Arcare Oatlands

Performance Report

23 Prindle Street
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**Commission ID:** 1065

**Provider name:** Arcare Pty Ltd

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

**Date of Performance Report:** 14 June 2022

# Performance report prepared by

Kathryn Spurrell, 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 27 April 2022 to 29 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.
* the provider’s response to the Site Audit report received 24 May 2022.
* other information and intelligence held by the Commission in relation to this service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Quality Standard is assessed as Compliant, as six of the six specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* interviews with a sample proportion of consumers and their representatives.
* interviews with staff and management.
* review of care planning documentation and risk assessments.
* the service’s policies and procedures.
* observations during the site audit.

Sampled consumers advised the Assessment Team they were treated with dignity and respect, supported to maintain their identity and could make informed choices about their care and services to live the life they chose. Staff demonstrated they were familiar with consumers’ backgrounds, and explained how they tailored care and services to meet individual needs.

Care planning documentation contained relevant information about consumers’ cultural and spiritual needs, and ways to provide care and services in a culturally safe manner. Staff explained that the service had a diverse representation of cultures. To support this, the service would conduct ‘armchair travel’ sessions to celebrate different cultures at the service with presentations, film and food.

Consumers and representatives advised that consumers were supported to make decisions about their care, how it should be delivered, and who should be involved in their care.

Staff explained how they supported consumers to make and maintain relationships of choice, for example, through organising volunteer services and facilitating communication with family members. Review of consumers’ care planning documentation demonstrated that consumers were supported to maintain their independence and make decisions.

Consumers were supported to undertake activities associated with risk through assessment and consultation with consumers and representatives, medical officers, registered nurses, allied health professionals and other providers of care and services. Staff explained the care they provided was person centred, and if a consumer wanted to take risks, they would focus on supporting them to do so safely.

Consumers’ feedback reflected that information about care and services was provided in a timely, easy to understand manner which helped them to make decisions.

Staff explained in practical terms how they respected consumers’ privacy. For example, staff advised they would knock on a consumer’s door before entering, which the Assessment Team observed in practice.

To maintain confidentiality, the service securely stored consumers’ personal information on its password protected electronic records management system. In addition, staff explained they ensured they were in a private area when discussing consumers’ personal information, during shift handovers and conversations with the consumer.

## 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, informed by the evidence from the Assessment Team, such as:

* interviews with a sample proportion of consumers and their representatives.
* interviews with staff and management.
* review of care planning documentation.
* the service’s policies and procedures.
* observations during the site audit.

Sampled consumers and representatives advised the Assessment Team that consumers were involved in the ongoing assessment and planning of their care and services, to optimise their health and well-being.

Care planning documentation demonstrated that the service considered risk to consumers’ health and well-being to inform the delivery of safe and effective care and services, and included information relevant to support consumers’ current needs, goals and preferences.

Management explained that upon entry to the service, the consumer would have an initial assessment within the first 24 hours. More comprehensive assessments would be completed within the first week with consumers, representatives, management, staff and other health professionals.

Care plans demonstrated that advance care and end of life directives were discussed with consumers and representatives. If consumers and representatives wanted further time to think about end of life directives, the service would raise the matter at a more appropriate time. Staff were guided by advanced care and end of life care policies and procedures to support consumers and their representatives with the end of life transition.

Consumers and representatives considered that they partnered with the service, other organisations, individuals and providers of care in the assessment, planning and review of the consumer’s care and services. Review of care plans substantiated that the consumer and other parties were involved in the care planning process, for example, through referrals, case conference meeting minutes, assessments and progress notes.

Consumers and representatives reflected that staff would explain complex information about care and services in an easy to understand manner, and would take the time to answer questions and provide updates. Management explained that the outcomes of care planning was communicated through various methods such as telephone or video calls, in person feedback and email. All interviewed staff confirmed they had relevant access to care planning documentation to assist with the delivery of care and services, and that updates were provided through progress notes and shift handover. Consumers and representatives advised the Assessment Team that they either had, or knew how to access a copy of the consumer’s care plan.

Care plans demonstrated that care and services were reviewed for effectiveness every six months and at quarterly case conferences, or when circumstances changed which impacted consumers’ needs, goals or preferences. Staff and management explained how they responded to incidents, or changes to a consumer’s needs and preferences, through reassessment of care plans using evidence based tools and input from health professionals as applicable.

## 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, informed by the evidence from the Assessment Team, and the service’s response to the site audit report.

The Assessment Team evidence included:

* interviews with a sample proportion of consumers and their representatives.
* interviews with staff and management.
* review of care planning documentation.
* the service’s policies and procedures.
* observations during the site audit.

The Assessment Team recommended Requirement 3(3)(a) as non-compliant. However, having considered the evidence in the site audit report and the service’s written response, I have determined Requirement 3(3)(a) compliant, I have discussed this further under the specific Requirement below.

Overall, consumers advised that they received personal and clinical care that was safe, met their individual needs and aligned with their goals and preferences. Staff confirmed they had access to evidence-based work instructions, which guided personal and clinical care in a safe and effective manner. Review of care plans demonstrated that personal and clinical care was tailored to individual needs, optimised consumers’ health and well-being.

The service demonstrated that risks for each consumer including falls, skin integrity, pain, and restrictive practices were effectively managed through evidence-based assessment and planning, incident documentation and referrals to the medical officer and health professionals as required. Staff explained that during shift handover, consumers’ care needs, preferences and associated risks were discussed, such as escalating behaviours of concern, falls risk, skin integrity issues, pain management and changes in dietary needs. Staff demonstrated knowledge of the incident management process, including incident notification, review, referral and monitoring of consumers’ needs, which aligned with the service’s documented risk management framework.

Sampled care plans contained information about consumers advance care and end of life planning preferences. Staff described how they tailored care for consumers nearing end of life to ensure their comfort was maximised and dignity preserved, for example, the use of pressure relieving mattresses, providing soft music therapy and pain management. Staff explained that they partnered with the consumer and their representatives to create a palliative care plan, and would take the time to provide reassurance and explore alternative solutions in line with the consumer’s and representative’s wishes.

Care planning documentation demonstrated that changes to consumers’ mental health, cognitive or physical function was identified and responded to in a timely manner, through assessment and referrals to medical officers and other health professionals.

Staff explained that changes to consumers’ needs or conditions was shared with staff and other providers of care through case conferences, progress notes, verbal handover, referrals, and notifications. Staff explained that referrals were made in consultation with consumers and representatives, and documented in progress notes. The service monitored and followed up on referrals to ensure they were completed in a timely manner. Review of care plans confirmed that referrals were completed in a timely and appropriate manner for various allied health professionals and medical specialists.

Staff, including the service’s infection prevention and control lead, described the processes in place to minimise infection related risks, for example but not limited to, handwashing, appropriate use of personal protective equipment and vaccinations. The service had a documented outbreak management plan that supported the service’s preparedness in the event of a COVID-19 outbreak.

Staff demonstrated knowledge of the risks associated with antimicrobial resistance. Staff explained the various methods they used to promote appropriate antibiotic prescribing. For example, obtaining pathology test results to determine if antibiotics were required.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team identified that the management of restrictive practice; environmental restraint and chemical restraint was not considered best practice or tailored to individual needs. Relevant (summarised) evidence included:

* One named consumer who was administered antipsychotic medication ‘as required’ to control their behaviours of concern. Under their behaviour support plan, they had non-medicated strategies such as reassurance and animal therapy for staff to implement before administering the antipsychotic as a last resort. The Assessment Team found that the consumer was administered the medication on one occasion without documented evidence of behaviours exhibited by the consumer at the time, nor documented attempts of alternate strategies to manage behaviours. Management advised that they were aware of the incident and provided evidence of performance management advice provided to the staff member. The service advised that an additional educational session would be held to discuss how behaviour support plans should be implemented into practice and documented accordingly.
* Care plans for other sampled consumers demonstrated behaviour support plans were implemented in accordance with directives and had relevant information to support regulatory compliance. The sampled care plans contained information about relevant diagnosis, consent, alternative strategies, and evidence of assessment and monitoring
* The Assessment Team considered that some consumers may have been subject to environmental restraint, as the display of an access code near a locked exit door was hard to read. In addition to this site observation, the Assessment Team noted feedback from two named consumers which reflected that their independence to freely move about was somewhat limited. No other consumers or representatives reported restrictions to the freedom of movement, or adverse findings in relation to the visibility of the door access code.

Based on review of the information, there was limited evidence to substantiate that consumers were environmentally restrained for the purpose of influencing behaviour and restricting freedom of movement. With consideration to the totality of evidence, I have deemed the example of environmental restraint not indicative of non-compliance. It is noted that following the site audit, the service advised it had moved the exit code to a more easily accessible position.

While I acknowledge the evidence brought froward by the Assessment Team in relation to deficiencies in clinical care for the one specific incident. I have weighed up risk, potential for reoccurrence, actions undertaken by the service, and other findings of compliance. I have considered this example presented by the Assessment Team, and have determined, in isolation, that it is not indicative of non-compliance. I therefore find this Requirement compliant.

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

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

### 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, informed by the evidence from the Assessment Team, such as:

* interviews with a sample proportion of consumers and their representatives.
* interviews with staff and management.
* review of care planning documentation, including progress notes and assessments.
* review of the lifestyle activity program.
* the service’s policies and procedures.
* meeting minutes from the food focus group.
* observations during the site audit.

Sampled consumers advised that they received safe and effective services and supports for daily living that were important for their health and well-being, and enabled them to do the things they wanted to do.

Staff demonstrated knowledge of consumers’ needs, preferences and goals and were able to identity what was important to each consumer and what they liked to do. The service’s lifestyle program accommodated and modified activities for individual needs, preferences and varying levels of functional ability. For example, staff described an example of a consumer that was supported to continue playing golf by assisting the consumer to minimise their falls risk and keeping their walker nearby.

Review of sampled care planning documentation demonstrated that safe and effective services and supports for daily living were considered in line with consumer’s needs, preferences and goals.

Staff described individual consumer preferences, and how they supported consumers with their emotional, spiritual and psychological well-being. Staff explained that if they identified a change in a consumer’s mood or emotional need, they would engage the consumer in conversation and offer support, and if required, report the matter to registered staff to provide additional support. Consumers’ feedback indicated that their emotional, spiritual and psychological needs were supported by the service.

Staff explained that they assisted consumers to maintain relationships of choice, do things of interest and participate in their community within and outside the service through various methods, such as facilitating conversations through technology, community referrals and organising outings. For example, some of the lifestyle activities and services offered by the service included:

* bus trip tours occurring up to 3 times a week.
* entertainment for consumers during happy hour at the service.
* on site hairdresser and massage therapist.
* book delivery from local library.
* church services.
* movie events.
* ‘armchair travel’ events.

The Assessment Team observed consumers engaged in group and individual activities, for example, in exercise sessions, happy hour, watching movies and going out for bus trips.

Staff explained that information about consumers’ needs was communicated through verbal and documented handover processes, recording information in the service’s electronic records management system, and through referrals.

Staff advised that they worked with external organisations and services to supplement lifestyle activities at the service, to meet individual needs and preferences. Review of care planning documentation confirmed that other organisations and services were involved in the provision of lifestyle related care and services that aligned with consumers’ needs and goals, for example, volunteers and religious services.

Overall, consumers were satisfied with the meal quality and quantity provided at the service. However, some consumers reflected that meals required more flavour, and hot meals could be warmer. Management and the service’s chef advised that consumers were able to provide direct feedback to hospitality about meal preferences and requests, and provided examples of special requests the service catered to. The Assessment Team observed that information about consumers’ dietary needs and preferences was shared with hospitality to ensure appropriate meals were provided.

Equipment required for activities for daily living was observed to be suitable, clean and well maintained. Maintaince documentation demonstrated that regular cleaning and servicing of equipment was undertaken.

## 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, informed by the evidence from the Assessment Team, such as:

* interviews with a sample proportion of consumers and their representatives.
* interviews with staff and management.
* review of the maintenance and cleaning logs.
* the service’s policies and procedures.
* observations during the site audit.

Sampled consumers and representatives explained that the service environment felt welcoming, safe and comfortable and was easy to understand and navigate. The service environment was observed to have sufficient lighting and handrails to optimise consumers’ interaction and function within the service environment. Consumers were observed to freely access indoor and outdoor areas of the service environment, including those using mobility aids. Cleaning staff explained that they followed a cleaning schedule, and demonstrated awareness of infection control processes, for example, cleaning high touch areas and cleaning consumer rooms daily to minimise infection. Staff explained that shared equipment was cleaned and disinfected after each use.

Review of the service’s maintaince register demonstrated that scheduled and unscheduled maintaince was actioned in a timely manner. Maintaince staff and management explained that they monitored maintaince through forms, feedback, daily visual inspections and preventative maintenance schedules. Staff explained how the service environment was cleaned, maintained, and the processes in place to identify and respond to faults. Consumers were observed to be using a range of equipment aids that were clean and well maintained. Furniture in communal areas was observed to be suitable for consumers, comfortable and clean.

## 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, informed by the evidence from the Assessment Team, such as:

* interviews with a sample proportion of consumers and their representatives.
* interviews with staff and management.
* review of care planning documentation.
* the service’s policies, procedures and guidance materials.
* observations during the site audit.
* review of the service’s feedback and complaints register.
* review of meeting minutes.

Sampled consumers and representatives advised that they felt supported to provide feedback and complaints, and were engaged in processes to ensure appropriate action was taken. Consumers and representatives explained they knew how to raise complaints, such as sending an email to the general manager or providing direct feedback to staff. Staff explained that consumers, representatives and others could provide feedback and complaints through consumer meetings, feedback forms, direct feedback to staff, emails to management. The Assessment Team observed that consumers and representatives could submit anonymous feedback and complaints through mailboxes located throughout the service.

Staff provided examples of how feedback and complaints was used to improve care and services at the service. For example, as a result from a consumer’s feedback an additional bus trip was added to the schedule. Management explained that feedback and complaints from various sources, such as consumer and staff surveys, meetings and written feedback was used to make changes to care and services.

Management explained that consumers with communication barriers and from culturally and linguistically diverse backgrounds were supported to provide feedback and complaints through methods such as: an online translating application, involving representatives, and use of non-verbal cues. Complaints materials was observed to be available in multiple languages, and included information about external advocacy services.

Staff demonstrated knowledge of the principles of open disclosure and how it applied in practice. Staff, consumers and representatives were supported by an open disclosure policy which detailed the actions required to remediate feedback and complaints.

## 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, informed by the evidence from the Assessment Team, such as:

* interviews with a sample proportion of consumers and their representatives.
* interviews with staff and management.
* review of staff rosters, orientation program, training and appraisal records.
* the service’s policies and procedures.
* observations during the site audit.

Sampled consumers advised they received care and services from staff who were knowledgeable, capable and caring, and felt confident the workforce was appropriately staffed. Overall, staff confirmed that they had enough time to complete their daily tasks, with no reported impacted to the quality of care provided for consumers. Management explained that there was at least 2 clinical staff on site 24 hours, 7 days a week, inclusive of a registered nurse.

The service had documented policies and procedures to guide staff on providing care and services in a person-centred way, with respect to identity, culture and diversity.

Staff advised that they received training that equipped them with the knowledge and skills to provide appropriate care and services for consumers. Management explained that they monitored and tracked professional qualifications and registrations required by staff in their role via an online system. The Assessment Team confirmed that Australian Health Practitioner Regulation Agency (AHPRA) registrations were up to date.

Staff, including agency staff, were required to undergo site orientation and induction training. All new staff were paired with an experienced staff member to provide training and support applicable to their role. Staff reflected that they were trained and equipped to deliver care and services in line with the requirements under the Aged Care Quality Standards.

The service’s induction and training program register was noted to be up to date, and included information about the role and responsibilities of the applicable staff member. Management explained that staff competency was monitored through observational assessments, ongoing mandatory training, role specific training and performance appraisals. Management advised that they provided direct feedback to support staff in growth and development.

Overall, most staff appraisals were completed, however, it was noted that some were outstanding due to staff being on extended leave. Review of performance plans confirmed that staff were supported through further training and counselling. Staff demonstrated a shared understanding of their roles and responsibilities.

## 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, informed by the evidence from the Assessment Team, such as:

* interviews with a sample proportion of consumers and their representatives.
* interviews with staff and management.
* observations during the site audit.
* review of staff rosters, training records and performance appraisals.
* review of the service’s policies, procedures, and governance framework.

Overall, sampled consumers and their representatives reported the service was well run, and their input was used to improve care and service delivery. Management explained that consumers and representatives were involved in the development and evaluation of care and services through various methods, such as:

* the service’s consumer engagement committee.
* daily direct feedback from consumers to management.
* surveys and consumer meetings.
* data and information from feedback and complaints.

Interviews with management and review of governance documents confirmed that the service’s governing body promoted a culture of safe, inclusive and quality care and services, accountable for delivery. Management explained that the governing body had an early warning system within the governance structure to identify potential non-compliant services, so measures could be taken before incidents occur.

Management provided examples of how the service was accountable for the delivery of safe, inclusive quality care and services. For instance, the service made improvements to falls management, and implemented a medication program to improve consumer centred care.

Based on totality of evidence, the service demonstrated it had effective organisation wide systems relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

The service demonstrated its risk management systems accounted for the management of high impact risks associated with care, identified and responded to abuse and neglect, supported consumers to live their best life, and managed and prevented incidents. Management explained that the service used a risk matrix and clinical risk register to prevent incidents, for example, in relation to falls risks.

The service had documented policies and procedures to support regulatory compliance, for example, relating to reporting requirements under the Serious Incident Response Scheme. The service’s incident register demonstrated that incidents were reported and reviewed in a timely manner.

The service was supported by a clinical governance framework that included policies, procedures and working groups relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff were able to explain what the service’s policies meant to them in a practical way, and relevance to their work.

The Assessment Team observed staff following best practice infection control practices relevant to their duties, in accordance to the service’s policies, for example, donning and doffing of personal protective equipment. Staff demonstrated knowledge of antimicrobial resistance, and described strategies to minimise the use of antibiotics in line with the service’s policy. Management explained that the service had a restrictive practice working group that was tasked with looking at ways to minimise use of restraints. Review of the service’s incident, feedback and complaints registers demonstrated that the service used an open disclosure process in resolving matter, in line with the service’s policy.

## 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.