Mercy Place Northcliffe

Performance Report

10-12 Northcliffe Road
EDITHVALE VIC 3196
Phone number: 03 9772 8505

**Commission ID:** 3003

**Provider name:** Mercy Aged and Community Care Ltd

**Site Audit date:** 21 February 2022 to 23 February 2022

**Date of Performance Report:** 22 April 2022

# Performance report prepared by

James Howard, 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 conducted from 21 February 2022 to 23 February 2022; 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 5 April 2022.
* Other information and intelligence held by the Commission in relation to this service.

# STANDARD 1 COMPLIANTConsumer 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 were assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation and risk assessments.
* The service’s policies and procedures.
* Observations during the site audit.

Sampled consumers advised the Assessment Team they were treated with dignity and respect, supported to maintain their identity and could make informed choices about their care and services to live the life they chose. All staff demonstrated that they were familiar with consumers’ life journeys, understood consumers’ identities, and described how they supported consumers’ culture and diversity. The service had an equity and inclusion strategy, and a strategic plan which guided staff on how to deliver care and services in a manner that respected people of all ages, abilities, cultural backgrounds and identity.

The service supported culture and diversity through various initiatives. For example, the service held monthly social activities with a focus on celebrating and learning about different cultures through discussion, listening to music and food tastings.

Consumers advised the service supported them to make decisions about their care and services and how care should be delivered, which aligned with review of care planning documentation. Consumers also stated they were supported to include or not to include family, friends or others in their care and services. Staff described consumers’ relationships of importance, such as family, friends and intimate partners, and support provided for consumers to maintain relationships through, for example, telephone and video calls and having visitors.

Consumer and representative feedback reflected that consumers were supported to take risks, which enabled them to live their best lives. Staff described how they supported consumers to undertake activities associated with risk, through relevant risk assessments, strategies and guidance, which aligned with sampled care planning documentation.

Consumers and representatives considered they received information from the service in a timely, easy to understand manner, which enabled them to make informed decisions about care and services.

Staff described the practical ways they ensured consumers’ personal privacy was respected; for example, closing doors when consumers were assisted with personal care. Staff were observed to consistently knock and seek permission before entering consumers’ rooms. The service’s privacy policy outlined requirements to ensure consumers’ personal information was kept confidential, and was applicable to all staff, including contractors and volunteers.

## 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 were assessed as Compliant, informed by evidence from the Assessment Team and the service’s response to the site audit report.

The Assessment Team’s evidence included:

* Interviews with a same proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Observations during the site audit.

Sampled consumers and representatives provided feedback that showed consumers were involved in the ongoing assessment and planning of their care and services, which optimised their health and well-being. The service used a person-centred approach in its assessment and planning processes which informed the delivery of safe and effective care and accounted for individual needs and preferences. Review of care planning documentation identified consumers needs, goals, preferences and risks to consumers’ health and well-being.

Staff were supported in assessment and planning processes through policies, guidelines and applicable procedures, such as the service’s clinical care, and end of life procedures.

Care planning documentation identified consumers’ advance care and end of life preferences and needs, which aligned with feedback from consumers and representatives. Management advised that advance care plans and end of life pathways were reviewed and updated on a regular basis, to reflect changes in preferences and requirements.

Feedback from consumers and representatives showed that consumers partnered with the service, and others such as providers and family, in the assessment, planning and review of their care. Consumers and representatives considered that they could ask questions and seek clarification about care and services, and options available to them. Overall, with the exception of one consumer, all consumers and representatives had access to consumer’s care plans, with the outcome of care planning communicated to representatives and consumers in a straightforward, easy-to-understand manner.

Review of care planning documentation demonstrated that care and services were reviewed on a regular basis, every 3 months, and any time there was a change in a consumer’s condition or needs. For example, the Assessment Team noted that a consumer’s behaviour support plan was reviewed regularly and updated every 3 months which ensured the consumer received appropriate care and services based on their current needs and monitored and assessed the effectiveness of restrictive practice.

## 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 were assessed as Compliant, informed by evidence from the Assessment Team.

The Assessment Team evidence included:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Observations during the site audit.

Consumers and representatives provided feedback that consumers received personal and clinical care that was safe, met their individual needs, goals and preferences.

Review of care planning documentation demonstrated the service used evidence-based assessment tools, such as the falls risk assessment tool, to ensure consumers’ clinical and personal care needs were delivered in a safe and effective manner. For applicable consumers, care planning documentation demonstrated that behaviour support plans were in place, and reviewed on a regular basis, in keeping with the legislative requirements for restrictive practices in the *Aged Care Act 1997*.

Sampled behaviour support plans contained information about the consumer’s diagnosis, strategies to support the consumer, risk assessments, consent, alternatives to the use of restraint, and evidence of involvement with the nursing team, general practitioner and other health professionals. The service’s psychotropic medication register identified consumers’ diagnoses and prescribed medication requirements.

Staff and allied health professionals described how skin integrity was managed at the service, for example, through skin assessments, charting, repositioning and use of air mattresses. Staff also explained that consumers’ pain was managed through pain assessments, prescription of appropriate medication and implementing other alternatives such as physiotherapy. The Assessment Team reviewed the service’s skin management guidance and pain management procedure, which provided support for staff to deliver care in a safe and effective manner.

Review of care planning documentation demonstrated that high impact and high prevalence risks were effectively managed through evidence-based risk assessments, regular reviews, instructions for care guidance, prevention strategies, required equipment and manual handling techniques.

Staff described how the delivery of care changed for consumers nearing the end of life, to ensure their needs were met, dignity preserved, and comfort maximised. For example, staff described how they regularly monitored and repositioned a consumer to ensure the consumer’s comfort, and the service provided an air mattress to relieve pain. The consumer’s representative advised the Assessment Team that the service treated the palliating consumer with dignity and respect.

Care planning documentation demonstrated the service identified and responded to changes in consumers’ conditions in a timely manner through assessment, monitoring and referral to medical professionals and other services as applicable. The service’s guidelines and staff training courses provided support to staff, enabling them to identify and respond to changes in the capacity and condition of consumers.

Care planning documentation demonstrated that information about consumers’ conditions, needs and preferences was documented and shared within the service, and with others responsible for care such as allied health professionals. For example, information was shared through progress notes, handover reports, staff meetings and updates to care plans.

Staff explained how they involved other services and providers of care through referral processes, to ensure consumers’ clinical and personal care was best practice, tailored to needs and optimised health and well-being. For example, interviews with staff and examination of care plans demonstrated the service involved general practitioners, physiotherapists, podiatrists and other health professionals in consumers’ clinical care.

The service had an antimicrobial stewardship policy that outlined measures to minimise the use of antibiotics and advised of alternative options. Staff explained in practical terms why antimicrobial stewardship was important, and how the service aimed to minimise the use of antibiotics. The Assessment Team observed staff following the service’s infection prevention and control policies in their day-to-day practices. For example, washing stations and hand sanitiser was available throughout the service, and all staff and visitors wore personal protective equipment and maintained social distancing. The service was supported by an outbreak management plan which outlined responses to an outbreak, and activities to prepare for an outbreak.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation, including progress notes and assessments.
* Review of the lifestyle activity program.
* The service’s policies and procedures.
* Observations during the site audit.

Sampled consumers advised the Assessment Team they received safe and effective services and supports for daily living that were important for their health and well-being, and enabled them to do the things they wanted to do. Consumers were supported to remain independent and do activities of interest, for example, walking with family and friends outside the service, having a pet guinea pig and going to the pub. Care planning documentation identified lifestyle activities and interests that were important to consumers, their goals and preferences, and strategies to support consumers, for example, lifestyle risk assessments and referrals.

The service supported consumers independence, needs and preferences through tailored lifestyle activities, inclusive of daily physical activities, sensory activities and religious activities. The Assessment Term noted that the service’s activity schedule included various offerings such as bingo, hand massages, balloon tennis, cultural sessions, walking groups and happy hour. Review of consumer meeting minutes substantiated that consumers were involved in the review and suggestion of lifestyle activities at the service to maximise their independence, meet their goals and interests.

Consumers reflected that the service supported them when experiencing moments of low mood, by engaging them in conversation or offering supports and services, such as speaking to the pastoral carer. Care planning documentation included information on consumers’ emotional, spiritual and psychological well-being needs, and strategies on how the service could support consumers’ well-being.

Consumers and representatives advised that consumers were supported to participate in their community both within and outside the service environment, maintain social and personal relationships, and do things of interest to them. Consumers and representatives considered that the service shared important information about the consumer’s condition, needs and preferences to inform the delivery of safe and effective care, within the service and where the responsibility of care was shared. Staff explained how consumer information was recorded and shared with others, for example, through care plan amendments, progress notes and verbal handovers.

Lifestyle staff explained how they worked with external organisations to support consumers with their lifestyle activities of interest. For example, the service organised entertainers to perform at the service, a hairdresser and religious volunteers.

Consumers and representatives provided feedback that meals were varied and of suitable quality and quantity, and that additional food was available between meals if requested. Care planning documentation contained consumers’ dietary information, needs and preferences. Staff advised that consumers were involved in the planning of menus through consumer and representative meetings, feedback and surveys.

Consumers’ dietary needs and preferences was reviewed by their general practitioner or a registered nurse, and communicated to the kitchen through a dietary requirement list. Staff explained that the menu was displayed on a noticeboard in the dining room, and if a consumer did not like the options available, they could request a meal from the alternative menu. The Assessment Team observed meals to be of an appropriate size, and eaten by consumers. The consumer handbook stated that the service catered for special dietary needs, whether it was for religious, cultural, ethical or medical reasons.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard is assessed as Compliant, as three of the three specific requirements were assessed as Compliant, informed by the evidence from the Assessment Team.

The Assessment Team evidence included:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff at the service.
* Review of the maintenance and cleaning logs.
* The service’s policies and procedures.
* Observations during the site audit.

Sampled consumers advised that the service environment felt like home, was welcoming, easy to understand and navigate, safe and comfortable, which aligned with observations during the site audit. The service environment reflected dementia-enabling principles of design, had sufficient lighting and signage to guide directions. Consumers were observed to freely access the service’s inside and outside environments, and use shared areas such as the communal lounge room and dining room. Consumers’ rooms were personalised with items of importance on display in their room. Management advised that if consumers had feedback or suggestions about the service environment, they could raise matters through direct feedback, consumer meetings or through the service’s feedback form. Maintenance and cleaning requests could be lodged through the service’s electronic management system, and communication book.

The service environment was observed to be safe, clean, well maintained and comfortable. Review of the maintenance jobs register indicated that preventative maintenance and repairs were actioned in a timely manner. Cleaning staff followed a daily and weekly cleaning schedule, and included cleaning of common areas, consumer rooms and high touch point areas. Staff advised that the general manager checked the cleaning schedule each week to ensure all jobs were completed to a satisfactory standard, to ensure the service environment was safe, clean and well maintained. The service also conducted internal audits to ensure the service environment was cleaned and maintained to satisfactory standards.

Consumer rooms were cleaned daily, and deep cleaned once a week. Lifestyle and care staff were responsible for cleaning lifestyle and consumers’ personal equipment, such as walkers and wheelchairs, after each use. All furniture, fittings and equipment were observed to be safe, clean and well-maintained, which aligned with consumer feedback and review of maintenance and repairs records.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The Quality Standard is assessed as Compliant, as four of the four specific requirements were assessed as Compliant, informed by the evidence from the Assessment Team.

The Assessment Team evidence included:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies, procedures and guidance materials.
* Observations during the site audit.
* Review of the service’s feedback and complaints register.
* Review of meeting minutes.

Overall, sampled consumers reflected that they felt supported to lodge feedback and complaints, and were engaged in the resolution process. Consumers and representatives described the various ways they could provide feedback or complaints, such as through direct feedback and through the service’s feedback form. Management also explained consumers and representatives could submit the feedback form via email, online, through consumer and representative meetings or through anonymous feedback boxes located throughout the service. Staff explained they listened to consumers’ concerns and encouraged consumers to formally lodge complaints or feedback with management. Management described their feedback and complaints resolution processes, and demonstrated knowledge of the open disclosure process in practice. The service’s feedback and complaints policy outlined different avenues available for consumers to provide feedback and complaints, and set out guidance for staff to ensure consumers felt comfortable to provide feedback and complaints.

The Assessment Team observed a noticeboard, brochures and posters of the Charter of Aged Care Rights throughout the service, which informed consumers of their rights, and that they were supported to provide complaints free from reprisal. The consumer information handbook included information on how to raise complaints and feedback, and included details for advocacy and language services. Information was available in different languages, such as Greek, Spanish and Tagalog. The service’s feedback and complaints policy stated that interpreters should be used when required, and that consumers were offered printed information in their preferred language.

Consumers and representatives advised they were aware of the language and advocacy services available and knew where they could go to access information about these services. Staff explained that where consumers experienced language or communication barriers, they assisted them to provide feedback and complaints through verbal or written methods on their behalf or referred the matter to management with the consumer’s consent.

Staff from various positions within the service provided examples of how they resolved complaints using an open disclosure process, which aligned with the service’s policy and a review of the service’s complaints register.

Overall, consumers advised their feedback and complaints were reviewed and used to improve the quality of care and services. Management explained that consumer feedback and complaints informed initiatives to improve care and services under the service’s continuous improvement plan. For example, in response to feedback about the lack of communication from the general practitioner, the service engaged the services of a new general practitioner. The new general practitioner communicated with consumers and representatives in a more transparent manner, which resulted in improved communication between all parties. Review of the service’s complaints and feedback register confirmed that appropriate action was taken and included information on the outcome.

## 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 were assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of staff rosters, training records and appraisal schedule.
* The service’s policies and procedures.
* Observations during the site audit.

Sampled consumers considered that they received care and services from staff who were knowledgeable, capable and caring. Consumers advised that they felt confident the workforce was appropriately staffed to deliver safe and quality care and services. Staff reported no issues regarding staff adequacy or numbers, and advised there was a sufficient mix of personnel to deliver safe and appropriate care. Management advised that if there were vacant shifts due to illness, they would contact other staff members with the appropriate skillset and qualifications to fill the shift, otherwise agency staff would be utilised. To ensure continuity of care, the service used the same staff from the temporary employment agency. Review of the staff roster demonstrated that there were sufficient staff to deliver care and services. Staff were observed to be gentle and respectful, and not rushed in the delivery of care and services. Staff greeted consumers by their preferred names, and demonstrated they were familiar with each consumer’s individual needs and identity.

To ensure its workforce was competent and appropriately staffed, staff were required to demonstrate they had the required qualifications and knowledge to perform their roles, by completing following:

* Complete orientation and onboarding processes for new staff: mandatory online training and a buddying system with experienced staff.
* Annual performance appraisals: all interviewed staff confirmed they had participated in performance appraisals, as confirmed by a review of documentation.
* Hold appropriate qualifications, police checks and registration applicable to their role; as confirmed by review of position descriptions and staff qualifications and registration.

Staff advised that they felt they were properly trained and equipped to perform their roles, and to deliver care in a safe and effective manner. The service’s mandatory online training included:

* Infection prevention and control, elder abuse, Serious Incident Response Scheme responsibilities, restrictive practices, pain management, antimicrobial stewardship, falls, open disclosure processes, workplace health and safety, handwashing and manual handling.

Management advised that staff were encouraged to assess their own performance during the service’s annual performance appraisal, to discuss improvements with their supervisor and to list future goals, which aligned with review of staff performance appraisal documentation.

## 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 were assessed as Compliant, informed by the evidence from the Assessment Team, and the service’s response to the site audit report.

The Assessment Team evidence included:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff, management and board members at the service.
* Observations during the site audit.
* Review of staff rosters, training records and performance appraisals.
* Review of the service’s policies and procedures.

The Assessment Team recommended Requirement 8(3)(c)(iv) as non-compliant, due to feedback about call bell monitoring. However, based on the balance of evidence presented by the Assessment Team, and the service’s written response, I decided Requirement 8(3)(c)(iv) is compliant. This is discussed further under the section ‘Assessment of Standard 8 Requirements’.

Overall, consumer feedback to the Assessment Team indicated the service was well run, and consumers’ input was valued in the improvement of care and services. Consumers were involved in the development, delivery and evaluation of care and services through various methods, such as verbal and written communication, feedback from consumer meetings, surveys and feedback forms. The Assessment Team noted that a recent improvement to the service at the suggestion of consumers, was the installation of a digital clock in the main area to assist consumers with cognitive impairments to better understand the time.

The service’s governing body promoted a culture of safe, inclusive quality care and services, and was accountable for its delivery. The governing body conducted unannounced audits twice a year, to identify any gaps in care and enforce time limits for issues to be resolved. Clinical data reports were reviewed by the governing body on a monthly basis to identify areas of concerns or trends that required improvement, such as infection levels and antibiotic use in the service. The service held bi-monthly meetings to discuss clinical domains which included but was not limited to falls, medication incidents and psychotropic use to ensure oversight over regulatory compliance and continuous improvement. Any changes to legislation, quality standards or clinical updates was communicated to staff through emails and newsletters from the chief executive officer and clinical governance group.

Overall, based on review of the evidence, the service demonstrated that it had effective governance systems, as discussed under Requirement 8(3)(c).

The service’s documented risk management framework included policies which described how risk was managed in the following scenarios:

* High impact or high prevalence risks associated with the care of consumers.
* The identification and response to abuse and neglect of consumers.
* Support to ensure consumers live the best life they can.
* Managing and preventing incidents, and records management through the incident management system.

Staff described what the policies meant for them in a practical way, and how risk was considered in the delivery of care and services provided to consumers.

The service had a documented clinical governance framework, which covered policies and guides relating to antimicrobial stewardship, minimising the use of restraint and open disclosure processes. Staff explained what these policies meant to them, and how they applied them in practice when they delivered care and services. Staff confirmed they received training on antimicrobial stewardship, open disclosure, restrictive practices and the Serious Incident Response Scheme.

## 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.*

The Assessment Team found that the service did not regularly monitor its call bell response times, as there were no trends identified relating to lengthy waiting times. The Assessment Team considered that the irregular call bell monitoring may be indicative of a gap in workforce governance.

In response, the service clarified that it had not regularly monitored call bell times as there had been no complaints or issues raised about lengthy wait times. However, since the site audit, the service advised it had commenced daily monitoring of call bell response times, with results reported at each shift handover. The service also advised that no adverse trends associated with call bell response times prior to the site audit, or after had been identified, and that the service would continue to monitor trends on a daily basis.

Given that there were no adverse clinical outcomes, or impact to consumers well-being in relation to the call bell monitoring, I decided Requirement 8(3)(c)(iv) is compliant. The service demonstrated it had systems and policies in place across the Aged Care Quality Standards to monitor workforce performance which ensured care was delivered in a safe and effective manner. Consumer and staff feedback indicated that the workforce was sufficiently staffed to ensure consumer care needs were met. In addition, staff demonstrated they were aware of their roles, responsibilities and demonstrated accountability against the service’s policies, procedures and the Aged Care Quality Standards. The service provided the Assessment Team with relevant documentation outlining its overall workforce governance arrangements, which ensured staff were appropriately skilled and qualified.

I also considered other evidence presented by the Assessment Team, which supported a finding of compliance for Requirement 8(3)(c), such as:

Information management

* Staff could access information they needed to perform their role and were supported by the service’s policies and procedures.
* Staff were guided by policies and procedures to ensure consumers’ personal information was confidentially stored, recorded and shared with appropriate persons.
* Consumers’ personal information was stored on an electronic records management system, with access assigned to staff on a need to know basis as relevant to their position.

Continuous improvement

* The service demonstrated that continuous improvement opportunities were identified through consumer and representative meetings, direct feedback to staff, feedback forms and surveys, clinical data and other performance data and internal audits.
* The service demonstrated that it implemented improvements to the delivery of care and services in response to suggestions and feedback from the continuous improvement plan.

Financial governance

* Management explained that if it was identified that there were additional supports required for consumers, the service would ensure it would make the appropriate changes as needed.

Regulatory compliance

* The service’s incident management processes aligned with requirements under the Serious Incident Response Scheme.
* The service demonstrated regulatory compliance with requirements for behaviour support plans, under restrictive practice legislation stipulated in the Aged Care Act.
* The national quality director, general manager and care manager, in addition to the governing board, demonstrated clear lines of responsibility in the communication of regulatory and legislative changes and its implementation.

Feedback and complaints

* The service demonstrated that it had a system that was accountable for reviewing and responding to feedback and complaints in a timely manner. In relation to complaints, the service demonstrated that it used open disclosure processes to resolve matters.
* The service demonstrated that it acknowledged consumers’ complaints and feedback, and incorporated improvements under its continuous improvement plan.

### 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.