Kinross Care Centre

Performance Report

71 Kinross Drive
KINROSS WA 6028
Phone number: 1300 719 687

**Commission ID:** 7209

**Provider name:** Amana Living Incorporated

**Site Audit date:** 5 April 2022 to 7 April 2022

**Date of Performance Report:** 29 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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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.
* the provider’s response to the Site Audit report received 28 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 representatives reported to the assessment team staff always treat them with respect and dignity, and they are actively involved in making decisions about their lives including how care and services are delivered to them. Consumers confirmed staff are aware of their background, identity and preferences and show respect and understanding of diversity. Consumers advised they are provided with information by staff for them to make informed choices regarding lifestyle, care, and services. Consumers confirmed they are supported to take risks by being provided information and options regarding activities to be undertaken, staff display an understanding and show respect for decisions they make. Consumers reported staff always seek to protect their privacy and gave examples of this including knocking on their door before entering.

Staff sampled advised the assessment team how they provide care and services in line with Consumers needs and preferences including cultural and spiritual considerations. Staff described how they support consumers to take risk and make informed choices through information sharing via family conferences and with consumer discussions. Risk-based activities put forward as examples included allowing a consumer to bake her own muffins and cookies and another to use tea making facilities. Staff confirmed ways in which they provide information to consumers such as speaking individually with them, using written documents with larger font for vision impaired consumers, or by reading documentation to consumers. Staff provided examples of how they understand and respect consumers privacy through knocking on consumers doors before entering, not discussing consumer information in public and ensuring privacy through physical means such as closed curtains or using towels when assisting consumers to bathe.

The organisation maintains diversity and inclusion plans to guide staff in delivering care and services appropriately, processes and systems are in place to ensure staff are aware of consumers individual preferences and needs. The organisation maintains care planning records and documents are easily accessible to staff and guide them in relation to each consumers identity, culture, and diversity. The organisation has policies and procedures in handling risk and providing options to consumers in undertaking activities that may involve risk. The organisation has various documents to assist and support consumers in making choices such as the consumer handbook provided to all consumers when they arrive at the service. The organisation maintains password protected electronic care management system which contains consumers sensitive information including care plans. The assessment team noted observations where consumer privacy was respected including handover meetings being held in private rooms and stickers on doors to prevent wrong rooms being entered by other consumers.

## 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 sampled advised they are actively involved with their representatives in their initial assessment and ongoing care planning process. Consumers confirmed Medical Officers and other health professionals are involved as required and they are comfortable in approaching staff to discuss their needs. Consumer representatives gave examples of how and when they were involved in the care planning process. Consumers and representatives spoke of how their individual requirements are currently accommodated. Consumers and their representatives provided examples of end-of-life planning and how this is incorporated into their care planning documents. Consumers and their representatives described to the assessment team how their care plans are regularly updated and reviewed when circumstances change or because of an incident which may impact upon their needs, goals, or preferences.

Staff sampled described their role in the assessment and planning process for care of consumers. Staff advised how the process begins when a consumer enters the service and continues through review and update processes including after an incident or when needs or preferences change. Staff were able to identify specific examples of consumers with various needs, goals, and preferences and how their care plans inform them in delivery of care and services. Staff advised no consumers currently are seeking to engage in high-risk activities however should they wish to do so, they could describe processes to support this. Staff also described how they approach end of life discussions and how these needs are incorporated into care planning documentation. Staff confirmed how they use health professionals and others where appropriate to provide tailored care and services to Consumers. Staff advised they have received training in completing care planning documentation including building consultation and communication skills to assist. Staff confirmed the care plans are readily available to consumers and the outcomes are communicated to consumers and their representatives. Staff could describe the process and guidelines around regular reviews of care planning for consumers.

The assessment team observed care planning documentation which demonstrated the service undertakes a sound process for initial and ongoing care planning for its consumers, these included the following areas:

* Pain charting and assessment.
* Skin Integrity assessment.
* Mobility and falls risk assessment.
* Nutrition/hydration assessment, including weight charting and body mass index (BMI).
* Incontinence charting and assessment.
* Oral and dental assessment.
* Behaviour charting and assessment.

The service demonstrated policies and procedures to guide staff in developing care plans for consumers including tools for use in making assessments. Documents observed by the assessment team demonstrated consultation and a corroborative approach with various other medical and non-medical services.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers and representatives sampled advised they felt comfortable in the service and the staff were providing safe and effective care to them. Consumers and representatives reported care was delivered in a tailored way to meet their individual and unique needs, providing examples of this. One Consumer representative gave an example of care management after a fall and expressed confidence in the way the matter was handled including being kept informed of progress. Consumers and representatives confirmed they are confident when they require end of life care they will be supported including being free of pain and having important people to them close by. Consumers and their representatives confirmed they are kept up to date with any changes in their care or health status. A representative of a consumer gave an example of a medication change and how this was promptly communicated to them. Consumers and representatives advised they felt staff were aware of their needs and preferences, and how these are documented and shared with relevant people providing care and services. The assessment team observed examples when consumers were referred to external care providers as needed such as a consumer being referred to a dietician and medical officer to arrest ongoing weight loss. Consumers reported seeing staff practising good hygiene through regular handwashing and use of Personal Protective Equipment.

Staff interviewed described how they provide care and services to consumers not only in keeping with practices in line with the organisation’s policies and procedures but tailored to the needs, goals, and preferences of the consumer. Staff described the ways in which the organisation supports them to do this through providing ready access to policies, procedures, work instructions and manuals to guide them in their work. Staff advised they have access to the electronic care management system which informs them of consumers individual care planning documentation as well as attendance at handover meetings for regular consumer updates. Staff advised they are trained in arears required for providing best practice care and managing risk. Staff were able to speak to delivery of care for end-of-life including respecting consumers wishes and maximising comfort. Care staff were able to explain the process for identifying and reporting changes and deterioration in a consumer’s condition to registered staff. Staff said they are informed through handover of information when a consumer has deteriorated, and care plans and delivery of care is appropriately adjusted to accommodate the change. Staff were able to identify the processes for sharing information between relevant people to allow for referral to external medical professionals including recording in the electronic care management system and handover notes. Staff interviewed showed knowledge of anti-microbial stewardship and practices such as good hygiene, to minimise the need for antibiotic usage.

The assessment team observed the organisation to have sound policies and procedures in place, readily accessible to staff to provide care and services to consumers in a safe and effective way as well as maintaining respect and compliance with the consumer’s needs, goals, and preferences. The organisation documents the clinical and personal risk for each consumer to inform staff of best practice ways to deliver care and services. The organisation demonstrated practices for effective and efficient identification and treatment of deterioration in a consumer’s condition. The organisation has policies in place to ensure referrals to externa health professionals are completed as appropriate. Care and clinical staff demonstrated knowledge of the strategies implemented to minimise the use of antibiotics and these reflected antimicrobial stewardship policy requirements. The organisation maintains policies and practices to assist in managing an infectious outbreak and maintains good hygiene practices to minimise risk such as Personal Protective equipment being consistently used and hand sanitiser being readily available.

### 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 their representatives reported they are supported to participate in a variety of activities as they choose, and the activities have been designed to promote wellbeing in their cultural, psychological, and spiritual needs. Consumers reported to the assessment team they felt their ideas for activities were listened to and responded to, examples included Consumers not wanting to participate in group activities but being supported to do things on their own such as knitting or watching television. Consumers reported staff are kind and caring with no issues in talking to them about any concerns they may have. Consumers reported they are encouraged and supported to maintain contact and relationships with people important to them both inside and outside the service. Consumers and representatives indicated confidence in the way information is communicated between staff and other health professionals to ensure care and services are delivered effectively. Consumers and representatives provided examples of referrals to health providers such as NDIS and physiotherapists to assist in delivery of care and services. Consumers advised food available is of high quality, appropriate to their dietary needs and of sufficient variety. Consumers confirmed the equipment available to them is clean, well maintained, and safe for use.

Staff interviewed spoke of working with consumers to design and implement activities matched to the consumers needs and preferences. The activities are designed to promote spiritual, emotional, and physical wellbeing of the consumers. Staff also spoke of engaging with external organisations and people to assist in providing care and services as needed to supplement activities provided by the service. Staff identified to the assessment team the various activities offered including church services and ensuring contact with special people to the consumers outside the service is maintained by supporting visitors and providing technology to stay in touch. Kitchen staff described how they tailor for consumers individual preferences and dietary requirements; this includes size of meals and types of food. Kitchen staff also provided details of providing variety and options to consumers and gathering feedback from consumers to ensure continuous improvement of meals service delivery. Staff provided examples of sufficiency of equipment available to use and gave details of maintenance and cleaning processes in place.

The assessment team observed the organisation to provide well organised and targeted activities and services to promote the emotional, spiritual, and cultural wellbeing of consumers. The organisation keeps well maintained care planning documentation to inform staff of needs, goals, and preferences of consumers. The assessment team observed visitors coming into the service and consumers being taken out of the service by family and friends. The organisation has policies and procedures to support practices for sharing information between staff and making referrals to external parties for service and care provision of consumers. The organisation has demonstrated processes for ensuring equipment is maintained regularly and has procedures for ad hoc repairs.

## 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 NON-COMPLIANTOrganisation’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 Non-compliant as one of the three specific requirements have been assessed as Non-compliant.

The non-compliance is in relation to Requirement (3)(b), reasons for the finding are detailed below in the relevant Requirement. While the service has systems in place to ensure a safe environment, the systems were not effective at identifying and managing all environmental safety issues.

Consumers and their representatives reported they felt at home and safe within the service. Consumers and representatives confirmed visitors are encouraged and welcomed at the service. Consumers reported they find the service easy to navigate and they can move about freely between areas. Consumers and representatives confirmed the furniture and fitting are well maintained and they can personalise their rooms with items of their own. Consumers and their representatives confirmed the service is clean, well maintained and comfortable.

Staff confirmed consumers report they are happy and feel safe in the service, staff gave examples of consumers interacting with visitors and each other within the service. Staff gave examples of actions they take to make visitors welcome including providing pull out beds for overnight stays and providing seating and drinks for visitor’s comfort. Staff described the policies and procedures in place for cleaning schedules, preventative maintenance, and ad hoc repairs.

Observations of the service environment confirm the environment is clean, well maintained and consumers could move freely inside and outside of the service. However, observations showed current building works resulted in some environmental hazards including fire evacuation routes not being identified or rectified in a timely manner.

The organisation has demonstrated it provides a welcoming environment designed to allow consumers to easily navigate and have access to multiple areas. Staff are given training and encouraged to provide for a welcoming atmosphere for consumers and visitors. The organisation maintains electronic systems to ensure maintenance and cleaning are completed regularly this is further supported by occupational health and safety audits to ensure tasks are completed.

## 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) Non-compliant

*The service environment:*

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

The Assessment Team found the service did not demonstrate the service environment is consistently safe, relevant evidence included:

* The service currently has building works occurring on site and a fence is in place to prevent entry to the building works area. However, the fence obstructs the current fire exit.
* Current fire evacuation and exit procedures instruct all to assemble in the garden area and exit through the pathway currently obstructed by the fence and building works.
* This was discussed with management who acknowledged the deficit and commenced plans and actions to rectify.

The Approved Provider’s response acknowledged the deficit identified by the Assessment Team in relation to the building works impacting the management of safely exiting the environment in the case of an evacuation. The response provided evidence the service has taken actions to address the deficit including; having fire contractors revise the evacuation plans, implementing new fire evacuation route, review and implementation of fire exit door functioning and relevant communication and training for all staff.

I acknowledge the service has taken appropriate and timely actions to respond to the deficit identified by the Assessment Team. The service has environmental safety systems including environmental audits, hazard reporting processes and use of specialist contractors including for safety and fire inspections and planning. However, the service’s systems were not effective at identifying the deficit in the blocked and unsafe fire exit and evacuation procedures due to the current building works. The service’s own systems and monitoring did not identify the need to review fire exit and evacuation procedures prior to or after the commencement of building works and environmental audits, work health safety processes and hazard reporting were not effective at ensuring staff or management identified the deficit and reported it for rectifying through the organisation’s environmental safety systems. At the time of the site audit the service did not demonstrate it had a safe environment or effective environmental safety monitoring processes to ensure the safety of consumers, staff and others in the event of a fire or evacuation.

Based on the summarised reasons above, I find the service non-compliant with this Requirement.

### 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 reported they are supported and encouraged to provide feedback to the service, they advised they are confident feedback is actioned and appropriate responses made. The sampled consumers and representatives said they are aware of the various avenues available to provide feedback including feedback forms and verbal discussion with management. Consumers and representatives advise staff assist them to provide feedback through language services and advocacy providers.

Staff interviewed described how they encourage and support consumers to provide feedback and complaints. Staff described the escalation process Staff showed their knowledge of avenues for feedback to be provided and assistance available to Consumers including advocacy options and other supports such as translation 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 demonstrates it has process and procedures in place to support consumers and representatives to be comfortable in providing feedback and lodging complaints. Staff are trained in open disclosure and its practical application when dealing with feedback and complaints. The organisation records feedback and complaints and what resolutions have been found. The organisation uses an electronic system to record complaints and feedback which in turn is used to inform continuous improvement practices.

## 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 the service has enough staff who are suitably trained to provide them with a high standard of care. Consumers confirmed staff show care and dignity when delivering care and services to them matched with expertise and experience. Consumers and their representatives displayed confidence in the ability of staff involved in their care. Consumers did not raise any issues with call bell response times nor any other concerns with staff interactions. Consumers and representatives advised staff appeared to be aware of their individuality and showed respect toward this along with tailoring their delivery to their individual preferences and needs.

Staff who spoke with the assessment team confirmed staffing levels are adequate, they have the required skills and knowledge to do their jobs, and they have mechanisms in place when staff absences occur to continue to deliver high standard care. The assessment team observed staff interacting with consumers in a respectful and courteous manner. Staff could show the assessment team documentation of processes and policies relating to recruitment and orientation, position descriptions, and their ongoing review of performance and training. Staff reported they are supported by the service in their roles and are provided with additional training if identified or requested as a performance need.

The organisation demonstrated it has sound procedures in place for rostering staff to ensure high quality care and service delivery. Rosters reflect a sound mix of staff with suitable qualifications and sufficiency of numbers. Staff are recruited based on skills and knowledge matched to the role, the organisation maintains initial and ongoing training for all staff, ensuring consistency and currency of knowledge and skills. The organisation has policies and procedures for recruitment and ongoing training and development of staff. The records for performance management and review of staff performance are up to date for 2021 and the 2022 process is underway. The organisation’s records show that ad hoc training is provided, and any performance issues are addressed in a timely and professional manner.

## 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 representatives advised the assessment team the service is well run, and they are given opportunities to be part of designing and improving the delivery of services within the organisation. Consumers and representatives advised they are invited to participate in surveys and meeting for comment on possible improvements. Consumers and representatives advised they are given information from the service when there are any changes which may concern them and can give feedback on the proposed changes. Consumers and representatives expressed to the assessment team the service environment is free from discrimination and promotes diversity in culture, religion, and inclusion.

Staff sampled described information systems within the service allow them to communicate effectively and efficiently with other staff. Staff described the various electronic management systems available such as ‘Power BI’ and electronic care management system to assist them manage risk, care delivery to consumers, and measure performance including improvement of established processes and practices. Staff interviewed demonstrated knowledge of open disclosure and its relevance to their work. Staff showed an understanding of risk management principles and processes regarding high risk and high prevalence risks in the service. Staff confirmed they are familiar with anti-microbial stewardship, strategies to reduce use of restraint practices, and strategies to assist in minimisation of the use of antibiotics.

The service demonstrated effective organisational governance systems including;

* Processes to support consumers to engage in the development, delivery and evaluation of care and services.
* Documented policies and procedures to promote a culture of safe, inclusive and quality care and services and is accountable for their delivery
* Clinical governance framework which aims for continual improvement including the roles and responsibilities, performance monitoring, reporting and measuring improvements.
* Risk management systems, practices and a process established to monitor and ensure their effectiveness.
* Improvement actions taken in response to feedback and complaints are evaluated in consultation with consumers and representatives.
* Documeneted policy regarding open disclosure to guide staff in management of incidents.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

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

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

### Requirement 8(3)(d) Compliant

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

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

### Requirement 8(3)(e) Compliant

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

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

# Areas for improvement

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

* Standard 5 Requirement (3)(b) Ensure the environment is safe including in relation to fire exits and evacuation procedures and ensure environmental safety monitoring processes are effective at identifying deficits.