Forest Lake Lodge

Performance Report

12 Tewantin Way
Forest Lake QLD 4078
Phone number: 07 3278 9486

**Commission ID:** 5339

**Provider name:** Lollies Management Pty Ltd

**Site Audit date:** 29 March 2022 to 1 April 2022

**Date of Performance Report:** 5 May 2022

# Performance report prepared by

Nicole Grey, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence in relation to the service held by the Commission

# 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

Overall, consumers sampled felt respected and valued by staff. They were supported by the service to exercise choice, take risks, make decisions about their care and to maintain relationships important to them. Consumers received information regarding their care and services which they understood and that enabled them to exercise choice regarding meals and activities. They felt their personal privacy was respected and the service sought their consent when personal information was shared.

Staff were familiar with consumers’ backgrounds and how that influenced care provided. Staff had received training in relation to dignity and respecting and valuing identity, culture and diversity of consumers. Staff demonstrated a shared understanding in relation to how they managed the individual risks for consumers.

Consumers with cognitive impairments or those who experienced difficulties with communication, were supported by staff to understand information pertaining to their care and service. Staff handover processes occurred in private areas of the service and conversations that occurred between staff in communal areas of the service were observed to occur in a discreet manner during the site audit.

Care planning documentation reflected what was important to consumers including their religious and cultural needs, preferences and strategies employed by staff to manage risks associated with their care.

Staff interactions with consumers were observed to be kind and respectful during the site audit. Information regarding activities, meal choices and feedback mechanisms were observed by the Assessment Team to be displayed throughout the service.

Organisational policies were accessible by staff in relation to this Standard. The organisation’s strategic plan supported and encouraged consumers to actively participate in decisions regarding their care and services.

Consumers were encouraged to provide feedback in relation the support provided by staff through the service’s feedback processes. Consumers were provided with an information pack and a copy of the consumer handbook upon entering the service which included information in relation to the types of services available, who to speak with and how to access services.

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 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

Consumers and representatives sampled were involved in assessment and planning processes which identified their individual needs, goals and preferences including in relation to end of life care. They felt the service understood their care needs, goals and preferences which were discussed regularly in consultation with consumers and/or their representatives, Medical officers, allied health professionals and specialists.

Care planning information was completed in consultation with consumers, their Medical officer and allied health professionals. Assessment and care planning documentation was individualised and reflected information relative to the risk of each consumers’ health and well-being including, but not limited to, continence management, skin integrity, mobility and dexterity and nutrition and hydration.

Advance care planning and end of life planning information was reflected in care information when end of life discussions had occurred. Care planning documentation reflected the involvement of Medical officers and other providers of care and services.

Registered staff were responsible for the completion of assessment and care planning documentation which included end of life conversations that occurred if the consumer wished. Registered staff were guided by the preferences of consumers in relation to who they preferred to be involved in care planning and assessment processes. Staff demonstrated a shared understanding regarding the service’s assessment and review processes which included following an incident or when a change in the care needs of consumers were identified. Most care plans were reviewed when changes in the needs and preferences of consumers were identified.

A suite of evidence-based assessment tools was accessible by staff through the service’s electronic care management system. A care plan review schedule monitored the completion of assessments and care plans. Organisational procedures were available for staff in relation to the service’s assessment and care planning processes.

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

Overall, consumers sampled considered the clinical and personal care provided by the service was safe and effective.

Consumers were satisfied with the personal and clinical care they received and considered it to be safe and right for them. Representatives provided positive feedback in relation to the service’s communication process and were kept well informed of any changes identified in the clinical needs of consumers.

Consumers said they were referred to their medical officer or other health professionals as required and that referrals occurred promptly. They said that they were pleased with the care delivered by those to whom they have been referred.

Staff described the opportunities they had for engaging in education to support their ongoing professional development. They were familiar with their responsibilities in relation to infection control and the steps they needed to take to minimise the need for antibiotics. Staff described high prevalence risks for consumers and how incident analysis was used to inform improvements in practice.

Care planning documentation demonstrated the delivery of safe and effective care and the involvement of other health professionals. Psychotropic medications, restrictive practices, wound management and the pain management needs of consumers were assessed, managed, monitored and reviewed appropriately.

Management and staff stated care delivery was monitored through care plan reviews, clinical audits, analysis of clinical indicators and the involvement of senior clinical staff in care review processes such as wound care.

The organisation has addressed deficiencies that were previously identified within this Quality Standard. Actions have included improving clinical oversight processes, additional clinical support and rostering revisions, improved processes for the minimisation of infection related risks and preparedness for a COVID-19 or another infectious outbreak.

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

Overall, sampled consumers provided positive feedback in relation to personal and clinical care provided which was tailored to their needs and optimised their health and well-being.

Registered and care staff demonstrated a shared understanding in relation to the individual needs and preferences of consumers and communicated any changes during the service’s handover processes and staff meetings. Staff provided positive feedback in relation to the allocation of an additional Clinical coordinator in the memory retreat unit of the service. Staff had received training in relation to restrictive practices.

Care documentation reflected individualised care that was generally safe, effective and tailored to the specific needs of consumers. Psychotropic medications, restrictive practices, wounds and the pain management needs of consumers were assessed, managed, reviewed and monitored appropriately.

The service developed an improvement plan in March 2022, specific to the implementation of improvements for the memory retreat unit in relation to behaviour support plans, minimising the use of restrictive practices, and redesign of the living environment.

Organisational policies in relation to restrictive practices, skin integrity and pain management were accessible by staff to guide their practice. Processes employed by the service to monitor the clinical and personal care provided to ensure it was safe and effective, included consumer and representative feedback, care plan review processes and monitoring and reviewing clinical incident data.

The service has implemented improvement actions to address the non-compliance outlined in the Notice to Impose Sanctions issued by the Aged Care Quality and Safety Commission on 19 January 2022 in relation to this Requirement. These included:

* The service has appointed an additional Clinical coordinator to the service to ensure all clinical areas have a designated Clinical coordinator and access to further clinical support.
* Additional support has been implemented for staff through the appointment of a weekend supervisor and through specialist services through the local hospital.
* The service has partnered with the local hospital education services to provide newly recruited Registered nurses with support during their onboarding process, clinical support, education, coaching, training and assessments.
* The service has developed a master roster which includes allocated education time for staff
* The service’s staffing hours were reviewed and resulted in additional hours being allocated to night shifts
* Daily meetings with managers of each department and included discussions regarding several issues including, but not, limited to, clinical issues, staffing and breaches in the infection prevention and control practices of staff

I am satisfied actions taken by the service has improved the deficiencies outlined in the Notice to Impose sanctions in relation to this Requirement. I consider clinical oversight, support and staffing measures employed by the service have been effective and that each consumer is provided with clinical and personal care that is tailored to their needs which optimises their health and well-being.

Therefore, it is my decision this Requirement is 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.*

Overall consumers and representatives sampled provided positive feedback in relation to the service’s COVID-19 screening and communication processes during the COVID-19 outbreak experienced by the service in January 2022.

Staff demonstrated a shared understanding in relation to how the service minimised infection-related risks. Registered staff provided examples of strategies they employed to promote the appropriate prescribing and use of antibiotics.

The service has appointed an Infection Prevention and Control lead and could seek additional support from the local tertiary hospital. Staff had received education and training in relation to infection control, COVID-19, personal protective equipment, and handwashing. The service’s outbreak management plan had been updated to reflect service wide improvements implemented to address previous deficiencies within this Requirement.

Staff were observed employing sound infection prevention and control practices while providing care and services to consumers during the site audit. Organisational policies in relation to this Requirement were accessible by staff to guide their practice. Screening processes were generally effective for the assessment of COVID-19 related risks for visitors to the service.

Most consumers and all staff had received their COVID-19 vaccinations. Staff were aware of this mandatory requirement for their ongoing employment at the service.

The service has implemented improvement actions to address the non-compliance outlined in the Notice to Impose Sanctions issued by the Aged Care Quality and Safety Commission on 19 January 2022 in relation to this Requirement. These included:

* The service engaged an independent external advisor to oversee best practice infection prevention and control practices, and the appropriate use of personal protective equipment within the service
* The service revised their outbreak management plan which included detailed information to guide staff in the effective management of a COVID-19 outbreak
* The service has appointed the Infection Prevention and Control lead role to one of the Clinical coordinators
* The service has developed a master roster to ensure staff are allocated to work in the same areas of the service.
* A designated Registered nurse has been assigned to monitor the compliance of staff with infection prevention and control practices and the application and removal of personal protective equipment. Further to this, the service is reviewing closed-circuit television footage to identify staff breaches with these practices
* The service has improved their reporting processes and their overall responsiveness to infection prevention and control and personal protective equipment breaches
* All staff, including agency staff who attend the service, were provided with additional training in relation to the application and removal of personal protective equipment
* Additional clinical support is available through external specialist aged care services and the local tertiary hospital
* The service has updated and completed the floor plan in the service’s outbreak management plan
* The service monitors consumer’s vital signs each day and observes all consumers for respiratory symptoms
* Signage in relation to hand hygiene practices, social distancing and the correct application and removal of personal protective equipment was observed by the Assessment Team during the site audit
* An additional two outdoor staff break areas have been approved by the Board
* The service is currently awaiting approval from the Board in relation to the ongoing management/rectification of rooms identified by the service with poor ventilation
* Staff were observed to be wearing personal protective equipment and implementing safe infection prevention and control strategies during the site audit.

I am satisfied improvement actions completed by the service in relation to this Requirement have addressed the previous deficiencies and the service has demonstrated that infection related risks are minimised through the implementation of standard and transmission-based precautions to prevent and control infection. Further to this, I am satisfied the service’s actions demonstrate the service’s overall preparedness for a COVID-19 or another infectious outbreak. I consider processes employed by the service in relation to the appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics are effective.

Therefore, it is my decision this Requirement is Compliant.

# 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

Overall, sampled consumers considered that they received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. They said they felt supported to engage in activities of interest to them, and were provided with relevant supports, such as equipment and resources, to promote their well-being, independence and quality of life.

Most consumers and representatives said staff supported consumers when a negative change in their mental health and well-being was identified. Information regarding the needs and preferences of in relation to their service and supports were effectively communicated between those involved in their care. Most consumers enjoyed the meals which were of suitable quality and aligned with the dietary needs of consumers. Consumers sampled who used mobility aids to support their activities of daily living said equipment was clean and well maintained.

Assessment and planning processes captured what and who was important to consumers including, but not limited to, the emotional, spiritual and psychological needs of consumers, and strategies to increase their well-being. Information regarding relationships consumers chose to maintain and their community connections were reflected in care information.

Care documentation reflected the involvement of other individuals and groups for the provision of services and supports for consumers. Nutrition and hydration assessments were completed upon entering the service and captured the dietary needs of consumers new to the service which were updated when changes occurred.

Staff had a shared understanding of what was important to consumers and activities they liked to engage in. Staff supported consumer’s relationships and their participation in activities both within the service and in the community. Staff understood the individual dietary needs and preferences of consumers and equipment required to support their lifestyle needs. Maintenance staff undertook reactive and preventative maintenance processes to ensure equipment was safe and suitable.

Activity calendars were developed by the service’s lifestyle officer in consultation with consumers and were displayed throughout the service. Consumers provided feedback in relation to activities, services, and supports for daily living through the service’s feedback processes including at the consumer and representative meetings each month. Care information was accessible by staff including individuals from external organisations involved in the provision of services and supports for daily living, through the service’s electronic care management system.

Management and staff form various areas of the service including, the Lifestyle and Maintenance officer, Chef and clinical management team held regular meetings to discuss any changes in the needs and preferences of consumers. Organisational policies were accessible by staff in relation to the service’s referral processes.

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

## 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

Overall, consumers sampled considered the service to be safe, comfortable and homely. They were able to navigate through the service and could safely access indoor and outdoor areas. Consumers and representatives considered the service environment to be clean and the equipment and furniture was safe, clean and suitable for their needs.

The service environment was observed to be welcoming, safe and clean with consumer’s rooms personalised with their individual belongings. Several communal areas were available for consumers and visitor to use including, shaded outdoor areas, activity rooms and lounge areas.

Management monitored the satisfaction of consumers with the service environment through consumer and representative meetings, case conferences and through the service’s feedback processes. Signage and contrasting features of the service were positioned to support consumers to navigate the service and identify different areas. COVID-19 screening processes were employed by the service and completed for all visitors entering the service.

Cleaning staff adhered to daily cleaning schedules which included communal areas, consumer’s rooms and high touch point areas. The Maintenance officer was responsible for overseeing and responding to all preventative and reactive maintenance issues which were recorded in maintenance registers and attended to in a timely manner. The Maintenance manager attended consumer and representative meetings each month and actioned requests raised in this forum.

Staff demonstrated a shared understanding in relation to the service’s hazard reporting processes. Shared equipment including mobility aids and hoists were observed to be clean, in good condition and stored safely within the service during the site audit.

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

Overall, consumers sampled felt supported by the service to provide feedback or make complains and expressed confidence in the service’s abilities to action any concerns raised. They were aware of the various mechanisms available to support consumers with raising complaints including, but not limited to, advocacy services, the Aged Care Quality and Safety Commission, family, friends and through staff. Consumers and Representatives said the service resolved complaints which included an apology as part of the resolution process. They felt confident that complaints were used to improve care and services.

Management and staff demonstrated a shared understanding in relation to the service’s complaints processes which included consumer involvement and the evaluation of improvements implemented. Most staff recorded complaints in the service’s complaint register and complaints remained a standing agenda for consumer and representative meetings each month. Most staff had a shared understanding in relation to the service’s open disclosure processes.

Information regarding the service’s complaints processes and external complaints, translation and advocacy services were displayed on noticeboards and accessible at the reception areas of the service. Feedback forms and secure suggestion boxes were in each care unit of the service.

Organisational policies in relation to the service’s complaints and feedback processes including open disclosure were available to guide staff practices. The service’s electronic complaints register reflected complaints were actioned in a timely manner and when an open disclosure process was applied. The service’s plan for continuous improvement evidenced trending complaints contributed to service wide improvements implemented within specified timeframes and evaluated for effectiveness.

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

Most consumers and representatives said there were enough staff to deliver care in accordance with their needs and preferences. They considered staff to be kind and caring and said their culture, identity and diversity was respected. Consumers expressed confidence in the capabilities of staff and felt staff were trained appropriately.

Staff rosters were developed based on the needs of consumers and reviewed regularly in response to operational changes or changes in the needs of consumers.

Most staff provided positive feedback in relation to the number and mix of staff available and confirmed additional support was readily available when required. Clinical oversight was provided by the Clinical coordinator team with additional clinical support available after hours from local hospital education and outreach services. Interactions between staff and consumers were observed to be respectful during the site audit.

Position descriptions outlined the roles and responsibilities for specific roles at the service. Orientation processes were completed for all new staff and encompassed mandatory training, buddy shifts and competency assessments. Staff demonstrated a shared understanding of their roles and responsibilities.

Mandatory training, criminal history certificates, immunisations and professional registrations were monitored by the service. Staff provided positive feedback in relation to the service’s orientation and training processes which enable them to effectively perform their roles.

Staff were encouraged to communicate their learning and development needs to management, the clinical support team, during performance review processes and staff meetings. Staff performance was assessed, monitored and reviewed through internal audits, clinical incident data and consumer, representative and staff feedback.

Monitoring processes employed by the service to ensure consumers were receiving quality care and services included the regular review of call bell response data, consumer experience surveys, formal and informal feedback processes, visual observations and training reviews. Organisational policies in relation to this Standard were available to guide staff practice.

The organisation has addressed deficiencies that were previously identified within this Quality Standard. Actions have included additional staff education, improved clinical oversight, ongoing recruitment, the implementation of new roles, the allocation of additional hours, the development and review of the master roster and revised clinical support processes.

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.*

Most consumers and representatives sampled considered the staffing levels of the service to sufficient which met their needs and preferences and facilitated the delivery of safe and quality care and services.

The service’s base roster was reviewed regularly and when changes were identified in the needs of consumers and in response to operational changes. The acuity needs of consumers were considered during the development of rosters to ensure their care and service needs were managed appropriately.

Staff across various roles provided positive feedback in relation to staffing levels including the availability of clinical support which was readily and promptly provided. Unplanned leave was generally replaced with permanent staff, the service’s casual pool, support from the Clinical coordinators, extension of rostered shifts or agency staff support as a last resort. The service was undertaking ongoing recruitment processes to increase the number of casual staff in various roles across the service.

The service could access additional clinical support twenty-four hours per day, seven days per week from the Comprehensive Aged Residents Emergency Partners in Assessment Care and Treatment team at the local hospital.

The service has implemented improvement actions to address the non-compliance outlined in the Notice to Impose Sanctions issued by the Aged Care Quality and Safety Commission on 19 January 2022 in relation to this Requirement. These included:

* The service has engaged an external hospital education service to provide newly recruited Registered nurses with clinical support, clinical skills training, education, coaching and support
* The appointment of an additional Clinical coordinator to the service to ensure clinical support is accessible across all three wings of the service
* The service appointed the Infection Prevention and Control lead role to one of the three Clinical coordinators
* A weekend supervisor has been appointed to provide staff with additional support on weekends
* The service has undertaken recruitment activities for casual staff which remains ongoing
* An external consultant has reviewed the service’s staffing hours which has resulted in the allocation of additional hours for night shifts
* The service has updated their outbreak management plan which identifies clear role definitions and responsibilities for staff
* Management meet with the Board each month to discuss a variety of issues including staffing
* Staff are provided with regular informal training during staff handovers, morning online discussions and during staff meetings
* Staff interviewed by the Assessment Team confirmed they had received education in relation to changes in legislation, organisational policies and processes and staff practice or knowledge deficiencies

I am satisfied improvement actions completed by the service in relation to this requirement have addressed the previous deficiencies and the service has demonstrated that 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.

Therefore, it is my decision this Requirement is Compliant.

### 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

Overall sampled consumers considered the organisation to be well run and said they could be involved in the development and evaluation of changes at the service. Management and staff encouraged and supported consumers to be engaged and involved in decisions about their care and services through consumer and representative meetings, food focus group meetings, surveys, internal feedback and complaints processes and discussions.

The governing body was supported by various governance committees, all of which set the strategic priorities and expectations for the organisation and meet regularly to identify and review risks at an organisational and service level. The governing body monitored and evaluated how the service’s performance against the Quality Standards through monitoring and reporting processes, and promoted a culture of safe, inclusive and quality care and services through its leadership and directions set for the organisation.

There were organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, compliance with legislation and regulations, feedback and complaints, responsibility and accountability in maintaining compliance with the Quality Standards and delivering quality care and services to consumers.

The organisation had implemented effective risk and incident management systems and practices to identify, report, prevent and manage risks to the health, safety and well-being of consumers and incidents, including incidents that must be reported in accordance with legislation and the Serious Incident Response Scheme.

The organisation had a documented clinical governance framework which outlined the core elements of clinical governance and their application at a service and organisational level. The clinical governance framework, when read in conjunction with clinical policies and procedures, outlined the safety and quality systems that were required to maintain and improve the reliability, safety and quality of clinical care and to improve clinical outcomes for consumers.

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

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.