mecwacare Squires Place

Performance Report

375-379 Mason Street
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**Commission ID:** 3883

**Provider name:** MECWA

**Site Audit date:** 31 January 2022 to 3 February 2022

**Date of Performance Report:** 4 March 2022

# Performance report prepared by

S Byers, 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 28 February 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.

Overall, sampled consumers considered 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 were satisified consumers are treated with dignity and respect, and their identity, culture and diversity are individually valued.
* Consumer and representative feedback demonstrated that consumers feel supported to exercise choice and independence around making care decisions including maintaining relationships with family and friends.
* Consumers and representatives were satisfied with the information they receive, stating it is current, accurate, timely and clearly communicated.
* Consumers were satisfied the service promotes and protects their privacy and confidentiality of personal information.

Staff demonstrated how they provide culturally safe care and services according to the consumers’ needs and preferences. Staff described how risk assessments are completed for consumers who wish to take risks and how the service supports the consumers to understand the risk(s). Staff provided examples of how consumer privacy is respected.

Care documentation reflected individual consumers' identity, cultural needs and preferences. Consumer care plans identified consumers can safely engage in activities of choice and are supported to take risks.

Lifestyle calendars were observed in consumer rooms. The menu and activities calendar was displayed in communal areas throughout the service.

Staff interaction with consumers was observed to be respectful and kind.

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 considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* All consumers and representatives said the staff are regular and know the consumers’ needs and preferences.
* Consumers and representatives were satisfied care and services are planned around what is important to them, including advanced care planning and end of life wishes.
* Consumers and representatives were satisfied they are consulted about care and had received or knew they could request a copy of the consumer’s care plan.
* Consumers and representatives were satisfied they are informed of changes and contacted following incidents.

Care plans were individualised and specific to the risks to each consumers’ health and well-being. Care documentation reflected consumers’ current goals, needs and preferences including advance care planning and end of life wishes. Care plans reflected the outcomes of assessment and care planning and inform the delivery of consumer care. Most care plans demonstrated regular review and when circumstances change or following incidents.

Staff described how they use care plans to inform how they deliver safe and effective care for consumers. Staff described how the assessment and care planning process identifies consumers' goals, needs and preferences. Staff described how consumers, representatives, health professionals and other organisations contribute to the consumers’ care and how they work together to deliver tailored care and services. Staff demonstrated an understanding of individual consumers’ risks and the strategies to ensure their safe and effective care. Staff described the process for review and evaluation of care and services.

The service demonstrated it has assessment and care planning and review processes in place to guide staff practice.

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.*

The Assessment Team found the service demonstrated assessment and planning include the assessment of risk(s) to the consumer’s health and well-being to inform the delivery of safe and effective care. Care plans were individualised and specific to the risks to each consumers’ health and well-being. Staff described the assessment process and how they use care plans to inform how they deliver safe and effective care for consumers.

The approved provider’s response included further clarification and action since the site audit including progress notes reporting processes and improved clarity of documentation processes.

In making my decision I have considered the Assessment Team report and the approved providers response. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

### 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.*

The Assessment Team found the service demonstrated outcomes of assessment and planning are effectively communicated to consumers and/or representatives. Care plans are readily available to be provided to consumers or representatives. Consumer representatives had received and were aware they can request access to care planning documentation.

In making my decision I have considered the Assessment Team report. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

### 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.*

The Assessment Team found care and services are reviewed regularly, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

Consumers and representatives described how they are involved in reviewing the effectiveness of their care, including when changes or incidents impact their well-being.

Most care plans are regularly reviewed, following incidents or when the consumer’s clinical condition and their related needs change. Where strategies were not identified in a consumer care plan or progress notes, the Assessment Team found staff demonstrated knowledge and practical implementation of the strategies.

Staff described the process for reviewing care plans and when incidents impact on the consumer.

The approved provider’s response included further clarification and action since the site audit including ensuring strategies are updated to all consumer care plans.

In making my decision I have considered the Assessment Team report and the approved providers response. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

# 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 most sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Consumers and representatives were satisfied care is safe, effectively managed and meet consumers’ needs.
* Representatives were satisfied advance care planning is provided to support consumer needs.
* Representatives were satisfied with how staff communicate changes to consumers health.
* Representatives were satisfied with the services’ infection prevention and control measures.

Care planning documents demonstrated consumers’ wounds, skin integrity and pain is managed to meet their individual needs. This aligned with consumer/representative feedback, staff interviews and Assessment Team observations. Consumers subject to restrictive practices are assessed, monitored and generally reviewed according to regulatory requirements. Consent is obtained and consultation with representatives occurs. Care planning documents demonstrated high impact or high prevalence risks associated with the care of each consumer are identified and managed. Care documentation demonstrated, monitoring and delivery of appropriate care in a timely manner when changes in health status are identified.

Palliative care is provided in accordance with consumer and representative wishes and care plans reflect end of life wishes.

Staff feedback, and documentation reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. Staff and management described the high impact and high prevalence risks for consumers, including falls, behaviours, pressure injuries, malnutrition and specialised nursing. Staff demonstrated understanding to ensure non-pharmacological interventions are trialled before the administration of psychotropic medications. Staff demonstrated how they identify and monitor deterioration and the actions taken in response to changes in health needs. Staff described how information is shared and how changes are documented and communicated. Staff demonstrated an understanding of infection prevention measures and antimicrobial stewardship.

Referral processes are in place and appropriate and timely referrals to external specialists, general practitioners and allied health are documented. Information is effectively documented and communicated.

The service demonstrated an infection control policy, COVID-19 outbreak management plan and antimicrobial stewardship (AMS) plan are in place, standard and transmission-based precautions have been implemented to support the service to prevent and control infection. Relevant infection control training has been provided to staff.

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.*

The Assessment Team found:

* Positive consumer and representative feedback relating to effective clinical care, in particular pain management, skin integrity and psychotropic medications.
* Care planning documents demonstrated consumers’ wound care, skin integrity and pain is managed to meet consumers’ individual needs and aligned with best practice principles.
* Pain is managed and monitored with non-pharmacological strategies implemented prior to administration of as required pain medication.
* Staff demonstrated knowledge and understanding of individual consumer clinical and personal care needs.

The Assessment Team found that while the service recognised environmental restrictive practice in the service, their recognition of consumers potentially subject to chemical restrictive practice could be improved to always meet regulatory requirements. However, the Assessment Team found the service demonstrated it monitors the use of psychotropic medications, trials non-pharmacological interventions prior to administration, and consults with specialist services, medical practitioners and representatives. Documentation demonstrated informed consent, regular medical reviews and behaviour support plans were in place for each consumer that detailed individualised strategies to manage consumers behaviours. Staff feedback aligned with consumer care documentation. Representatives interviewed confirmed informed consent had been given. The Assessment Team observed consumers to be ambulant and engaged in activities identified as individualised strategies in their care plans.

The Assessment Team identified some deficits in the services psychotropic register.

In their response the Approved Provider acknowledged the Psychotropic Register was incorrectly completed. They advised the service has transitioned to the current version of Record of Consumers Receiving Psychotropic Medication which has been updated to reflect chemical restrictive practice and provided additional training to all staff in restrictive practices. The approved providers response supported the Assessment Teams findings that assessments, consents and consultation for consumers prescribed psychotropic medications had been undertaken.

In making my decision I have considered the Assessment Team report and the approved providers response. On balance, based on the evidence available, I consider the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# 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 team also examined relevant documents.

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

* Consumers were satisfied with the services and supports provided by the service, including the level of emotional and spiritual care provided by staff.
* Consumers and representatives described how consumers can participate in activities at the service or within the local community; and how they maintain relationships with the significant people in their lives, either in person or through technology.
* Consumers and representatives were satisfied the meals are of suitable quality and quantity.

Staff demonstrated they know consumers well, describing how they provide care to support consumer independence, quality of life and overall well-being. For example, consumers preferences and dietary requirements. Staff described the services cleaning and servicing systems for equipment. Staff described how they support consumers to participate in activities within the service and the wider community and to socialise, develop and maintain personal relationships.

While care planning documentation showed similar goals to support daily living for each consumer, strategies and interventions were individualised and reflected each individual consumer’s needs and preferences. Consumer documents, including care plans and progress notes, demonstrated there is adequate information to support effective and safe sharing of the consumer’s care. Care plans reflected the dietary needs and preferences identified through consultation with the consumer and/or their representatives.

The service demonstrated it is responsive to the needs and preferences of consumers with appropriate and timely referrals actioned to other organisations and providers of care and services. This was supported by feedback and document review.

The service utilises a range of equipment and resources to support consumers in lifestyle activities. The equipment provided is safe, suitable and well maintained.

The Assessment Team observed consumers being supported by staff to participate in a variety of lifestyle activities, including bingo and exercise. Staff were observed assisting and encouraging consumers with their meals and hydration.

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 team also examined relevant documents.

Overall, sampled consumers considered they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* All consumers and representatives provided positive feedback about the service environment describing it as safe, clean and well-maintained. Consumers also described the service as welcoming and homely.
* Consumers and representatives were satisfied the furniture, fittings and equipment is clean and well-maintained, and they feel safe when using equipment.

While the Assessment Team observed the service did not have navigational aids in place to assist consumers with finding their rooms, all staff interviewed advised they assist consumer to find rooms and attend activities. The approved provider in its response advised all main areas are signed including the café and individual bedrooms.

Staff confirmed they have access to sufficient, well-maintained equipment to support consumers. Staff demonstrated an understanding of maintenance request processes and procedures.

Maintenance system records demonstrated regular maintenance and servicing occurs as required for equipment, furniture and the service environment. The service’s cleaning schedule demonstrated all consumer rooms and equipment are cleaned regularly

The service was observed to be safe, clean and uncluttered, enabling the free movement of the consumers. Consumers were observed freely moving around the service, including into the rear courtyard. Equipment was observed to be clean, well maintained and stored safely.

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 and representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives stated they are encouraged and supported to provide feedback or make complaints to management or staff.
* Consumers and representatives felt that appropriate action is taken in response to feedback or complaints

Staff demonstrated an understanding of the services complaint processes and a willingness to resolve consumer concerns promptly using open disclosure. Staff described how they assist consumers to access advocacy services, external complaints bodies, and translation services.

Management provided practical examples where feedback/complaints have been used to improve the quality of care and services.

Complaints and feedback documents demonstrated concerns have been raised and appropriately addressed by management to support continuous improvement.

The service demonstrated it has processes in place to encourage and support consumers and representatives to raise feedback and complaints.

Feedback forms and locked boxes were observed throughout the service. Advocacy and language service information was available throughout the service for consumers and representatives to access.

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.*

The Assessment Teams evidence included:

* Feedback from consumers and representatives that they feel safe to provide feedback and make complaints.
* Feedback forms and locked feedback boxes were observed throughout the service.
* Meeting minutes demonstrated consumers and staff being informed about the services complaints processes. This aligned with consumer and staff understanding of the processes.
* Organisation complaints and feedback policies and procedures.

In making my decision I have considered the Assessment Team report. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

### 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.*

The Assessment Team found consumers and representatives were satisfied that appropriate action is taken in response to feedback or complaints. Staff demonstrated understanding and practical applications of open disclosure principles when managing complaints. The service has an open disclosure statement.

In making my decision I have considered the Assessment Team report. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

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

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

The Assessment Team found feedback and complaints are reviewed and used to improve the quality of care and services.

Management demonstrated that feedback and complaints are tracked, trended, and discussed in monthly meetings. Management provided examples where feedback/complaints have been used to improve care and services. For example, previously the service received several complaints in relation to food, in response the service employed new catering staff and implemented a bimonthly food focus group and dining experience training for staff.

Complaint documentation recorded the date of resolution and demonstrated a link to continuous improvement.

In making my decision I have considered the Assessment Team report and the approved providers response. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

# 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.

Most sampled consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Most consumers were satisfied there is enough staff available within the service and that call bells are responded to in a timely manner.
* Most consumers and representatives said staff were kind caring and respectful when providing care.
* Consumers and representatives were confident staff are skilled and know about each consumer’s individual care needs.

Most staff were satisfied the current levels of staff at the service are adequate to meet consumer’s care needs and that unplanned leave is replaced most of the time. Management described staff planning and the organisation’s recruitment process to support consumer’s current care needs. Staff confirmed receiving mandatory training and other education to support their role. Staff confirmed completing a performance review and said they feel supported by the service.

Roster documentation demonstrated most shifts are filled. Call bell reports demonstrated call bells are responded to in a timely manner. Training records demonstrated all staff have completed mandatory training modules. The Assessment Team viewed records confirming staff annual performance reviews have been completed.

The service demonstrated the workforce is recruited to specific roles requiring qualification, credentialing or competency with monitoring. This was supported by the organisation’s position descriptions and duty statements that detailed core competencies/capabilities for different roles.

The organisation demonstrated it has a staff performance framework in place.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful

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.*

The Assessment Team found the workforce is recruited, trained and equipped to provide consumers with care and services.

The Assessment Team’s evidence included:

* Positive feedback from consumers who were satisfied staff are skilled to provide care and services.
* Education records confirming staff have completed mandatory training as required. This was supported by staff and management feedback.

In making my decision I have considered the Assessment Team report. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

### 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 and representatives considered that the service is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers described how they engage in the development, delivery and evaluation of care and services by attending resident and relative meetings.
* Consumers and representatives described feeling safe at the service and living in an inclusive environment.

The organisation demonstrated the Board of management is accountable for the delivery of safe and quality care and services.

The Board promotes a culture of safe, inclusive and quality care and services through the establishment of clinical and operation governance sub-committees and ensuring they are kept informed of the outcome of clinical audits, incidents and complaints through embedded reporting structures.

The organisation provided a documented risk management framework supported by policies and procedures documented to manage risk. The organisation has an incident management system in place. Risks are reported, escalated, and reviewed by management at service level and the organisations senior management including the Board.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance.

The service demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and 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.*

The Assessment Team found consumers are engaged in the development, delivery and evaluation of care and services and are support in that engagement.

Consumers described how they attend resident and relative meetings.

Management provided examples of consumer engagement that include bimonthly food focus meetings, the implementation of an annual representative survey (completed 2021), monthly audits with consumer questions and consumer feedback forms. This was supported by meeting minutes and the consumer information handbook.

In making my decision I have considered the Assessment Team report. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

### 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.*

The Assessment Team found the organisation has in place effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance.

Information about consumer’s clinical needs, goals, preferences and care is accessible by the workforce and utilised to guide care delivery. Staff described how they can readily access the information they need.

The service has a continuous improvement plan that demonstrates a commitment to consumer focussed outcomes.

The organisation has systems in place to ensure management and staff are kept up to date with legislation changes. Mandatory reporting occurs as required and management demonstrated understanding of the requirements and their obligations under the Serious Incident Response Scheme (SIRS).

In making my decision I have considered the Assessment Team report. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

### 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.*

The service demonstrated it has a documented clinical governance framework that provides overarching monitoring and guidance for clinical care.

The framework is supported by policies to support staff practice in antimicrobial stewardship, open disclosure and minimising the use of restrictive practices.

Staff demonstrated understanding and practical application of antimicrobial stewardship, consultation, monitoring and review to ensure the use of psychotropic medications and restrictive practices, and open disclosure principles.

For consumers subject to restrictive practices, consent is obtained, regular medical practitioner reviews occur and behaviour support plans were in place.

In their response the Approved Provider advised the service has transitioned to the current version of Record of Consumers Receiving Psychotropic Medication and provided additional training to all staff in restrictive practices.

In making my decision I have considered the Assessment Team report and the approved providers response. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

# 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.