Arcare Maidstone

Performance Report

31 Hampstead Road
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**Commission ID:** 3817

**Provider name:** Arcare Pty Ltd

**Site Audit date:** 11 April 2022 to 13 April 2022

**Date of Performance Report:** 27 June 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 11 April 2011 to 13 April 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.
* Relevant information held by the Commission in relation to the service and the Approved Provider.

# 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 representatives reported staff treated them with dignity and respect and showed awareness of their individual needs and preferences without discrimination. Representatives commented positively about how staff treated their loved ones. Staff treated consumers in a respectful and inclusive manner. Consumers and representatives confirmed they felt safe and care and services were provided in accordance with diversity and cultural considerations. Representatives gave examples of how the service ensured individual needs were met by including volunteers from the community who engaged in activities with their loved ones. Consumers confirmed they were assisted to make choices concerning their lifestyles and could maintain relationships with people they chose. Consumers gave examples of ordering their own groceries, maintaining marital relationships with privacy and respect and requesting carers of the same gender to look after them. Consumers were appropriately supported to take risks in their lives, such as attending sporting matches with their family, positioning furniture as they like and maintaining mobility despite being a high falls risk. Consumers and representatives received information that helped them make choices about their care and lifestyle, as well as important matters happening within the service. Consumers and representatives were satisfied with how staff respected privacy and consumers’ wishes, including addressing consumers by their preferred names and knocking before entering consumers’ rooms.

Consumers’ dignity and diversity was supported by staff through daily things such as showing an understanding of consumers’ needs and identities. Staff demonstrated familiarity with consumers’ backgrounds and supported them to maintain contact with loved ones inside and outside the service and facilitating services that were culturally important to them. Staff demonstrated knowledge of consumers’ individual needs, goals and preferences and staff showed how they helped consumers to make informed choices about care and services, through participation at formal consumer meetings, informal discussions with lifestyle staff, and through discussion with staff regarding day-to-day choices. Staff were trained and encouraged to support consumers to take risk in their everyday lives through risk assessment methodology, informed consent and dignity of risk principles. Staff highlighted the way information was shared with consumers, including upon admission to the service, through the consumer handbook, consumer meetings and letters sent to consumers and representatives. Staff used culturally and linguistically diverse ways to communicate such as communication boards, language services, cue cards and non-verbal methods. Staff described how they respected consumers’ privacy by knocking before entering rooms, protecting personal information, and keeping consumers’ records in a controlled and safe environment.

Interactions between staff and consumers was respectful and kind. The organisation had policies, procedures and training programs which ensured staff were equipped to be culturally aware and able to provide services and care in safe way that met consumers’ preferences. The service’s electronic care management system recorded consumers’ cultural, diversity and other needs, goals and preferences. The service’s privacy policy informed staff how to maintain privacy within the service.

## 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 representatives confirmed they received care in line with their needs and preferences. Care plans showed how the service and staff met consumers’ needs through tailored care and service delivery. Consumers were actively involved in the development of their care plans and were supported to involve other people in the care planning process. Representatives confirmed they were included in care planning discussions and were able to contribute to decision-making. Care plans showed consumers’ needs, goals and preferences were identified and accommodated. Consumers’ end of life preferences was captured in care planning documents and followed appropriate and considerate discussions. Outcomes of care planning were shared with consumers and were readily available to consumers and representatives. Care plans were reviewed regularly every six months, as changes to consumers’ needs and/or preferences become apparent, or as the result of an incident which impacted consumers’ conditions.

Staff used care planning documentation to guide and inform the delivery of safe and effective care. Staff understood consumers’ individual needs, goals and preferences and this included end of life wishes, if the consumer had raised these preferences for discussion. Staff described how, following admission to the service, consumers were assessed, and their care plans were entered into the service’s electronic care management system, which prompted monitoring and review processes as required.

Staff demonstrated how they involved representatives and others in the care planning process, confirmed care planning documentation was readily available for both staff and consumers, and how consumers and their representatives were informed of care planning outcomes and how staff explained relevant information to them. Staff described processes for reviewing and updating care plans every six months or as required, including after incidents or changes in consumers’ conditions.

Care planning documents evidenced assessment and planning processes and demonstrated the consideration of risks to the consumer’s health and wellbeing. The service had policies and procedures in place which ensured assessment and planning processes assisted the delivery of safe and effective care. The service’s electronic care management system enabled the organisation to review and update changes in consumers’ conditions and preferences. The service’s end of life policy guided staff area and included training and resources regarding palliative care. Processes ensured people important to consumers were involved in the assessment and planning process. The service’s client care policy stated the service was committed to optimising the safety and wellbeing of consumers by ensuring care planning documentation was accessible to those who needed it. The service’s policies and procedures required the regular review of care and services, or when circumstances changed, or incidents occurred. This included regular case conferences every three months and care plan reviews every six months.

## 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 received care which was safe and right for them. Consumers felt care and services suited their individual needs and preferences and gave examples of how their individual needs were managed and how they were cared for after any incidents that affected them. Consumers and their representatives confirmed the organisation managed high impact and high prevalence risks in an efficient and effective manner. Consumers spoke of instances where risk minimisation strategies were planned and implemented in consultation with themselves and staff. Representatives described how care practices changed in line with consumer preferences towards the end of consumer’s lives. Consumers advised any changes in their conditions and health were identified and responded to by staff quickly and effectively. Consumers and representatives confirmed they had access to external service providers for additional care if required, and this was supported by the service. Consumers reported the service had good infection control practices, such as appropriate cleaning and contact protocols, as well as the use of personal protective equipment.

Staff provided safe and effective care, in line with the organisation’s guiding policies and procedures, which ensured care and services provided to consumers were best practice, tailored to individual consumers and designed to maximise consumers’ health and wellbeing. Staff gave specific examples of cases where they provided specific care measures which met consumers’ needs. Staff demonstrated how the organisation supported them to provide best practice care by having policies and procedures in place which guided their practice. Management said each consumer had a register which included information such as medication, immunisation, weight and incidents. Staff described the clinical indicator reports for falls, medication incidents, pressure injuries, restraint and weight loss and how this assisted them to identify risk and to respond appropriately. Staff described palliative care needs for consumers and gave examples of how they maximised comfort for consumers close to end of life. Staff received training for palliative care practices and the organisation used referrals for palliative care services. Staff knew consumers well, were able to identify changes in their conditions and knew how to report a deterioration in condition to clinical staff and these were discussed during handover meetings. Staff could easily obtain electronic and hard copy information about consumers via computers and files stored in nurse stations and reception. Staff made timely and efficient referrals to other organisations and providers of health care. Staff described how they made referrals and outlined the process and policies they followed. Staff demonstrated an understanding of minimising the risk of infections and minimising the use of antibiotics by implementing other alternatives first. Staff gave examples of infection control practices and the checks they conducted prior to antibiotic usage.

The organisation optimised the safety and wellbeing of consumers by ensuring that care documentation was accurate, complete, timely and accessible to those who need it. The service had clinical indicator reports for falls, medications, pressure injury, restraint and weight loss and these informed and guided staff to minimise risk within the organisation. The organisation’s end of life policy provided staff with resources for training, skills development and information regarding palliative care and the policy reflected consumer choice in relation to end of life preferences. The organisation had guidance tools for staff concerning deterioration of consumers’ health, which ensured staff identified and responded to changes in consumers’ health in a timely and efficient way. The service’s procedures demonstrated the involvement of health professionals and organisations in the care and provision of services to consumers, including referrals to external providers in a timely and efficient way. The Assessment Team reviewed various documents and observed infection control, antimicrobial stewardship, hand hygiene, the use of personal protective equipment and COVID checks upon entry to the service. The organisation had an infection control, prevention and management policy which outlined systems, processes and risk mitigation strategies.

The organisation had an antimicrobial stewardship policy which outlined how the service was committed to appropriate antibiotic prescribing, through auditing of clinical practice related to infection prevention and antimicrobial prescribing practices.

### 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 their representatives received safe and effective care and supports for daily living that were aligned with their needs, preferences and goals. Consumers advised there were able to engage in activities of their choice and the staff supported them to do this. Consumers felt their independence and quality of life were improved by the activities on offer and gave examples of different activities they participated in which supported their emotional, spiritual and psychological needs, such as church gatherings, cultural clubs and activities for staying in touch with family and friends. Consumers and representatives confirmed they were supported and encouraged to keep in touch with people who were important to them through visits or different methods such as telephone or computers. Consumer needs were well communicated to staff, and consumers confirmed staff knew their individual needs and preferences when they provided care. Consumers and representatives said external professionals and organisations were used when needed or when the service required particular services. Consumers and representatives expressed satisfaction with the variety, quality and quantity of food provided. Consumers and representatives advised they had access to equipment that was clean and well maintained, such as mobility aids, shower chairs and manual handling equipment, which assisted them with their daily living activities.

Staff demonstrated knowledge of consumer’s needs, preferences and goals, and described activities consumers enjoyed and consumer preferences for care and delivery of services.

Staff demonstrated how they supported consumers’ emotional, spiritual and psychological needs, by facilitating connections between consumers and those important to them, matching volunteers with them, and seeking ways to communicate and engage in culturally aware and linguistic ways. Staff described how they identified changes in consumers’ moods and mindsets and found ways to support consumers when this occurred. Staff supported consumers to participate in the community, maintain social connections and to keep doing things they enjoyed and were of interest to them. Staff were kept informed of changes to consumers’ conditions through verbal or documented updates during the handover process and through information available in the electronic care management system.

Staff demonstrated how the service engaged with other service providers and organisations to provide required care to consumers. Staff gave examples of using volunteers who came into the service, in addition to advocacy services, mental health organisations, spiritual support and language services.

Hospitality staff advised they were kept informed through updates from management and clinical staff as to consumers’ dietary requirements and preferences. Kitchen staff attended most meal services to receive immediate feedback on the food and also participated in the service’s monthly food focus meetings.

Staff advised they could access the equipment they needed and the service promptly and properly maintained equipment. Staff advised when issues were identified with equipment, it was reported to the maintenance team for immediate action.

The organisation had documentation and record keeping practices which supported staff to providing care and services aligned to consumers’ needs, goals and preferences. Documentation showed the organisation recorded strategies and options for delivering services to consumers.

Documentation showed the organisation’s service delivery provided for the emotional, spiritual and psychological needs of the consumers. The organisation’s policies and procedures ensured it identified and responded to consumers’ changing needs, the polices were supported by sound communication practices within the organisation which ensured the sharing of information about delivery of care and services to consumers. A variety of brochures and resources were available within the service which supported referral to external organisations, such as advocacy services, mental health organisations, spiritual support, and translation services. The organisation demonstrated it had a range of external service providers and processes for making referrals to them. Consumers communicated their preferences to staff regarding meals and enjoyed their meals. The service involved consumers in meal planning and delivery of nutrition in accordance with consumers’ dietary requirements and its policies and processes ensured it observed food safety standards. The service’s procedures and processes ensured equipment was maintained and kept clean for consumers’ use. Policies and staff training ensured staff were aware of their role in ensuring the minimisation of risk.

## 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 their representatives described the environment as welcoming and said it was easy for them to find their way around. Consumers felt at home within the service and could explain features they particularly liked. Consumers moved about freely within the service and were able to independently access various areas, such as the outdoor areas. Consumers advised they were supported to be independent within the service and staff made it feel like their home. Consumers and representatives advised the furniture and fittings within the service were well maintained and regularly cleaned.

Staff discussed the environmental features of the service, and how those features assisted consumers, including lighting and handrails for safety as well as consumers’ ability to move about freely and exercise their independence. Staff were familiar with cleaning and maintenance schedules and processes for unscheduled maintenance, including hazard reduction. The electronic maintenance register showed equipment, furniture and fittings were regularly serviced and maintained. The service promptly actioned maintenance requests, with no issues of concern. The Assessment Team reviewed meeting minutes, which demonstrated the service regularly sought feedback in relation to equipment and cleanliness.

The Assessment Team observed the service environment was welcoming, easily navigated, clean and well maintained. The service environment enabled consumers to move around freely and engage in activities as they wish. The service environment reflected dementia-enabling principles of design with handrails, adequate lighting, and art boxes in front of consumers’ rooms. There were painted yellow lines on the edge of pathways in the service’s outdoor spaces, which helped to guide consumers with independent mobility. The service had its own salon and consumers were observed enjoying hair treatments. The Assessment Team reviewed procedures and processes for maintaining furniture, fittings and equipment to ensure it was safe, clean and well-maintained.

## 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 they were encouraged and supported to give feedback and make complaints. Consumers and representatives advised they felt comfortable doing so and the service responded to their feedback appropriately. Consumers and representatives identified the various ways they provided feedback and lodged complaints, which included verbally to staff and/or management, through advocacy services, at consumer meetings, with the assistance of interpreters and via internal and external mechanisms. Consumers provided examples of specific concerns they raised with management and described timely and effective responses from management. Consumers and representatives confirmed the service recorded their feedback and used it to improve care and service delivery. Consumers provided examples of how the service received feedback positively and acted upon it, which included meals and the menu options available.

Staff encouraged and supported consumers and representatives to provide feedback and lodge complaints. Staff described the organisation’s complaint handling system and the process they followed, which included recording feedback and complaints in the system. Staff confirmed the escalation process when the matter involved a clinical issue. Staff highlighted how consumers and representatives provided feedback through consumer meetings, feedback forms, verbally to staff and through consumer experience surveys. Staff advised they listened carefully to consumers, observed body language, used communication charts and engaged other people if they were unable to understand. Staff described the services available to consumers and representatives which assisted with the feedback and complaints process and how they encouraged them to use the services if required. Staff described the principles of open disclosure and gave examples of when and how to use it. The service’s complaint and incident registers and continuous improvement log demonstrated how feedback, internal audits, complaints and incidents were recorded, actioned, resolved, and used to inform continuous improvement for individuals and the service as a whole.

Consumers were aware of how to raise feedback and complaints within the service. The service provided multiple methods for feedback and complaints and also supported and encouraged this through the provision of trained staff to assist consumers as well as providing third party assistance as required for consumers and representatives. The organisation maintained a system for receiving, monitoring and actioning feedback from consumers. The organisation logged the feedback and complaints into its register and used the information obtained to inform continuous improvement.

The organisation’s feedback and complaints policy guided staff and management in the complaints and feedback process, including recording of feedback and the responses provided. The organisation maintained a diversity and inclusion plan which supported the provision of care in line with the Aged Care Quality Standards and promoted culturally safe delivery of care and services. The Assessment Team reviewed complaints and feedback from the previous six months and noted all complaints were filed and actioned with an appropriate response recorded.

## 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 were confident and satisfied with the number and the training and knowledge of staff who provided services to them. Consumers advised that staff were good at their jobs and they had not experienced delays in care or services; however, one consumer did raise issues with response times to call bells. This issue was discussed with management during the audit and management provided an appropriate response. Consumers and their representatives confirmed that services and care were consistently aligned to their needs and preferences and staff showed awareness of their individual preferences.

Staff advised they had sufficient time to ensure they provided quality and consistent care and services to consumers. Staff mentioned that during COVID it has been difficult; however, management utilised agency staff and they worked together as a team. Staff said the difficult times did not impact on delivery of care and services. Staff described the recruitment process, including the checks completed such as background and police checks, and confirmation of skills and knowledge required for their roles. Staff advised they were confident in their own skills and knowledge to enable them to provide excellent levels of care and services. Staff confirmed they were actively involved in performance management processes such as annual performance reviews and ad hoc performance discussions. Staff interviewed said they had access to online mandatory training, which included SIRS, restrictive practices, incident management, and elder abuse. Staff said they were well trained for their roles and were supported with additional training as required.

The organisation demonstrated its roster structure showed an appropriate mix of staff between quantity and skilled staff. Call bell response times were excellent and staff performance reviews were up-to-date, with all staff engaged in annual performance reviews and on track to complete mandatory training by the set date. The organisation reviewed staff and conducted regular and ad hoc training as required, including on topics requested by staff, or following the identification of a training need. The service had policies and procedures in place concerning employee education, development, induction, orientation and onboarding that were tailored to the current regulations and legislative requirements and aligned with the Quality Standards.

## 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 advised they felt the service was well managed. Consumers were engaged in decision-making around issues such as planning, delivery and evaluation of care and services. Consumers gave examples of how they engaged in processes including regular consumer meetings, providing feedback to management and verbal conversations with staff and management.

The service had monthly consumer and representative meetings, a case conference every three months, a feedback and complaints register, monthly food focus meetings, a bi-monthly consumer experience survey, and a continuous improvement log.

The Assessment Team saw feedback forms and boxes located throughout the service.

The organisation’s structure promoted a culture of safe, inclusive and quality care and services and was accountable for delivery standards. The organisation demonstrated how it implemented effective key governance systems relating to:

* Improving information management
* continuous improvement
* financial and workforce governance
* regulatory compliance
* feedback and complaints.

The organisation had policies and procedures which guided clinical practices and risk management. Staff demonstrated their understanding of these policies and provided examples of how they were used in practice. The organisation had a risk management system for managing high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best lives they can and managing and preventing incidents, which included the use of an incident management system.

The organisation maintained:

* a clinical governance framework
* a policy relating to antimicrobial stewardship
* a policy relating to minimising the use of restraint
* an open disclosure policy

Staff provided explanations of each of the above topics and provided relevant examples of their understanding.

## 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.