Kapunda Homes

Performance Report

Nash Street
KAPUNDA SA 5373
Phone number: 08 8566 2260 or 08 8566 0200

**Commission ID:** 6057

**Provider name:** Barossa Hills Fleurieu Local Health Network Incorporated

**Site Audit date:** 30 March 2022 to 1 April 2022

**Date of Performance Report:** 26 April 2022

# Performance report prepared by

Alice Redden, 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 considered 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.
* the provider’s response to the Site Audit report received 19 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

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

Consumers and their representatives sampled, confirmed staff treat them with dignity and respect, they can maintain their identity, independence and make informed choices about their lives. Consumers reported staff demonstrate awareness of their individual needs and preferences and described how staff provide support and show respect toward them without discrimination or judgement. Consumers and representatives reported they are supported in decision making including risk taking, through the timely and accurate provision of information from staff and encouraged to involve others when making decisions. Consumers advised they felt their privacy was always respected by staff.

Staff interviewed demonstrated they had knowledge of individual Consumers and their background. Staff could match daily activities to enable and support Consumers chosen lifestyle and preferences, this includes understanding relationships which are of importance to the Consumer. Staff interactions were observed to be respectful and caring, to be tailored to the individual Consumer considering things such as Culture, Language, and life experiences. Risk taking by Consumers was understood by Staff and they could provide details of how they support this including the sharing of information with Consumers to inform their choices. Staff demonstrated how they provide accurate and timely information with Consumers and their representatives, including the importance of maintaining respect for privacy.

The service was observed to have current and clear documentation showing consumers involvement in care planning and input into decisions for their own care. Documentation observed by the assessment team showed the service conducts regular training in cultural awareness and how consumers’ care plans consider and seek out diversity and preferences. The assessment team observed posters and other information on noticeboards to provide consumers and visitors with information relevant to them such as delivery of their care or celebrations of religious and/ or cultural events. The service demonstrated how they support consumers to take risks by clinical and non-clinical risk assessments conducted supporting activities to engage risk, as well as practices to review and monitor risk within the service. The assessment team observed multiple ways information was provided to consumers such as posters, consumer meetings with the minutes showing active engagement by consumers, activity calendars and other notices on display. Observations by the assessment team around privacy of consumers included actions by staff including knocking on doors before entering and password protected electronic systems, physical locks on doors where information is stored and a specific privacy policy within the service.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

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

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

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Consumers and their representatives confirmed to the assessment team they actively participate in developing plans for care and services delivered to them to promote their health and wellbeing. Consumers and representatives advised they were actively involved in the initial planning and ongoing process. Consumers and representatives confirmed the organisation made it easy for them to be a part of the process by listening and taking into consideration their needs and preferences and treating these wishes with dignity and respect. Consumers said their care plans reflect what is central to them including end of life considerations, spirituality, and culture. Consumers and representatives advised other parties such as medical professionals or other bodies were welcome to be part of the planning and coordination process. The outcomes of care plans are produced in an accessible way for them including language considerations enabling their full understanding of how it meets their goals, needs and preferences. Consumers and representatives confirmed any changes or updates to their care plans are communicated to them effectively and efficiently, Consumers confirmed they have access to the plans as they require including reviewing as wanted or needed.

Staff engaged with the assessment team were able to describe how the care planning process enables them to deliver safe and effective care. Staff could speak to the initial assessment process through to ongoing review and updates to the plan. Staff demonstrated their responsibility regarding reporting incidents and observations to clinical staff enabling timely and appropriate changes to be made to consumers care plans. Staff provided examples of collaboration with others who are important people in the Consumers life, listening and identifying preferences and considering such things as mobility, vision, hearing, pain, skin, personal preferences, spiritual and emotional needs, nutrition and hydration. Staff advised this as enabling them to deliver ‘person-centred’ care. Staff provided specific examples of individual Consumer needs and preferences and showed how the delivery of care was tailored to meet these needs and preferences. Clinical staff provided examples to the assessment team of how the care planning informs their role in providing safe and effective care. Staff could describe the approach taken to end of life planning and described how and when it is discussed with Consumers and representatives. Interviewed staff demonstrated and described how and when care plans are reviewed and/or updated, including after an incident or changes to a consumer’s condition. Staff could also describe the ways information of changes/ updates to care plans are provided to consumers and their representatives.

The organisation demonstrated it has policies and procedures to guide staff in developing, reviewing, and updating care planning for its consumers, this includes provisions for end-of-life planning. The organisation was observed to maintain good record management practices, documentation, and oversight of procedures in place. The organisation showed it is supported by other health professionals and has monitoring and audit procedures in place to ensure effectiveness and continuous improvement in care planning.

## 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 assessment and planning:*

1. *is based on ongoing partnership with the consumer and others 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, are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers and representatives sampled stated they are confident the care they receive is safe and right for them. The Consumers and representatives sampled advised the care they receive is aligned with their needs and preferences and not only meets their health needs but also their wellbeing. Consumers and their representatives expressed to the assessment team they were satisfied with risk management within the service and gave examples of how staff manage personal and general handling of risk. Consumers and their representatives confirmed planning for end of life was discussed and they were confident their wishes would be respected during this period, including pain management, comfort and having important people with them. Consumers and their representatives reported they were confident staff could identify changes in their condition and would respond appropriately in a timely fashion. Consumers said they feel staff know them well enough to see changes, and there are adequate procedures in place to ensure information is shared with appropriate people. Consumers and their representatives provided examples of instances where referrals had been made to other medical professionals to provide timely and effective support in their care. Consumers and representatives reported seeing good hygiene practices such as handwashing by staff, they also advised they are confident the service has good infection control procedures and are encouraged by staff to use good hygiene.

Staff interviewed were able to identify to the assessment team the policies and procedures in place that guide their practices in delivering care and services. Staff confirmed they receive regular training in clinical areas including wound management and restrictive practices, concerns or issues can be raised with the registered nurse at any time. Staff identified to the assessment team examples of various external health providers which operate within the service including physiotherapists, speech pathologists, dieticians, and mental health professionals. Any staffing shortages are addressed effectively by clinical staff attached to the local hospital assisting care staff as required. Staff were able to describe the ways in which they monitor consumers with high risk needs and operate within a best practice model when delivering care and services. Staff gave examples of how incidents are reviewed, information sharing processes and when external health professionals have been used to assist in care needs. Staff were able to talk about changing needs of consumers during end of life and gave examples of care practices to ensure consumer comfort is maximised.

The organisation was able to demonstrate they have policies, procedures, and other resources available to provide guidance to staff for best practice care delivery including ways to support staff in identifying deterioration or changes to Consumer’s condition. The organisation provided examples of how it manages, identifies, and records high prevalence risk. The assessment team observed the minutes from weekly high risk, meetings conducted, these minutes demonstrated the organisation has appropriate staff managing high risk consumers including involvement of external health professionals, changes in consumers condition are recorded and how these changes are communicated to staff. The service uses shift handover meetings to inform staff of directives in consumer’s care. The organisation has 24-hour access to registered staff, available for monitoring and delivery of care including consumers nearing end of life. The organistaion showed it has documented policies and procedures to support the minimisation of infection related risks and promotes antimicrobial stewardship. The service was able to demonstrate preparedness in the event of an infectious outbreak, including for a COVID-19 outbreak.

### 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

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

Consumers and representatives sampled confirmed they can participate in activities of interest to them and are given supports to do so. Consumers and their representatives provided examples of cultural, psychological, and spiritual needs being met through activities such as church outings, visits from outside organisations or celebrating cultural festivals. Consumers advised they are comfortable in raising concerns with staff and staff are flexible in their approach. Consumers reported staff give them options as to which activities they would like to participate in and help enable them to participate either through mobility equipment or activities such as games which do not require mobility. Consumers advised they are encouraged and supported to maintain relationships outside the service. Consumers and representatives advised the organisation has a coordinated approach to their care and staff are consistently aware of their individual needs and preferences. Consumers and representatives confirmed the organisation uses outside parties to provide services they are unable to. Consumers advised they are happy with meals provided as they are of good variety are healthy and meet their dietary needs. Consumers reported they are satisfied with the equipment available to them confirming it is readily accessible of good standard and well maintained.

Staff interviewed by the assessment were able to demonstrate through examples, their knowledge of individual consumers preferences and things important to consumers. Staff were able to give examples of how they have awareness and cater for cultural, spiritual, and psychological needs of consumers through activities provided and how they are delivered, examples included modifying activities to cater for decreased cognitive or physical capability. Staff could show how they assist consumers to continue relationships with people of importance to them outside the service such as keeping in touch with church members by ensuring access to the telephone. Staff were able to show how the service maintain ties with various organisations in the community such volunteer groups who bring in a dog to visit consumers. Staff described the various communication methods used to ensure changes to consumers’ needs such as verbal, handover notes and meetings as well as updates made in the electronic care management system. Staff confirmed ways in which outside organisation assist with providing services including dietary needs and activities such as support from Dementia Services Australia in providing a mechanical cat for a particular consumer to help her remain calm when care staff attend to her needs. Staff reported they have access to equipment as required and it is kept clean and well maintained.

The organisation was observed to maintain comprehensive care planning documentation which incorporates capturing consumer’s needs and preferences regarding activities and their individual backgrounds. Information reflecting their cultural, spiritual, and psychological stories which informs the service to how deliver care aligned with those considerations. The organisation has policies and procedures in place to guide staff in identifying changes and monitoring changes in consumers and how to communicate those changes appropriately to ensure care is delivered appropriately and consistently by all staff. Records are managed to inform staff of risks and to identify strategies in place for individual consumer care including the use of outside providers where required. The organisation showed it has extensive menu planning guidelines and the assessment team observed 4-week menus provided to consumers in advance as well as minutes from the regular meeting held with hospitality staff showing flexibility and response to consumers preferences and needs. Preventative maintenance schedules were seen by the assessment team including logs of repairs and proactive servicing.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

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

### Requirement 4(3)(b) Compliant

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

### Requirement 4(3)(c) Compliant

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

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

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

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

### Requirement 4(3)(g) Compliant

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers and their representatives sampled reported they feel at home in the service with their family and friends welcomed and encouraged to visit by staff. Consumers advised they can easily navigate their way around the service, with access to outdoor areas as they wish. Consumer and representatives confirmed they could make personal touches to their rooms, and the furniture and fittings are clean and well maintained.

Staff interviewed described the environmental features of the services and how they assist in consumers with varying degrees of mobility and cognitive ability to move around the service, including signage, handrails, and lighting. Staff described processes and procedures in place to ensure the service is kept clean and requesting maintenance for equipment as required including reporting process for repairs or faulty equipment. Staff advised there is adequate supply of equipment to meet consumers’ needs and the equipment is cleaned after each use.

Observations made by the assessment team included the service environment as being welcoming with design principles to accommodate dementia issues and mobility of consumers. The assessment team noted a large communal area and several outdoor areas accessible to consumers, consumers rooms were personalised with photographs and personal items on display. The assessment team observed the service areas to be clean and safe, staff were observed cleaning and cleaning staff areas were clean and tidy. Consumers were observed using various equipment and feely mobilising within the service.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers and their representatives advised they understand the process for providing feedback or making a complaint including verbally, by form, or by attending the consumer meetings. Consumers and their representatives provided examples to the assessment team of when they had provided feedback or made a complaint and what response was received from the organisation. Consumers and representatives confirmed they are comfortable in providing feedback and making complaints, and they are confident the issues will be addressed. Consumers advised the service helped, such as language and hearing services, to enable them to provide feedback and complaints. Consumers advised they are aware of using an advocate should they wish.

Staff interviewed were able to describe how they encourage and support consumers to provide feedback and complaints. Staff were able to demonstrate their understanding of the services feedback and complaints system thorough examples such as logging all feedback on the electronic complaints and compliments system, and escalating issues appropriately to appropriate staff. Staff could show how they understood the internal and external complaints and feedback avenues, advocacy options and other supports such as translations and hearing services. Staff advised they were trained in open disclosure and using the electronic system to record feedback for informing continuous improvement processes.

The organisation has demonstrated they maintain processes and procedures that enable consumers to be comfortable and confident in providing feedback and complaints. The organisation has shown how it encourages and supports consumers in this process including ensuring awareness of different channels for providing the feedback. Feedback and complaints are captured by staff and recorded in an electronic system which uses the information for future improvements within the service as well as resolving issues raised. Consumers are encouraged to be part of resolution process and have the option to attend consumer meetings where concerns can be raised for discussions. The organisation provides training to staff on feedback and complaints handling the open disclosure process as well.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

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

### Requirement 6(3)(b) Compliant

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

### Requirement 6(3)(c) Compliant

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

### Requirement 6(3)(d) Compliant

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers and representatives sampled advised they received quality care from staff who are suitability skilled and have time to do their job properly. Consumers advised the staff are known to them and deliver services and care consistently with respect and dignity. Consumers advised call bells were responded to promptly, one representative however did advise call bell response times were slow and facilities for visitors waiting outside to be let in were not sufficient, night staff were ‘running all night’, no incidents have been reported nor any negative impacts noted because of this. Consumers advised staff are trained to adequately support them in their cultural, religious, and psychological needs and preferences.

Sampled staff reported they have enough time to fulfil their duties properly, staff advised any absences are covered by the service through use of local hospital staff or emergency staff. Staff were observed by the assessment team as interacting with consumers using respect and kindness as well as when discussing consumers. Staff confirmed they have completed mandatory and ad-hoc training provided by the service and are confdent they have skills and knowledge to provide care and services. Staff said they can easily access the organisation’s policies and procedures to guide them in their work. Staff sampled said they have completed self-appraisal forms and met with management to discuss their performance.

The organisation demonstrated successfully through documentation provided to the assessment team it maintains a planning system for enough staff and sufficient qualified staff in its rostering. The organisation was able to outline how it manages staff shortages with access to additional staff as required. Policies and procedures were sighted by the assessment team demonstrate recruitment of suitably experienced and qualified staff including details of initial mandatory training completed upon commencement of employment. The assessment team made observations staff always treated consumers with dignity and respect. The assessment team viewed documentation relating to Staff performance reviews, this showed all but two employees had current reviews completed, the two had valid reasons for not being completed and were completed by the time the site audit concluded. The organisation maintains policy in relation continuous improvement of staff and conducts regular and ad hoc training as identified as needed.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

### Requirement 7(3)(b) Compliant

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

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers and their representatives sampled reported they felt the service was well run and they had a voice in developing improvements in the way care and services are delivered. Consumers and representatives advised they could participate in consumer meetings and respond to surveys seeking ideas on improvement. Both consumers and representatives reported the service regularly communicates with them to provide updates on changes that may impact the way care and services are delivered. Consumers expressed to the assessment team a feeling of diversity, identity and culture being supported and respected. Consumers and representatives said they have access to information freely concerning the care and delivery of services and are asked for feedback by the service. Consumers reported the staff regularly discuss their care arrangements with them including risk and benefits. Consumers advise minimisation of antibiotic use if discussed and where issues have arisen these have been explained and fixed.

Staff interviewed confirmed they have access to information to complete their roles efficiently and effectively, staff could describe communication mechanisms in place including the electronic care management system. Management was able to identify how continuous improvement opportunities were identified giving examples such as through feedback received, incident reports, audit and survey results and regulatory changes. Staff demonstrated an understanding of consumers with high impact or high prevalence risks and demonstrated how they implement the service's policies in alignment with best practice and providing examples such as smoking and consumption of alcohol by Consumers. Staff confirmed they had received education regarding anti-microbial stewardship, minimising the use of restraint practices, and open disclosure. Staff were able to provide examples of their relevance to their work including stategies for hygeine to support infection control, ways to minimise antibiotice prescription and promoting alternatives to restraint.

The organistaion demonstrated through documented evidence sighted by the assessment team, the following;

* established processes to support consumers to engage in the development, delivery and evaluation of care and services.
* policies and procedures promote a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* a robust framework for clinical governance striving for continual improvement including the roles and responsibilities, performance monitoring, reporting and measuring improvements.
* risk management systems and practices implemented by the organisation and a process established to monitor and ensure their effectiveness.
* a compliments, suggestions and complaints process is supported by the Board and management, to demonstrate feedback and complaints are analysed and used to improve the quality of care and services.
* improvement actions taken in response to feedback and complaints are evaluated in consultation with consumers and representatives.

## 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 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.