providing religious activities when Covid lockdowns were in place, such as televised ‘church from home’ programs or pastoral care from local church communities. Staff confirmed they encouraged visitors and supported consumers to stay in touch with people outside the service by providing phones and other technology to maintain contact, and organised activities in the community either through group or one-on-one outings. Staff described the ways in which they shared information and were kept informed of changing conditions, needs and preferences for consumers. Staff described the ways information was shared between them to ensure consistent service and care delivery. Staff were aware of other organisations and groups that assisted in providing services to consumers, including established relationships with volunteers from the community. Kitchen staff were aware of special dietary requirements and the need for variety and quality of meals delivered to consumers. Kitchen staff gave examples of processes in place including updates, feedback, and attendance at consumer meetings. Staff provided examples of consumers’ dietary requirements and preferences, such as a consumer who preferred a vegetarian diet and another with cholesterol-controlled meals. Maintenance staff demonstrated that equipment is cleaned and maintained regularly and described the process of documenting and reporting when equipment required repairs.

The organisation maintained record-keeping practices and systems that allowed for the effective and timely communication of consumers’ needs, goals and preferences to staff and other appropriate people providing care and services. Documentation demonstrated consumers’ active participation in the process of care planning and the involvement of other people important to consumers. The organisation maintained an electronic care management system that ensured accessible and accurate information was readily available to required parties, including review scheduling for care planning and ad hoc updates. The electronic system captured incident details as well as feedback from consumers and staff, to assist and inform continuous improvement. A review of documentation demonstrated the organisation provided activities and delivered services aligned to consumers’ emotional, spiritual, and psychological needs. Care planning documentation showed examples of how the organisation ensured social and other connections to community were maintained and supported. Examples included engagement with community volunteers and cultural activities within the service. Care planning documentation for consumers included information which guided and informed staff in delivering care and ensured they were aware of, and could manage, any risks associated with consumers’ activities such as day trips away from the service or other activities with an element of risk. The electronic care management system was readily accessible and contained sufficient information to assist staff and others providing care. The service maintained processes and procedures that enabled consumers to be involved in the planning of menus, including the opportunity to provide feedback regarding meals. The organisation had guidelines and processes for ensuring equipment is safe, clean, and maintained to a high standard.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers and representatives confirmed to the assessment team they felt at home in the service. Consumers and representatives advised they felt safe and comfortable, and visitors were encouraged and welcomed as often as possible. Consumers advised they enjoyed moving freely about the grounds of the service and said the outdoor garden areas reminded them of their previous home gardens. Consumers advised the environment was safe and well-maintained, including furniture and fittings. Consumers and representatives spoke of the ability to add personal touches to their rooms as they wished.

Interviewed staff reported how the environment complimented the service and how areas such as the courtyard and common areas provided opportunities for relaxation and socialisation. Staff gave examples of how consumers independently navigated their way around the service. Maintenance staff described policies and processes that ensured the service and equipment was kept safe, clean, and maintained regularly. Cleaning and laundry staff described their daily processes for maintaining high standards of cleanliness and ensured consumers’ clothing and linen was always clean and available when needed.

The assessment team observed the organisation had multiple policies and procedures in place that ensured the service was safe and clean for consumers. The assessment team observed the physical environment was maintained to a high standard, with staff from each area aware of and knowledgeable about standards to maintain and the correct procedures to be follow. The organisation had processes in place that ensured consumers had input into their environment and could personalise areas to assist them to feel at home. The assessment team saw examples of consumers’ rooms that were personalised with photos and artwork.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

Consumers and representatives confirmed the organisation encouraged and supported them to provide feedback, or to make complaints. Consumers and their representatives advised they were comfortable in making complaints and lodging feedback as they knew their comments would be responded to and acted upon by the organisation. One consumer provided an example of clothes that went missing from laundry services; when the consumer raised this issue, the service manager offered to reimburse the consumer for the cost of the clothes without question or issue. Consumers and representatives told the assessment team the various ways in which they could lodge feedback and make complaints, such as through consumer meetings, discussions with staff and written lodgement. Consumers advised they were aware that they could use advocates in the process should they wish, and they were able to remain anonymous. The assessment team became aware of feedback from one consumer who expressed dissatisfaction with the feedback and complaints process. The assessment team discussed the matter with management and further explanations were provided showing appropriate responses to the consumer, and action taken where necessary.

Interviewed staff showed their understanding of the feedback and complaints process, including ensuring consumers and representatives were treated with respect and without discrimination when they raised issues. Staff explained the various ways in which consumers could engage in the complaints and feedback process and how they supported them to do this, such as ensuring forms were available to consumers. Where consumers had barriers, such as language or cultural considerations, the service provided advocacy or language services. Staff provided examples where the service received feedback and responded appropriately, such as issues with laundry services and the temperature of food.

Management demonstrated how it promoted feedback and lodgement of complaints within the service through its policies and procedures. Management demonstrated how consumers had a voice within the service and options in how to raise issues and make complaints. Management then used this information to inform continuous improvement processes and education within the service.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers and their representatives confirmed they received care and services from staff in a caring and respectful manner. Consumers and representatives advised they were confident and satisfied with the skills and expertise of staff who provided services to them. Consumers advised that staff were busy; however, they had not experienced delays in care or services delivered to them. Consumers and their representatives confirmed that services and care were consistently tailored to their needs and preferences and they did not need to remind staff of their individual preferences.

Interviewed staff advised that whilst they were busy, they had enough time and sufficient staff to enable the provision of quality and consistent care and services to consumers. Staff described the service’s on-boarding process, which included mandatory training modules, and spoke of the on-going personal development and training opportunities available to them. Staff felt confident their own skills and ability to provide appropriate levels of care and services. Staff confirmed they actively participated in performance management processes, such as annual performance reviews and ad hoc performance discussions, which included identifying training needs.

The organisation demonstrated its rostering structures, which showed an appropriate blend of staff numbers, with skilled staff always rostered. The management team used call bell response time reports as a method of monitoring performance. Management monitored report data and used this to inform themselves of any areas that required attention. The assessment team viewed documentation relating to staff performance reviews, which showed all staff were engaged in annual performance reviews. The service maintained training records for staff via an electronic learning platform and conducted regular and ad hoc training as needed, which included training requested by staff.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers and their representatives considered the service was well managed. Consumers advised they felt like partners in decision-making around issues such as development, delivery and evaluation of care and services. Consumers provided examples of consultation including regular consumer meetings, providing feedback to management and general day to day discussions.

Staff described the following ways in which consumers are involved in decision making:

* Monthly consumer-led meetings.
* Readily available feedback forms.
* Discussions with consumers and representatives during case conferences and day to day interactions, supported by good relationships between staff and consumers.

Staff confirmed they had access to information as required to ensure effective and appropriate care was delivered, including access to care planning documents and high-risk management records. Staff showed sound knowledge of risk minimisation strategies and their role in this. Staff demonstrated how they supported dignity of risk and how they assisted consumers to live their best lives. Staff explained how they provided information to consumers to help with informed decision making and evaluating risk. Staff knew the legislative requirements around reporting of incidents and ‘near-misses’. Staff confirmed they received training on infection control, minimising the use of restrictive practices and the discouraging of overuse of antibiotics. Staff demonstrated a good understanding of open disclosure and appropriate times to use it. Interviewed staff had been trained in reporting incidents, minimising the use of restrictive practices and antimicrobial stewardship.

The organisation had processes in place for managing:

* Consumer engagement in development, delivery and evaluation of care and services.
* a culture of providing safe, inclusive, accountable, quality care and services.
* a framework for clinical governance that aimed for continual improvement including roles and responsibilities, performance monitoring, reporting and measuring improvements.
* Risk management strategy and practices.
* Feedback and complaints mechanisms and ensuring follow up and consultation.

The governing body met monthly, set clear expectations for the service, and regularly reviewed risks from a service and consumer perspective. There were regular risk and clinical governance meetings that reported discussions to the Board, and communication processes ensured directives were communicated to the service. The service’s clinical governance framework addressed anti-microbial stewardship, best practice and minimising the use of restrictive practices, and open disclosure.

## 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.