Merv Irvine Nursing Home

Performance Report

1231 Plenty Road   
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**Commission ID:** 4469

**Provider name:** Melbourne Health

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

**Date of Performance Report:** 31 May 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 was considered in developing this performance report:

* the Assessment Team’s report for the Site Audit conducted from 11 April 2022 to 14 April 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 10 May 2022.
* Other information and intelligence held by the Commission in relation to this service.
* The service supports a cohort of consumers who have complex mental health diagnosis and forms of dementia. The information the Assessment Team received from consumers was limited due to the nature and the complexity of consumers’ needs at the service. Likewise, not all consumer representatives could be reached for interview during the assessment visit.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers and representatives advised they were always treated with respect and dignity and representatives spoke of seeing respectful and caring interactions between staff and consumers. Consumers confirmed their culture and diversity was valued. Consumers’ representatives provided examples of how staff provided services that were culturally safe, including providing Yugoslavian heritage activities. Consumers and representatives advised they were supported by staff to make choices and maintain their independence, such as being able to smoke when they wanted and being able to access outdoor areas, such as the garden. Consumers and representatives confirmed the service supported consumers to take risks, which enabled them to live the lives they chose. One representative said staff supported their mother’s need to smoke in ways such as monitoring her visually when smoking and allowing her access to the smoking area when she wanted. Consumers and representatives confirmed they received information from the service in a timely and accurate way that helped them to make decisions and exercise choice. Consumers gave examples such as printing the activities calendar in large font so it was easy to read and representatives received regular updates from the service about consumers’ conditions and care. Consumers and their representatives confirmed staff respected consumers’ privacy and took care to maintain dignity when providing care and services, such as knocking on doors before entering rooms and ensuring conversations and documents relating to consumers were kept private.

Interviewed staff demonstrated respect and an understanding of consumers’ personal backgrounds and diversity. Staff described how they supported and facilitated consumers’ lifestyle choices and preferences. Staff advised how they would respond if a consumer was treated inappropriately, including immediately reporting the matter to management. Staff described cultural, spiritual and personal preference examples of consumers, such as one female consumer who preferred female staff and another who enjoyed watching movies by themselves. Staff confirmed the ways they provided information to consumers, such as activity calendars, using language services to assist in communications and bi-lingual staff.

Management gave examples of how it supported consumers and representatives to make informed decisions about their care services, which included speaking regularly with a consumer’s daughter and discussing changes to her parent’s care needs. Staff provided examples of how they enabled consumers to exercise choice where there are risks, which enabled consumers to live their best lives. Interviewed staff demonstrated their awareness of open disclosure and of the need to notify consumers’ representatives when adverse events occurred. Staff also advised they routinely discussed matters with consumers and representatives when needed. Staff identified consumers who required communication supports and described methods they used to assist, such as cue cards, hand gestures and communication cards in consumers’ preferred languages. Staff also highlighted the use of noticeboards, newsletters, phone calls and written communication as ways in which they shared information with consumers and representatives. Staff described what consumers’ personal privacy meant and how they maintained consumers’ dignity.

The organisation promoted and supported staff to provide care with dignity and respect, demonstrated by its policies and procedures which informed and guided staff. Staff training programs provided examples of different ways to support consumers to feel valued and to reflect consumers’ identity, culture and diversity. The Assessment Team observed staff and management engaging in activities that promoted and encouraged dignity and respect toward consumers. The organisation maintained care planning documentation that showed how it identified and valued consumers’ diversity, preferences and individuality. A review of the staff training matrix showed ongoing training for staff in relation to consumer respect and dignity, and this was included in the service’s mandatory orientation program. The organisation had policies and procedures in place that demonstrated how it valued and respected choice and control of consumers in its delivery of care and services. A review of care planning documentation showed risk was identified and discussed with consumers and dignity of risk forms were completed.

Information for consumers and representatives was displayed throughout the service, such as noticeboards, posters showing the Aged Care quality standards and notices in multiple languages. A review of documentation demonstrated the service provided consumers with information in a timely manner. The Assessment Team observed staff working in accordance with the service’s policies and procedures concerning privacy.

## 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.

Consumers and representatives advised they were involved in their care planning assessment and ongoing reviews. Consumers and representatives confirmed they were made aware of the outcomes of care planning and had access to documentation whenever they wished. Consumers gave examples of how the service provided effective and safe care for them, including management of falls risk by using various strategies and equipment to minimise risk. Interviewed consumers advised they received the care they needed and were happy and content. Care planning documentation reviewed by the Assessment Team demonstrated regular reviews of care plans, involving representatives, psychiatrists, General Practitioners, nursing staff and other health professionals every 3 months, or when changes occurred. Consumers advised they were satisfied with communication from the service concerning changes or updates to their care plans, and stated they were kept well informed.

Staff described how care planning assessments were completed and three-monthly reviews were conducted. Staff advised they used care planning documentation to inform and guide them in providing care and services to consumers. Staff demonstrated an understanding of consumers’ individual needs, goals and preferences, including end-of-life choices. Interviewed staff described the advanced care planning process and the ways in which they discussed this with consumers at admission and at other times, such as three-monthly reviews or when a consumer’s condition deteriorated. Staff described how they tailored service and care delivery to consumers’ needs and preferences, including managing risk and involving other health professionals in their care. Staff described how care planning outcomes were documented and stored in an electronic care system and confirmed consumers can access these files as they wished. Staff confirmed information about consumers’ care requirements was shared effectively between staff through handover meetings, progress notes, and care plan reviews.

The service demonstrated how it provided training and resources for staff to ensure they had the skills and knowledge to assess and review consumers’ care needs as appropriate. Staff were trained in recognising and respecting diversity, including language, culture and additional needs. The service had multiple policies and procedures to guide staff in the assessment process, including assessment tools and systems. The service maintained an electronic care management system, which allowed staff to effectively manage and access documents and other records. The service’s policies and procedures showed the service included outside health professionals in providing for the care needs of consumers and shared information and updates across appropriate staff.

## 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.

Consumers and representatives interviewed reported they felt the care and services delivered to them were best practice, tailored to their individual needs, and planned to optimise their health and wellbeing. Consumers confirmed they had access to external health professional as required. Representatives provided examples of how the service reviewed and identified changes in consumers’ conditions and provided timely and effective responses. Consumers and their representatives reported they felt the service handled high risk matters well and were comfortable with its approach. Consumers confirmed staff used good hygiene practices such as hand washing and cleaning processes. Comments by consumers were positive and included statements that medical care was excellent, and they did not have to wait for care staff to attend to them.

Interviewed staff discussed policies and procedures which informed how they safely and effectively provide care and services for consumers. Staff confirmed they had access to appropriate documents and could engage with medical staff as required, including for advice and escalation of issues. Staff identified various external medical professionals who provided care to consumers in collaboration with staff at the service. Staff spoke of training and education sessions that helped them support and deliver care to consumers. Interviews with care and cleaning staff demonstrated that high impact risks for consumers such as falls, behaviours such as aggression to others, and infection were appropriately managed and mitigated and based on best practice processes. Staff discussed end-of-life procedures, including pain and comfort management practices. Sampled staff outlined the processes for reporting changes in consumers’ conditions to allow for timely and effective responses. Sampled staff gave examples of how and when information was shared between staff within the service, such as handover meetings, progress notes, and care planning documents. Staff confirmed they were trained in infection control, including identification and response to infection risks.

The service had policies, tools, and guidelines in place which supported staff in delivering care. As an example, the service had policies, procedures, and guidelines in relation to restraint, nutrition and hydration, elder abuse, occupational violence and aggression, sensory loss management, and a pain management policy which guided staff practice. Procedures to be followed when reviewing the delivery of care were clearly documented and the service conducted audits that captured trends and analyses of high risk situations within the service. The service provided examples of the tools it used to manage risk, including the Falls Risk Assessment Tool and its own clinical risk register, as well as policies and procedures for managing high risk. The service had end-of-life care management guidelines to support staff. These guidelines sat under the current comprehensive care assessment, care planning, referral and discharge planning policy on the service’s online policy document system that was accessible to all care staff. These documents included information about maximising the comfort of palliating consumers and preserving their dignity. The organisation maintained policies and procedures for dealing with changes in consumers’ conditions, including qualified staff available for consultation and escalation as needed. Care documentation showed external medical personnel were involved in care for consumers. The assessment team observed multiple policies and procedures that covered infection control and included outbreak management, staff training, COVID-19 considerations and a register of vaccinations, as well as others.

### 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.

Consumers reported they were supported to do things of interest to them, including participating in activities or doing things they wanted to do and that this helped their health and wellbeing. Consumers had input into activities on offer and were comfortable in providing suggestions and feedback as needed. One consumer spoke of their like for country music and how staff helped them listen to music in their room. Consumers and representatives reported staff knew their needs and preferences, without the need for them to remind staff or when new staff cared for them. Consumers reported the food was of good quality and met their dietary needs, menu options were flexible, and they could order alternatives if they wished. Representatives advised equipment within the service, including mobility aids, was safe, suitable, and clean.

Staff described different activities various consumers enjoyed. Staff showed an understanding of how care plans needed to reflect the needs and preferences of consumers. Staff provided examples of how they supported consumers to identify their needs and preferences, so the service could organise appropriate activities, including the use of external organisations. Activities observed in the printed activities calendar were suitable for consumers with dementia and severe cognitive impairment and included one-on-one activities and small group activities such as wool for touching, winding, threading, plastic bottle lids of different colours, fabric of different textures, colours and sizes, dolls, art supplies, sensory therapy such as hairdressing and hand cream rubs, cultural music, communicating with family or friends via FaceTime, paper crafts, garden walks, movies, social chat, sing-alongs in small groups, time in the sensory room and sensory stimulus boxes (specific for each consumer).

Staff also demonstrated how they encouraged consumers to maintain relationships with people important to them, through encouraging visitors and use of technology to maintain contact. Staff described how they shared information and were kept informed of consumers’ conditions, needs and preferences through the electronic care planning system, handover meetings and progress notes. Kitchen staff discussed how they maintained quality and variation in meals. Interviewed staff described how they managed personal choices, including gathering feedback from consumers regarding the meals offered. Kitchen staff described how meals were prepared in line with consumers’ preferences and special menus were prepared to observe events, such as Anzac biscuits or hot cross buns. Staff confirmed equipment was regularly maintained and checked for faults and they were familiar with how to report issues with equipment as needed.

The service had record-keeping practices which allowed for consumers’ needs, goals, and preferences to be documented and readily accessible, so staff and others were aware of how care and services should be delivered to each consumer. The Assessment Team reviewed material that showed consumers could involve other people in their care planning and provide input in how their care and services were delivered. The organisation maintained an electronic care management system which could be updated easily, and which provided regular review scheduling for consumers’ care planning. The organisation demonstrated incidents were appropriately managed and continuous improvement such as the feedback regarding meal service was captured and acted upon. Documentation demonstrated the organisation provided activities and delivered services in line with consumers’ emotional, spiritual, and psychological needs. The Assessment Team observed care planning documentation that showed how the service ensured social and other connections to community were maintained and supported. Care planning documentation for consumers contained information for staff to guide them in delivering care and to be aware of any risks associated with consumers’ activities such as smoking. The service’s processes and procedures ensured consumers were involved in the planning of menus and had opportunities to provide feedback regarding meals. Equipment was observed to be clean, well maintained and stored in an organised manner, enabling it to be easily accessible to staff as needed.

In its response of 10 May 2022, the service advised it had implemented a comprehensive process for feedback and suggestions for food service, including a food focus group. The service also provided details of dietician and diversional therapist input into reviewing meals and provision of food services.

## 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.

Consumers reported they felt comfortable and safe in the service, felt at home, and visitors were made welcome. Consumers advised they were able to move about easily within the service, enjoyed the areas available to them and that the environment was safe and well maintained. Representatives advised the service is clean and smell free. Consumers provided examples of how they were able to personalise their rooms and how they could easily navigate their way around the service, including the garden area outside.

Interviewed staff described the service environment and how it assisted consumers in their daily socialisation and relaxation. Staff advised they sought feedback from consumers to ensure they felt comfortable and at home in the service. The facility manager described the maintenance program within the service, which included maintenance checks and the process for unscheduled repairs. Management noted the call bell system did not produce automated reports but advised it would rectify this shortly. Staff confirmed furniture and fittings were in good order and were regularly checked for suitability.

The service used design elements to provide a welcoming and safe place for consumers, including a sensory room as the central point of the service. To assist consumers to move through the service, the flooring was non-slip, with navigation aids in place throughout. The entry point to the service was well organised, with space for COVID testing and for visitors to wait. The service had policies and processes in place to gather feedback from consumers, which informed improvement ideas.

The service’s layout allowed for consumers to navigate their own way around the service and provided access to areas such as the recently upgraded garden and communal spaces. Keypads and locks were used for staff areas and prevented consumers from wandering into these areas. The Assessment Team observed the service supported consumers to personalise their rooms. The service demonstrated it had processes in place to ensure the service environment was safe, clean and well-maintained. Cleaning equipment was well organised, with cleaning chemicals safely secured. The service had policies and procedures that ensured timely responses to incidents and maintenance issues and safety inspection documentation was complete and current.

## 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.

Consumers and their representatives confirmed they were supported and encouraged to lodge complaints or provide feedback. Consumers and representatives confirmed they were given information on various ways to do this, which included verbally to staff, via written feedback forms, or through an advocate if they wished. Consumers and representatives reported that following a complaint being lodged, they were involved in suggesting and trialling improvements, and that they were confident that management endeavoured to resolve complaints and issues. One consumer advised they raised an issue about cigarette butts in the smoking area and management promptly ensured the area was cleaned regularly by staff.

Interviewed staff team described the various ways in which they supported consumers and their representatives to provide feedback and make complaints. Examples included encouraging the use of feedback forms or raising issues through the regular residents’ meetings.

Staff advised how they assisted consumers who required assistance in providing feedback and provided them with assistance, such as providing language services or engaging an advocate or representative. Staff explained the open disclosure process and how it was used in the feedback and complaints process. Staff identified various outcomes from complaints and feedback, which included the cigarette butt issue and an increase in activities.

The service demonstrated it had policies and processes in place which effectively supported the feedback and complaints process and that it provided resources and training for staff in how to support consumers to be comfortable and confident in providing feedback and making complaints.

The assessment team observed posters, feedback forms, pamphlets and other information about feedback and complaints throughout the service, which included information on advocacy services available and were produced in ways accessible to all consumers. Staff described the service’s complaint and incident register and how feedback, complaints and incidents were recorded, actioned, resolved, and used to inform continuous improvement

## 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.

Consumers and representatives confirmed staff cared for them, delivered services in a caring and respectful way, were competent and knew what they were doing. Consumers reported there were enough staff available and their individual needs and preferences were met. Examples provided by representative included statements that staff took very good care of their loved ones and understood their needs.

Interviewed staff reported they had enough time to do their job properly and consistently. The Assessment Team observed staff provided care to consumers in a caring and respectful manner. Staff spoke of the mandatory training provided to them upon commencement and the ongoing training available. Staff reported they felt suitably qualified and competent to provide care and services to consumers. Staff confirmed they participated in performance reviews on annual basis, and how they were supported by Human Resources. Staff advised they were able to participate in training as required and could provide feedback and requests to management regarding types of training.

The service maintained a roster showing sufficiency of staff, which included care staff and registered staff, and outlined how it managed staff shortages with access to additional staff as required. The service demonstrated recruitment of suitably experienced and qualified staff, which included details of staff completing mandatory training following commencement of employment.

The service’s orientation program covered a range of topics that included:

* The code of conduct
* The complaints process
* Mandatory reporting
* Continuous improvement
* Clinical governance
* Antimicrobial stewardship

The Assessment Team viewed documentation relating to staff performance reviews and noted all staff were engaged in annual performance reviews. The service reviewed the performance of all staff and conducted regular and other training as needed. The service demonstrated its performance review process and procedures for staff management and support.

## 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.

Sampled consumers and representatives advised they felt the service was well run, and they were happy with their level of involvement in decision-making around issues such as development, delivery and evaluation of their care and services. Consumers provided examples of involvement such as regular consumer meetings, providing feedback to management and being regularly invited to case conferences and meetings with representatives.

Staff described the ways in which consumers were involved in decision making:

* Consumer and representative meetings;
* Feedback forms;
* Discussions with consumers and representatives as part of the service’s ongoing assessment and care planning process;
* Compliments and complaints mechanisms; and
* Case conferences

Staff confirmed they had access to information as required to ensure effective and appropriate care was delivered, which included access to care planning documents and management of high-risk issues. Staff demonstrated sound knowledge of risk minimisation strategies and their role in this. Staff spoke about dignity of risk and how they supported consumers to live their best lives by providing information to them which enabled informed decision making and the monitoring and evaluation of risk. Staff were aware of legislative requirements around reporting of incidents and ‘near-misses’. Staff discussed training provided to them on infection control, minimising the use of restrictive practices and discouraging the overuse of antibiotics. Staff demonstrated a good understanding of open disclosure and described circumstances when it was put into practice.

The organisation had established processes which supported the following:

* Consumers’ engagement in development, delivery and evaluation of care and services.
* A culture of safe, inclusive and quality care and services with accountability.
* A framework for clinical governance that aimed for continual improvement including roles and responsibilities, performance monitoring, reporting and measuring improvements.
* Effective risk management strategy and practices.
* Feedback and complaints mechanisms and ensuring follow up and consultation.

The organisation provided accountability through its management and supervisory structure that included a governing board.

The governing board received various consolidated reports, generated monthly by the service, which outlined information relating to internal audits, feedback and complaints from consumers, representative and staff, continuous improvement plans and initiatives, reported hazards and risks, and analysis of clinical and incident data.

The organisation demonstrated it had effective governance systems in place which controlled:

* information management;
* continuous improvement;
* financial governance;
* the workforce;
* regulatory and legislative compliance; and
* feedback and complaints.

The organisation provided examples of improvements made as a result of consumer feedback and complaints. The service demonstrated how its clinical governance framework supported clinical care practice and how clinical care practices were governed by policies for antimicrobial stewardship, restrictive practices, and open disclosure.

Following an external complaint to the Commission from a consumer’s representative dated 30 July 2021, the governing body initiated the following protocols:

* a review of the service’s current restrictive practice policy to ensure they continued to reflect best practice;
* additional education for staff on restrictive practices; and
* a new auditing process specific to the use of ‘as needed’ medication usage and the continued review of antipsychotic medication through KPI data collection.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

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