Columbia Aged Care Services - Oberon Village

Performance Report

115 Albion St
OBERON NSW 2787
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**Commission ID:** 1022

**Provider name:** Columbia Nursing Homes Pty Ltd

**Site Audit date:** 15 March 2022 to 18 March 2022

**Date of Performance Report:** 20 April 2022

# Performance report prepared by

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# 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** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-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) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

**Detailed assessment**

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment conducted 15 to 18 March 2022, 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 8 April 2022.

**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**

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The Assessment Team found that overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

The Assessment Team interviewed consumers who confirmed that staff are respectful in the way they interact with them. Consumers said most of the staff know them well, including their preferences and needs. Consumers said they are supported to exercise choice and independence and are supported to take risks to enable them to live the life they choose. Consumers confirmed that family and friends can visit freely in accordance with NSW Health guidelines and they are supported to maintain relationships of choice and make connections with others. They confirmed they are given information to help them make decisions and that their privacy is respected.

The Assessment Team observed staff interacting with consumers in a respectful manner and supporting their choices.

The Assessment Team reviewed care documents which demonstrated that the service has identified each consumer's goals, needs, and preferences. This includes cultural and social needs and preferences and ways to support consumers’ choices and independence.

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

**Assessment of Standard 1 Requirements**

**Requirement 1(3)(a) Compliant**

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

**Requirement 1(3)(b) Compliant**

*Care and services are culturally safe.*

**Requirement 1(3)(c) Compliant**

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

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

**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 NON-COMPLIANT
Ongoing assessment and planning with consumers**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 2**

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The Assessment Team found that overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team interviewed consumers and representatives who confirmed they are involved in care planning. Consumers and representatives provided feedback that they are informed about consumers care and staff are prompt at updating them with changes to care needs and incidents.

The service demonstrated that assessment and planning are based on ongoing partnership with the consumers and other individuals/providers that the consumers wishes to involve, and the outcomes are readily available and shared with them.

The Assessment Team reviewed care plans for sampled consumers. The Assessment Team identified that consumers’ care plans consider individualised risk to consumer’s health and well-being which informs the delivery of safe care and services. Care and services were reviewed regularly and when circumstances change. Assessment and planning generally identified and addressed consumers’ goals, preferences, and advance care planning. However, consumers’ current needs were not always identified and addressed in assessment and planning.

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

**Assessment of Standard 2 Requirements**

**Requirement 2(3)(a) Compliant**

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

**Requirement 2(3)(b) Non-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.*

The Assessment Team found that overall assessment and planning generally identifies and addresses consumers’ goals, preferences, and advance care planning. However, their current needs were not always identified and addressed in assessment and planning.

The Assessment Team reviewed care planning documentation and noted for some consumers, the medical directives had not been followed and were unknown to staff. This was also identified where consumers assessments and care plans incorrectly described preferences for consumers. Mobility care plans were not reflective of recent falls which identified a consumer as a high falls risk.

The approved provider responded to the Assessment Team’s report and advised that the identified consumers have had a review of their medical requirements and the care planning and documentation have been updated. There is also work being undertaken to ensure that these particulars as identified are accurately reflected in the forms, charts and care plans. This includes auto archiving of older forms and charts to prevent multiples of the same information and to eradicate outdated information once a new directive or assessment is completed and updated.

I acknowledge the work that the service has initiated, however find that the approved provider is not compliant with this requirement at the time of assessment.

**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 NON-COMPLIANT
Personal care and clinical care**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 3**

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

The Assessment Team found that overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team interviewed consumers and representatives who confirmed that confirmed that consumers get the care they need, and they have access to doctors and other relevant health professionals when they need it.

The Assessment Team identified that the service demonstrated that generally consumers receive safe and effective care that is best practice, tailored to their needs and optimises their health and well-being. The service demonstrated that chemical restrictive practice was used as a last resort and psychotropic medications have been minimised for sampled consumers. The service demonstrated that care and services are adapted to meet the needs of consumers nearing the end of life and maximises their comfort and preserves their dignity.

The Assessment Team found that generally, the high impact or high prevalence risks associated with the sampled consumers are managed. Clinical deterioration is identified and responded in a timely manner. Appropriate referrals occur in a timely manner.

The service demonstrated ongoing implementation, monitoring and review of strategies to minimise infection related risks at the service. Staff understood the importance of infection control and could describe practices and procedures to promote appropriate use of antibiotics and minimise transmission of infections.

The Assessment Team identified that sharing of information about consumers’ condition had not always occurred. Information in consumer care records was outdated, incorrect or inconsistent and therefore did not support effective and safe sharing of the sampled consumer’s care within the service.

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

**Assessment of Standard 3 Requirements**

**Requirement 3(3)(a) Compliant**

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

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

**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) Non-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.*

The Assessment Team found that for the consumers sampled, progress notes and assessments generally provide adequate information about the consumer’s condition, needs and preferences. However, the information was outdated, inaccurate or inconsistent and therefore did not support effective and safe sharing of the consumer’s care within the service.

The Assessment Team identified that changes in consumers’ care, condition and monitoring were not communicated to others where care is shared, and it was not for one consumer whether pathology was sent or if results had been received, based on incomplete records.

The approved provider responded to the Assessment Team’s report and advised that all identified consumers have undergone review and their charts, forms and care plans have been updated to reflect accurate information. The iCare system upgrade will allow for setting of tasks, reminders and messages of the day to communicate changes to all staff. The system will provide a new handover sheet which staff can utilise to better communicate to a wider staff audience the particular changes and updates to a consumer journey.

For early detection of the deteriorating consumer and to identify changes to consumers; further education and training will occur with regards to supporting staff to care for all consumers, as well as a refresher on high impact and high prevalence consumers.

I find that the approved provider was not compliant with this requirement at the time of assessment.

**Requirement 3(3)(f) Compliant**

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

**Requirement 3(3)(g) Compliant**

*Minimisation of infection related risks through implementing:*

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

**STANDARD 4 NON-COMPLIANT
Services and 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**

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

The Assessment Team found that feedback from consumers and representatives about services and supports for daily living was mixed. Most sampled consumers and representatives considered that they get the services and supports for daily living that are important for their health and well-being.

The Assessment Team interviewed consumers and representatives who mostly feel that staff are aware of their needs and preferences. Consumers interviewed confirmed they are supported to participate in their community within and outside the organisation’s service environment, and to have social and personal relationships. Consumers and representatives confirmed they are given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they are given enough to eat. Consumers confirmed they have the equipment they need, and staff say they have sufficient and appropriate equipment to provide for the care and lifestyle needs of consumers.

However, some consumers raised issues that consumers are not being effectively supported for daily living to optimise independence, health, wellbeing, and quality of life. Consumers interviewed confirmed activity variety is not wide and it is not catering for their age or physical or mental condition. Consumers didn’t consider they have received emotional and psychological wellbeing support adequately.

The Assessment Team reviewed care documentation which reflected the consumer’s leisure and diversional needs, but emotional and psychological wellbeing needs, and preferences are not well indicated. Policy for emotional, psychological support was not in place and the activity evaluation tool was not utilised effectively.

The Assessment Team interviewed staff who were unable to describe how to identify consumers’ emotional or psychological needs and how to deliver the effective intervention.

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

**Assessment of Standard 4 Requirements**

**Requirement 4(3)(a) Non-compliant**

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

The Assessment Team found that most of the consumers interviewed confirmed they are very satisfied with the recreational activities. However, some consumers considered they did not receive effective service to meet their needs, goals and preferences.

The Assessment Team interviewed several consumers who felt that the activities were not tailored to younger consumers to meet their physical or mental needs or attractive or fun for them to participate.

The Assessment Team reviewed care planning documents which includes a leisure and diversional assessment which records information about the consumer’s life history, social needs, and leisure interests. This information is supposed to be gathered when the consumer comes to the service however this was not in place for some consumers.

The approved provider responded to the Assessment Team’s report and advised that the service endeavours to meet the needs of all consumers, noting that there are not one size fits all activities and not all activities will be well received by all consumers. The approved provider has updated the care plans to reflect consumers’ specific choices and to allow as much interaction and involvement from all consumers with one on one activities and alternative activities where possible.

I find that the approved provider is not compliant with this requirement at the time of assessment.

**Requirement 4(3)(b) Non-compliant**

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

The Assessment Team interviewed consumers who indicated that their emotional, spiritual and psychological needs are not being met. Some consumers didn’t consider they have received emotional and psychological wellbeing support adequately. These consumers expressed that they often felt depressed and were not aware of support available from the service for emotional needs.

The Assessment Team reviewed care plans which includes spiritual needs, but emotional and psychological wellbeing needs are not included. Advanced Care Plan (ACP) included spiritual choice but it didn’t implement to practice as was identified in some end of life care. The Assessment Team noted that the policy and procedures for emotional and psychological wellbeing is not in place. There is no training record for support to promote each consumer’s emotional, spiritual, and psychological wellbeing.

The Assessment Team observed staff escort a consumer to the Anglican chapel service, however the care plan states that the consumer doesn’t want to attend church.

The approved provider responded to the Assessment Team’s report and advised that there has been significant work completed with regards to the emotional, spiritual and psychological needs of the consumers. This includes the above-mentioned policies and procedures that are more specific and will be rolled out to the service. Accompanying this there will be investment in training to ensure that staff comprehend and appreciate the importance of these important aspects of the consumer’s lives.

I find that the approved provider is not compliant with this requirement at the time of assessment.

**Requirement 4(3)(c) Compliant**

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

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

The Assessment Team interviewed consumers who confirmed they are supported to participate in their community within and outside the organisation’s service environment, and to have social and personal relationships. However, some consumers didn’t consider that they received adequate service and support for daily living in line with consumers’ preferences, and to do things of interest to them.

The Assessment Team spoke to staff who explained consumers are supported to participate in the community if they wished. The service used to operate bus outings and volunteers visit but all are suspended for now. Family and friends are encouraged to visit to support consumers’ social and personal relationships in accordance with NSW Health guidelines.

The approved provider responded to the Assessment Team’s report and advised that during recent months, Covid-19 has impacted the regional areas significantly – whereas previously they have had more flexibility to continue leisurely community activities. The provider advised that the local men’s shed has re-commenced operations and as such the consumers were able to attend and re-integrate back into this important part of their community.

The approved provider also advised that the service will commence an activity focused section of their consumer and representative meeting. At this section the consumers will be encouraged to vocalise what makes them feel included, what activities they would like to see and ability to nominate areas to assist them in maintaining social and personal relationships within the service and the community.

A suggestion box has also been put into place at the entrance to the service to ensure that for those consumers who may not wish to speak in front of a group; or wish to remain anonymous may put forward their request and suggestions.

I have considered the Assessment Team’s report and the approved providers response and believe that the issues raised in relation to activities of interest to consumers has been addressed in requirement 4(3)(a) and that Covid-19’s impact has prevented activities occurring outside of the service. I therefore find that service does provide service and supports for daily living and encourages personal and social relationships, where possible within NSW Health Guidelines and have recommenced activities that were suspended due to Covid-19.

I find that the approved provider is compliant with this requirement.

**Requirement 4(3)(d) Compliant**

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

**Requirement 4(3)(e) Compliant**

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

**Requirement 4(3)(f) Compliant**

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

**Requirement 4(3)(g) Compliant**

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

**STANDARD 5 COMPLIANT
Organisation’s service environment**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 5**

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

The Assessment team found that overall, sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team interviewed consumers who confirmed that the service environment is welcoming, and they feel at home at the service. The service environment provides both private and communal space to cater for consumers personal and social needs and support their sense of belonging, independence, interaction and function. The service is decorated with paintings, pictures and ornaments to create a home-like environment, and consumers had personalised their own rooms. Consumers interviewed confirmed the service is clean and well maintained, and they can move freely within the facility and outdoors.

The Assessment Team observed the service environment to be safe, clean, well maintained and comfortable. There are systems in place to clean and maintain the service environment and ensure it is safe.

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

**Assessment of Standard 5 Requirements**

**Requirement 5(3)(a) Compliant**

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

**Requirement 5(3)(b) Compliant**

*The service environment:*

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

**Requirement 5(3)(c) Compliant**

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

**STANDARD 6 COMPLIANT
Feedback and complaints**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 6**

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The Assessment interviewed consumers who mostly considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. They said they know how to provide feedback or raise a concern or complaint. Consumers indicated they were comfortable raising matters with management and were confident management are responsive to matters raised.

The Assessment Team found that information is provided to consumers about the feedback and complaints processes including internal and external complaints mechanisms and advocacy services.

The service demonstrated it takes appropriate action in response to complaints and they are resolved in a timely manner. The organisation has an open disclosure policy, and the service demonstrated it is using an open disclosure process when things go wrong.

The service has a continuous improvement process and the service demonstrated feedback and complaints are used to identifying areas for improvement.

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

**Assessment of Standard 6 Requirements**

**Requirement 6(3)(a) Compliant**

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

**Requirement 6(3)(b) Compliant**

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

**Requirement 6(3)(c) Compliant**

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

**Requirement 6(3)(d) Compliant**

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

**STANDARD 7 COMPLIANT
Human resources**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 7**

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

The Assessment Team found that overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The Assessment Team interviewed consumers and representatives who were satisfied with the care and services provided. They said the staff are very good and were responsive to their needs. They confirmed that staff responded to call bells in a reasonable time. Consumers interviewed reported they are treated with care and respect and the Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner. Consumers were confident that the staff are trained and competent to deliver the care and services they require. They said staff generally know what they are doing and did not identify areas where further education and training are required.

The Assessment Team interviewed staff who stated they normally have enough time to complete their duties on their shifts and said staff on sick leave are replaced. They confirmed they have participated in training provided at the service and said they have the resources and equipment they need to deliver appropriate care for consumers.

The service demonstrated it has a system for the planning and management of its workforce to ensure safe and quality care and services are delivered to consumers. There are systems to ensure staff are competent and have the qualifications and knowledge to perform their roles effectively. The service also has systems to ensure staff are recruited, trained, equipped and supported to deliver care and services in line with the Quality Standards. Management demonstrated they regularly monitor and review the performance of staff.

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

**Assessment of Standard 7 Requirements**

**Requirement 7(3)(a) Compliant**

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

**Requirement 7(3)(b) Compliant**

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

**Requirement 7(3)(c) Compliant**

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

**Requirement 7(3)(d) Compliant**

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

**Requirement 7(3)(e) Compliant**

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

**STANDARD 8 COMPLIANT
Organisational governance**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 8**

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The Assessment Team found that overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The Assessment Team interviewed consumers who confirmed they have the opportunity to attend consumer meetings and provide feedback and suggestions by other means. They said they feel comfortable talking with management, and management are responsive when matters are raised.

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

The organisation also demonstrated it has governance systems, a risk management plan and clinical governance framework in place for the delivery of safe and quality care and services.

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

**Assessment of Standard 8 Requirements**

**Requirement 8(3)(a) Compliant**

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

**Requirement 8(3)(b) Compliant**

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

**Requirement 8(3)(c) Compliant**

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

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

**Requirement 8(3)(d) Compliant**

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

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

**Requirement 8(3)(e) Compliant**

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

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

**Areas for improvement**

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

**Requirement 2(3)(b) Non-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.*

The approved provider must demonstrate:

* Consumers’ current needs and preferences are identified and addressed in assessment and planning.
* Medical directives are documented and followed.
* Care plans are reflective of current condition and reviewed and updated as needs change.

**Requirement 3(3)(e) Non-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.*

The approved provider must demonstrate:

* Consumers’ progress notes and assessments provide current, accurate and consistent information about the consumer’s condition, needs and preferences.
* Changes in consumers’ care, condition and monitoring are documented and communicated to others where responsibility for care is shared.

**Requirement 4(3)(a) Non-compliant**

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

The approved provider must demonstrate:

* Activities are tailored to younger consumers to provide greater physical and mental stimulation.
* Care planning documents record information about the consumer’s life history, social needs, and leisure interests and informs activities of interest.

**Requirement 4(3)(b) Non-compliant**

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

The approved provider must demonstrate:

* Consumers’ emotional, spiritual and psychological needs are identified and met.
* Support is provided to consumers to address their emotional needs.
* Care plans include emotional and psychological wellbeing needs.
* Advanced Care Plan (ACP) preferences are implemented at end of life.
* Policy and procedures for emotional and psychological wellbeing is developed and staff are trained in application of this.