Lucy Chieng Aged Care Centre

Performance Report

8-14 Romani Avenue   
Hurstville NSW 2220  
Phone number: 0428 494908

**Commission ID:** 0932

**Provider name:** Australian Nursing Home Foundation Limited

**Site Audit date:** 11 April 2022 to 14 April 2022

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

# Performance report prepared by

Therese Solomon, 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.
* the provider’s response to the Site Audit report received 12 May 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

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

For example:

Consumers and representatives spoke positively about how staff treat them with dignity and respect, and that they feel valued in the service. The service is a culturally specific service for Chinese consumers. All the consumers and staff speak Mandarin or Cantonese. The service recognises consumers’ culture and history which was evident throughout the consumer’s care planning, interviews and observations.

Care staff were able to demonstrate knowledge and awareness of individual consumers specific cultural, religious and spiritual preferences. Consumers were observed participating in cultural activities and information regarding activities were observed throughout the service.

Consumers indicated that they are encouraged to exercise choice and independence. Case conferences are held regularly which enables consumers to participate in decisions about their care.

Consumers are supported to take risks to enable them to live the best life they can. Where appropriate, measures to mitigate the risk associated with activities are undertaken, developed and documented through a Dignity of Risk record.

The provision of information to consumers is generally clear, timely, easy to understand and enables consumers to exercise choice. Information observed throughout the service included newsletters, meal information, minutes of resident meetings as well as language services.

The service has processes which are generally followed by staff to ensure that consumers’ privacy and their personal information is kept confidential. The service has a Privacy and Security of Personal Information Policy and training for staff about their obligations concerning confidentiality of personal information.

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

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

Overall, sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

The service was able to demonstrate they undertake assessment and planning to ensure they deliver care and serves that optimise health and well-being in accordance with the consumer’s needs, goals and preferences as well as end of life preferences.

The service was able to demonstrate that assessment and planning include consideration of risk to the consumers health and well-being, that care and services were reviewed regularly or when circumstances changed and that the consumer and or their representatives were informed of changes to care.

Care staff were able to demonstrate awareness of consumer preferences for receiving personal and clinical care and the information aligned with what was documented.

The service demonstrated assessment and planning is based on ongoing partnership with the consumer. Care plan documentation for sampled consumers reflect the involvement of other health professionals and those persons who are important to the consumer.

The service demonstrated regular communication and consultation with consumers/representatives in relation to the outcomes of assessment care planning and delivery. Consumer care plans were noted to be updated following an incident, if required and when their care needs changed. Documentation in progress notes identifies staff inform the consumer/representative when care needs change

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

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

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

A review of sampled consumer files including care plans, assessments, progress notes, medication charts, monitoring records and relevant correspondence identified individualised care delivery that is safe, effective and tailored to the specific needs and preferences of each consumer.

The service has policies and work instructions in place to guide staff practices and psychotropic medication usage is reviewed at the Medication Advisory Committee meeting which is held every three months and attended by a clinical pharmacist.

The service initially advised it has environmental and mechanical restrictive practices in place only at the service. However, when reviewing the psychotropic medication register two consumers were identified who are prescribed psychotropic medication without a diagnosis to support its use.

Despite the service not recognising the consumers are prescribed psychotropic medication as a chemical restrictive practice, care documentation notes both consumers were reviewed by a Geriatrician in February 2022 and April 2022, to monitor the use and efficacy of the medication and both have a behaviour support plan in place. The service responded with a plan to develop a chemical restrictive practice authority consent form for regular review and aim to ensure assessment and monitoring of restraints are completed in accordance with relevant legislative requirements.

The service demonstrated it effectively manages high prevalence risks associated with the care of each consumer. For consumers sampled, care documentation indicates the service identifies risks associated with the care of the consumer and actions to remove or minimise the risk of harm are implemented. Risks and actions are documented in care plans and communicated to staff.

The service demonstrated the needs, goals and preferences of consumers nearing end of life are recognised and addressed and their comfort and dignity preserved. The service has policies and procedures relating to palliative and of life care with work instructions to guide staff to deliver contemporary and dignified care.

The service demonstrated it recognises and responds to deterioration or change in the clinical, cognitive or physical functions of consumers, in a timely manner. Care staff reported that they have access to guidance resources to support them in recognising and responding to deterioration.

The service demonstrated information on the consumer’s condition, needs and preferences is documented and the information is communicated internally and externally to those involved in the care of the consumer.

#### The service demonstrated it makes timely and appropriate referrals to individuals and other providers of healthcare services. Care documentation confirms the input of others, including medical officer, allied health professionals and referrals to other health professionals where needed.

The service demonstrated it minimises infection related risks through standard and transmission-based precautions and appropriate antimicrobial prescribing. The service has an outbreak management plan, including a service response in the event of a COVID-19 outbreak. The service has an Infection Prevention and Control (IPC) lead.

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

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

Overall sampled consumers considered they receive 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/representatives reported consumers have choices when it comes to meals, sleeping and rising times, and whether consumers wish to attend scheduled activities. They said they are supported to attend and participate in outings with their families with a post-return COVID isolation period.

Consumers/representatives interviewed indicated consumers feel supported to do the things they want to do and have supports available to allow them to do this, such as modified equipment and resources to enable them to be as independent as possible and participate in activities that promote their well-being and quality of life.

For consumers sampled, care staff were able to demonstrate what was important to consumers and what they liked to do, and this aligned with consumer feedback and documentation.

Consumers/representatives interviewed indicated consumers are supported when they are experiencing an emotionally difficult event. Support may be through means of a one on one conversation with staff, encouragement to participate in activities or contact with their family and friends.

For consumers sampled, care documentation included information about emotional, spiritual or psychological well-being. Care planning documents sampled included the religious and cultural events the consumer likes to celebrate.

Consumers/representatives sampled reported that consumers are supported to keep in touch with people who are important to them and visitors are welcomed to the service if they adhere to the service’s entry and infection control processes. They said consumers are supported to do the things they like to do both inside and outside the service.

For consumers sampled, the care documentation inclusive of progress notes, assessments, care plans and handover documents, provide adequate information to support effective and safe sharing of the consumer’s care. Care staff reported they are kept informed of any changes in the consumers’ lifestyle arrangements or their emotional well-being through shift handovers and reviewing progress notes and participation records.

The service demonstrated awareness of the need for timely and appropriate referrals to individuals, other organisations and providers of other care and services including Dementia Services Australia, palliative care services, volunteers and a visiting hairdresser.

Consumers interviewed advised the meals provided to consumers were of a high quality, culturally appropriate, they mostly enjoy the meals and have enough to eat and drink both at meal times and in-between meals.

The service demonstrated that where activity equipment is provided, it is safe, suitable, clean and well maintained. There are systems in place to monitor and maintain equipment and ensure it is in good working order. Staff are aware of the system to monitor equipment and report any faults

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

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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

Entry to the service is welcoming and easy to navigate. Wings are clearly defined by both colour and room numbers. There service had a fresh and light appearance with adequate natural light, especially in communal areas. The floors were accessed by a single lift in two locations.

The outdoor areas are spacious and include tables, chairs and umbrellas and ramp access to waist-high garden beds, a glass-fenced pond and additional exercise equipment. There were quiet spaces, both indoors and outdoors, including a courtyard with manicured gardens, where consumers met with their family members.

Consumers are orientated to the service when they arrive and have their name or other personalised items on their door. They are also encouraged to personalise their room to make it their own.

The service environment was observed by the Assessment Team and reported by consumers/representatives to be safe, clean, well-maintained and comfortable. Consumers were observed moving freely, both indoors and outdoors on site and the service grounds were well-maintained and free of hazards to enable safe and unobstructed movement.

The handyman and maintenance manager discussed and provided evidence of the service’s planned maintenance program which includes regular pest control with a contracted service provider

The Assessment Team observed the furniture, fittings and equipment at the service to be safe, clean and well-maintained. Mobility aids, exercise equipment and hoists were in good condition and stored securely. Equipment in the kitchen and laundry was clean and appeared well maintained. New wheelchairs were observed in the basement, ready for a final check and allocation to consumers.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

The service has a system in place that allows consumers and representatives to raise issues of concerns through their feedback forms, resident meetings, staff, management or external services. Consumers are aware of the methods available to make their dissatisfaction known internally and externally through information provided to them. Staff demonstrated that they know how to encourage and support consumers and their families to make complaints and the process undertaken.

Review of the service’s feedback shows consumers and their representatives have provided compliments and complaints and all have been actioned in a timely manner.

#### Review of documentation regarding access to external resources for consumers and their representatives showed there is ample information available and staff were able to describe how they support and assist consumers to make complaints.

Information posted through the service was observed and there was information on external services to which consumers could make complaints regarding the service. Information about these services was also available in the newsletter the services distributes to consumer and representatives.

#### Staff demonstrated an awareness on how to respond to consumers when they raise concerns and know how to document and escalate the information received from consumers. They also articulated open disclosure process, such as ensuring the representative is informed, letting them know what happened, apologising and acknowledging the issues where relevant and completing the documentation.

The service has a policy on Open Disclosure which covers all the key aspect of open disclosure. Staff have received training in open disclosure principles. Review of the incident register and feedback register noted the service has consistently recorded incidents or complaints since the beginning of 2020.

Management has systems in place to monitor feedback and analyse trends to drive continuous improvement. They were able to provide examples that demonstrate understanding of process when they received feedback through the resident meeting needing to be recorded and used to drive continuous improvement.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall sampled consumers and representatives considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

Consumers’ and representatives’ feedback and review of call bell response times indicated staff are responsive to most consumers’ needs. Consumers stated they do not wait long when using the call bell and there is always staff around to assist them when they need it.

Review of the last fortnight’s roster showed the service were successful in filling all shifts. Shifts showed the service has a registered nurse on duty 24 hours per day. It also indicated all shifts with potential staff on leave were filled by available or agency staff.

Management has systems in place to review workforce performance through annual appraisal.

The service’s workforce has a sound understanding of what it is to use a caring and respectful approach to care and services for consumers. Consumers said they were happy with staff and described them as kind and caring. Most consumers said they are treated with respect and staff know what is important to them.

Observations of staff interactions with consumers noted a caring and respectful approach to the delivery of services. They provide emotional support when consumers were not themselves or were distressed. Consumers confirmed these actions during interviews.

The service has systems in place to recruit and ensure staff are competent and have qualifications to deliver effective and safe quality care and services. Consumers were satisfied staff have the skills to meet their needs. Management monitors and reviews staff for competencies to carry out their roles. Staff were knowledgeable on what constitutes effective quality care for consumers.

Staff were able to confirm that they had completed an annual needs analysis survey to provide management with suggestions for education required. Staff did not indicate any training needs which were not currently being met. Management advised they send out training information regularly to staff. They also stated staff are allocated pieces of education depending on their roles at the service.

Review of the education records showed staff have received job specific training including wound management, falls management, psychotropic medications, Quality Standards, minimising the use of restraint, and responsive behaviours.

The educator said they monitor staff during the shift and any gaps in delivery of quality care and service is addressed with the staff promptly. If the inefficiency is consistent amongst a number of staffs, they address the issue during handover or organise formal training. They also said the same process is implemented when a concern is raised by a consumer.

Review of the staff appraisals showed the service has a system in place to ensure staff are competent and their skills for their role evaluated annually. All staff appraisals are current.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

Review of resident meeting and focus group minutes and documentation, demonstrated that consumers and representatives have the opportunity and are encouraged to provide feedback on significant changes at the service.

Management advised there are some consumers and representatives who are very vocal and will represent the consumer voice. One representative said they often bring up concerns that impact on other consumers who are not able to voice issues/opinions themselves.

Through the analysis of the clinical indicators in July 2021 it was noted that the falls incidents were on the rise amongst consumers. After review of the possible contributing factors for the increase in falls, a short shift was implemented with the approvals in the budget by the Board. The following month it was noted that falls were significantly reduced.

The service has systems to ensure information is accessible by appropriate staff members to help them in their roles. The system shows how the organisation maintains, stores, shares and destroys information and how it controls privacy and confidentiality

The organisation has reviewed the high impact and high prevalence risk areas and identified the need for greater monitoring and support across all services. Information gathered is discussed and reviewed at the quality committee meeting and through the presence of the general manager submitted to the board for review. Deficits in service provision are identified and included in the continuous improvement plan for further development.

Management advised information on regulatory changes is initially identified by senior staff and management. Updates are sourced from various government bodies as well as industry peak organisations. Information is then disseminated to all staff, where relevant, through communication systems and meetings.

The service has an incident management system that records, investigates, monitors and reviews incidents with governance escalation to ensure the likelihood of high impact or high prevalence risk associated with consumer care is reduced. Incidents are reported to the quality committee where they are discussed and analysed to then submit to the board for review. Management advised data capture through incidents analysis is used to drive continuous improvement in care and service for consumers.

Staff were able to give examples of when they have managed infections using antimicrobial stewardship principles and addressed the use of restraint with consumers and their representatives. The service actively implements the principles of open disclosure and promotes and encourages the use open disclosure with staff when things go wrong or incidents occur.

The organisation provided:

* a documented clinical governance framework
* a policy relating to antimicrobial stewardship
* a policy relating to minimising the use of restraint
* an open disclosure policy

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.