Infinite Care Mount Lofty, Toowoomba

Performance Report

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**Commission ID:** 5765

**Provider name:** Infinite Aged Care (Toowoomba) Pty Ltd

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

**Date of Performance Report:** 1 August 2022

# Performance report prepared by

Susan Turner, 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.

# 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

Consumers said they are treated with dignity and respect, can maintain their identity , make informed choices about the care and services they receive, and live the life they choose. Consumers felt that their personal beliefs are supported and that care and services are undertaken in a way that respects their personal privacy.

Consumers said they are provided with information that allows them to make choices about care options, lifestyle choices, meal selections and activities. On entry to the service, they are provided an information pack that includes the Charter of Aged Care Rights, information relating to privacy and confidentiality and information about how to make a complaint. Consumers and representatives said emails from the Facility Manager provide them with updates about upcoming events, changes to the service’s processes, infection control and any regulatory changes. They said consumers are invited to meetings and minutes of meetings are available for them to read.

Consumers provided various examples of how they are supported by the service to be engaged in meaningful activities that make them feel valued and cared for.

Staff spoke about consumers in a way that indicated respect and an understanding of consumers’ personal circumstances, identity and life journey. Staff were familiar with the various activities that individual consumers enjoy including gardening, church services, sewing and Bible groups.

Management staff said there are policies and procedures relating to this standard that guide staff practice including in relation to culturally safe care, diversity, respect and dignity. Education records demonstrated that staff have received education and training in delivering culturally safe care. Management and staff said that the service has information available to consumers in various languages to support those consumers for whom English is not their first language.

A social profile is completed for each consumer that provides staff with information about the consumer, their family, significant life events and beliefs. Care planning documentation provided detailed information to guide staff in delivering care that is tailored to the consumer’s expressed preferences.

The Assessment Team found a copy of the Charter of Aged Care Rights is provided to consumers on entering the service. The consumer handbook includes information on consumers’ rights around choice and involvement in decision making. The organisation recognises consumers have the right to make decisions that affect their lives and to have those decisions respected, even when there is an element of risk to the consumer. For those consumers who choose to take risks, the service completes a dignity of risk assessment and engages with the consumer and/or their representative in the process.

Consumer information is held in an electronic care management system that is password protected. The service’s accommodation agreement includes privacy and confidentiality information.

The Assessment Team observed staff interacting with consumers in a friendly, supportive and respectful manner. Senior management staff at the service were observed meeting with consumers who wished to talk with them and they attended the consumer and representative meeting.

Daily menu choices were posted outside each servery and activity schedules were noted in communal areas, on noticeboards and in consumers’ rooms.

Staff handover was conducted in workstations behind closed doors and staff were noted to knock on consumers’ doors prior to entering a room.

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 expressed satisfaction with the assessment and care planning process and with the care and services the consumers receive. Consumers and representatives reported that they are engaged in the process, and representatives said they are contacted following an incident.

Consumers, representatives, registered nursing staff, medical officers and allied health are involved in care planning and registered staff complete initial assessments to identify consumers’ needs, goals and preferences. There are established timeframes that support care planning; with an interim care plan developed to support care delivery at the time of entry and a more comprehensive care plan developed within 31 days.

A resident of the day process involves regular review of the consumer’s care by a registered nurse. The consumer’s progress notes are reviewed and consideration is given to any concerns and/or issues, skin integrity, weight monitoring, nail care and communications with family if required.

Staff said they receive information about consumers through verbal and written handover, care plans and through alerts generated by the electronic care management system. Staff said information about new consumers to the service is printed and is readily available in the nurse’s station for ready access.

Policies and procedures relevant to this standard guide staff and include entry processes, advance health directives and care plan review processes. A suite of evidence-based assessment tools is accessed by registered staff and a registered staff resource folder is held in each nurse’s station and provides additional resources.

The Assessment Team reviewed consumers’ care plans and found they were individualised and had identified risks to the consumer’s health and well-being. For example, care plans evidenced risks associated with mobility, pain and cognitive impairment. Details about advance care planning and end of life preferences were included in the consumer’s documentation. Care plans had been reviewed within the four monthly review cycle. Documentation review demonstrated outcomes of assessment and planning are discussed with consumers and representatives during the regular care plan review process, at case conferences and when there has been a change in the consumer’s condition.

The Assessment Team reviewed consumers’ meeting minutes and noted that consumers were reminded that they could request a copy of their care plan if they chose to do so.

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

The Assessment Team reviewed consumers’ care planning documentation and found it reflected care that is safe, effective and tailored to consumers’ needs. There was evidence of the involvement of medical officers, geriatricians, allied health providers and specialist services such as dementia advisory services, older person’s mental health services and palliative care teams.

For consumers with chronic pain, assessments had been completed, pain management interventions were documented and included non-pharmacological strategies and resources such as heat packs were available to support care delivery.

For consumers with chronic disease such as diabetes mellitus, care directives include established parameters for blood glucose monitoring and plans to manage skin integrity and wound care if required.

Where consumers presented with complex behaviours, there was evidence of behaviour assessments and referral to specialist services including dementia advisory services and a geriatrician. Behaviour support plans have been established with known behavioural triggers identified. Where restrictive practices are applied this has been managed safely with appropriate consultation, authorisation, application, monitoring and review processes occurring as required. The service actively monitors the use of psychotropic medications and chemical restrictive practice and efforts are made to reduce and/or cease usage where possible.

Consumers reported satisfaction with care and service delivery and consumers’ representatives provided positive feedback about the way in which acute incidents are managed. Consumers confirmed that when feeling unwell staff responded in a timely manner with their preferences being met. They said that they were able to access their medical officer and other health professionals as needed. Consumers felt that their care needs were effectively communicated between staff and that they received the care they need.

Staff could describe the care that individual consumers require, the consumer’s significant clinical/personal care risks and how these risks were being managed. Staff gave examples of how they deliver care for consumers who are nearing end of life including pain management, skin care and oral care and how to ensure the environment meets the consumers’ preferences.

Staff said they have access to policies, procedures, care pathways and clinical information and confirmed their ability to make referrals to other healthcare professionals as needed. Care staff felt comfortable in their ability to escalate any concerns they have to registered nursing staff.

With respect to infection control an infection prevention and control lead is appointed and reported that they are responsible for taking a lead role in the event of an outbreak occurring. Staff provided examples of the practices they use to prevent and control infection such as handwashing, use of personal protective equipment, maintaining a clean environment and isolating those consumers who are symptomatic.

Registered staff demonstrated an understanding of antimicrobial stewardship and gave examples of practices to minimise the need for, or use of, antibiotics. They said they ensure pathology results are available prior to commencing antibiotics and ensuring consumers complete the course of antibiotics.

Management staff said that care delivery is monitored through consumers’ feedback, care plan reviews, regular auditing, review of clinical documentation and observation of staff practices. Senior clinical staff advised the service conducts monthly management systems meetings which include key lead roles across the service to ensure regular and effective care and clinical monitoring. As part of the meeting, clinical indicators, incidents and other key clinical data are reviewed to identify key risks and trends and determine interventions.

The Assessment Team reviewed training records and identified that staff have received training in topics relating to personal and clinical care including palliative care and end of life care.

The Assessment Team found the service has policies and procedures, guidelines and work instructions relevant to this standard that included skin integrity, wound management, pressure injuries, pain management, responding to clinical deterioration, infection control and restrictive practices. A documented risk management framework guides staff as to how risk is identified, managed and recorded and includes a consumer risk register.

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.*

### 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

Consumers and representatives generally said that consumers get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example, consumers and representatives said:

* consumers are supported to engage in activities they are interested in, both inside the service and in the wider community
* the service supports and facilitates consumers to maintain personal and social relationships and remain in contact with people who are important to them
* the activity schedules are varied and adequate to meet the consumers’ needs and preferences, and the service involves other individuals and external organisations to supplement the activity schedules as required or when beneficial to consumers
* the service meets consumers' emotional, social, spiritual and psychological needs by way of the internal support provided by staff, referrals to external counsellors and in-house church services
* consumers are satisfied with meals, stating they are provided with choices and that the meals are of good portion and quality, and have enough variety.

Care documentation demonstrates each consumer’s condition, needs and preferences are effectively communicated within the organisation and with others who provide services and supports for daily living, and timely and appropriate referrals are made to other providers of care and services as required. Care documentation includes information about consumers’ emotional, spiritual and psychological needs as well as strategies to increase their well-being.

Management and staff identified a number of improvements to the lifestyle/wellness program that have occurred including:

* engagement of three volunteers to spend one on one time with consumers and to assist with activities that are of interest to the consumer population
* the addition of activities that have resulted in greater engagement with the consumers, including men’s shed, mini golf, Bible study, craft group and bread making.

Staff were familiar with the consumers’ needs and preferences and said that when they identify a change in a consumer’s demeanour and are concerned about them they will escalate the situation to a registered nurse for further assessment and emotional support. Registered staff confirmed it is through this process consumers are referred to appropriate counselling services, and amendments are made to lifestyle care plans where appropriate.

Staff, consumers and representatives reported the equipment provided is fit for purpose, clean and well maintained.

The service has policies and procedures in place relevant to this standard that include referrals to individuals and other providers outside of the service to support the lifestyle needs of consumers

The Assessment Team observed consumers in the café socialising, tending the gardens, participating in arts and crafts, watching a movie in the cinema and sitting in groups throughout the service chatting.

The Assessment Team observed the kitchen was clean and tidy, staff were observing food safety requirements and there was enough handwashing and hand product available for staff to maintain hand hygiene. Individual consumer requirements were documented for kitchen staff to access. Alerts about consumers’ allergies, intolerances and dislikes is communicated through dietary lists, whiteboard alerts and word of mouth during handover between shifts.

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

The service is a recently constructed, purposely designed aged care facility. All rooms are single occupancy with an en-suite bathroom. Doorways and corridors are wider than normal to meet consumers’ mobility needs. While the service is on three levels, it consists of smaller care units called ‘pods’ or wings and each unit has access to communal dining rooms, entertainment facilities such as a café and cinema, and sitting nooks where consumers can sit on their own or in groups of two or more.

Consumers and representatives were satisfied with the service environment and said that consumers felt they belonged in the service and were safe and comfortable. Consumers said they were satisfied with their room, equipment and furnishings, maintenance and the standard of cleaning.

Consumers also said they were able to entertain family and friends, move freely around the service and go on outings of their choosing.

Management said all consumers are provided with an information handbook when they move into the service. They are encouraged and supported to personalise their room and their ongoing use of motorised mobility equipment is supported.

Management advised the service monitors consumers’ satisfaction with the service environment through a range of feedback processes such as meetings, feedback and complaints, audits, safety checks and consumer surveys.

Maintenance staff said they have a scheduled program that addresses maintenance and inspection of fire systems, fire equipment and electrical equipment. Servicing of equipment includes lifters, beds, air-conditioning and kitchen and laundry equipment.

Cleaning staff interviewed said that they follow a cleaning schedule, including daily cleaning of communal areas, consumer rooms, and high touch point areas, and are informed of a consumer’s cleaning preferences and/or safety hazards via management feedback.

The Assessment Team reviewed the preventative maintenance schedule and reactive maintenance schedule and found that regular maintenance is completed and that maintenance requests are attended in a timely manner.

The Assessment Team observed the indoor and outdoor environment to be welcoming, clean, well-maintained and easy to access. Signage directs consumers and visitors to the various care units in the service and to individual consumer’s rooms.

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

Consumers said they are encouraged and supported to provide feedback, suggestions and make complaints using various means including verbally, accessing feedback forms, completing consumer experience surveys, attending consumer meetings or by using a representative or advocacy service. Consumers and representatives were familiar with external complaints mechanisms that are available to them and said that there had been a recent presentation by Aged and Disability Advocacy Australia. They said that management acknowledge their concerns when raised, that appropriate action is taken in response to the issues they bring forward and that their feedback is used to improve care and service delivery.

Staff were familiar with the complaints process and understood their responsibilities should a consumer raise a complaint with them directly. Staff were aware of translation services that can be accessed should a need be identified. Complaints management and resolution processes described by staff reflected the principles of open disclosure including an apology when things go wrong.

Management staff said that in addition to the established complaints processes, that they maintain an open door policy for consumers and representatives to approach them directly. They described the way complaints are analysed and trends identified, saying this information is used to inform continuous improvement activities. Examples were provided of how consumer feedback had resulted in improvements to care and service delivery, for example, a change in service provider that better met consumers’ needs and preferences.

The Assessment Team found information about internal and external complaints processes is displayed and feedback forms are available throughout the service; additional information and resources regarding complaints is available on the organisation’s website. Feedback forms are attached to the activity schedule which is provided to consumers monthly. Additionally, written materials provided to consumers, such as the consumer information book provide information regarding internal complaints processes, contact information for external assistance from the Aged Care Quality and Safety Commission, and advocacy and translation services.

The organisation has documented policies and procedures that guide staff in the management of feedback, complaints and compliments, and dispute resolution processes. The information outlined in these policies and processes aligned with the resolution processes described by management and staff.

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

Overall, consumers said that they receive quality care and services when they need them and from people who are capable and caring. For example:

* Consumers confirmed staff are kind, caring and respectful of their identity, culture and diversity.
* Consumers stated they believed staff had adequate training and knowledge to appropriately deliver safe quality care and services.

A base roster is in place and where unplanned leave occurs, this is addressed using existing staff and casual or agency staff. On those occasions that a shift cannot be replaced, existing shifts are extended to ensure appropriate coverage. Registered staff are allocated to work across a 24 hour period.

Staff felt they had sufficient time to attend to consumers’ personal preferences and care needs. Cleaning, laundry and catering staff said they had sufficient time to complete their work.

Management staff described the processes in place to ensure staff had the required knowledge and skills for their role. There is a recruitment and orientation program whereby new staff complete a suite of training modules and work alongside experienced staff for a minimum of three shifts; this may vary however according to the staff member’s skill and experience. For example, a graduate registered nurse will be provided with significantly more supervised shifts to ensure they are familiar with the service and the requirements of their role. Further to this there is a staff education program that includes mandatory training modules such as infection control, COVID-19, manual handling and the Serious Incident Response Scheme.

Management described various ways in which staff are identified as competent and capable in their roles that includes specific skills assessments, observations of staff in their role functions, performance appraisals, feedback from consumers and conversations with staff regarding skills. Staff credentials such as professional qualifications and probity checks are monitored

The organisation has a suite of policies and procedures relevant to this standard that include the expectations and responsibilities of staff in relation to their treatment and interactions with consumers.

The Assessment Team observed all interactions between management, staff, and consumers to demonstrate a kind, caring and respectful approach. Staff responded promptly to consumers’ requests for assistance, meals were served on time and scheduled activities and services were delivered as planned.

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

Consumers said the service is well-run and that they can partner in improving the delivery of care and services. Consumers and representatives confirmed they engage with management and staff on a day to day basis and have meetings with clinical staff and other health care professionals regarding care and service provision.

The governing body sets the strategic priorities for the organisation and meets regularly to identify and review risks from an organisational and consumer perspective. The governing body monitors and evaluates how the organisation performs against the Aged Care Quality Standards through reporting processes that inform various governance committees on areas including internal audits, consumer/representative feedback and complaints, improvement initiatives, reported hazards and risks, staff training, and clinical and incident data analysis.

The organisation has an established 2021-2022 Strategic Plan which outlines the governing body’s commitment to providing quality services to all consumers. The priorities of the framework include compliance and governance, operational performance, customer service and employee satisfaction.

Governance systems are in place that relate to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

The organisation has implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including reporting through the Serious Incident Response Scheme. Staff said they had been educated about the policies relevant to incident management and were able to provide examples of their relevance to their work.

The service demonstrated that it had a documented clinical governance framework incorporating policies and procedures relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Management were able to describe how the clinical governance framework supports the delivery of safe and quality care to 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.