Narangba Aged Care

Performance Report

23 Young Road   
NARANGBA QLD 4504  
Phone number: 07 3053 3700

**Commission ID:** 5757

**Provider name:** Tingari Group Pty Ltd

**Site Audit date:** 12 April 2022 to 14 April 2022

**Date of Performance Report:** 12 May 2022

# Performance report prepared by

Alice Redden, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **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 10 May 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers sampled reported they are treated with respect and dignity and can maintain their identity without discrimination. Consumers advised they can make their own informed choices about care and services delivered to them this includes taking risks in their everyday lives and maintaining their independence. Consumers advised they can involve other people as they wish in their decision making and this is actively encouraged. Consumers confirmed staff respect their privacy and treat them the way the wish to be treated. Consumers advised staff are aware and understand the things important to them facilitating consumers to live the life they choose. Consumers provided examples such as interactions with staff that are caring and understanding of their own culture, identity, and diversity. Consumers provided examples of how the staff promote relationships within and outside the service, one consumer advising she is supported by staff in using mobile phones or video calls to speak with people she is connected to.

Staff were observed by the assessment team treating and speaking with consumers in a respectful and friendly manner. Staff demonstrated to the assessment team an understanding of consumer diversity, the importance of respecting privacy and supporting consumers to make their own informed choices. Staff discussed several examples of consumers preferences, cultural backgrounds, and particular likes, and how they deliver services and care to them in alignment with those needs, staff did this in a respectful manner. staff described the ways in which they support consumers in making choices by examples such as involving clinical or hospitality staff in providing information to them to assist in their decisions. Staff also spoke of using technology such as tablets to support consumers in maintain contact with important people to them external to the service. Staff confirmed they have undertaken mandatory risk management training, incorporating decision making and dignity of risk. Staff advised they provide consumers with options and information about risk is always fully explained to the consumer. Staff spoke of checking with consumers before they provide care and services to them to support the consumer in maintaining independence and choice in how they are cared for, staff described different communication methods they use when needed with consumers who have difficulty. Staff spoke of privacy measures such as password protected information systems and knocking on room doors before entering.

The assessment team observed policies, procedures and guidelines kept by the organisation to guide and inform staff about diversity, risk management, privacy, decision making including informed choice, and information sharing. The assessment team viewed documentation that provides clear direction to staff about maintain a culture that is respectful, safe, and one that encourages inclusion, the documents were readily accessible to both staff and consumers and their representatives. The organisation has a consumer handbook titled ‘Your Voice’ which is an example of how the organisation shows its commitment to supporting consumers choice. The assessment team viewed consumer meeting minutes that showed examples of changes within the service being driven by consumer feedback in line with the organisations continuous improvement policy.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

Consumers and their representatives reported to the assessment team they receive the care and services they need, and they are involved in the care planning processes. Consumers and representatives reported feeling safe with the care plans in place. Consumers and representatives advised that their initial care planning and ongoing care planning is completed in consultation with them and includes risk management and, end of life planning discussions. Consumers advised they are supported and encouraged to have other people involved in the process not only representatives but other health professionals also. Consumers and representatives said they have easy access to care planning documentation and regularly consulted when the document is reviewed or updated due to things such as deterioration in health or an incident impacting on the requirements of the consumer.

Sampled staff described to the assessment team how they use the care plans to guide and inform how care and services are delivered to each consumer. Staff confirmed the process of care planning begins when consumers enter the service and involves consumer consultation along with other parties as requested by the consumer. Staff advised that clinical and other staff are involved in the process and making initial assessment. Staff described how care planning documentation addresses the consumer needs, goals, and preferences and is reviewed every three months, staff confirmed that end of life discussion are conducted with these reviews or as requested by the consumer. Staff confirmed care planning documents are readily available to consumers and other relevant parties as required. Clinical staff were able to provide examples of others involved in assessment and planning for consumers. For example, a consumer representative was the decision maker for their assessment and planning, though they can make some decisions themselves.

The care plans reviewed by the assessment demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers sampled, including the identification of risks to each consumer's health and well-being. One care plan was found to be deficient in behaviour management and bowel management, this was discussed with management and they provided satisfactory evidence of this being attended to appropriately. Other documents such as policy, processes and guidelines were observed by the assessment team and found to detail actions to ensure assessments are made effectively and in a timely manner these documents also laid out guidelines for involvement of other health professionals in care planning and representatives. Other documents sighted by the assessment team showed relevant policies and processes for advanced life management. The organisation maintains protocols for information sharing between staff, with the consumers and representatives, examples were observed of this in practice after a consumer fall and the need to update care plans for that consumer. The organisation maintains a policy of three-monthly reviews of care plans for each consumer, documented evidence of this occurring was sighted by the assessment team.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers sampled reported the care they receive is tailored to their specific needs and supports their health and wellbeing. Consumers advised they felt the care was effective and right for them. One consumer raised an issue with care processes for her husband this was discussed with management and reasonable explanations were provided for the difference in opinion between the consumer and clinical staff. Consumer feedback included comments from a representative who gave an example of good management of risk connected to his family member at the service. Consumers advised the assessment team their End-of-life wishes were recognised, and they were confident they would be implemented at the appropriate time. Consumers and representatives spoke of deterioration in condition of consumers, and they were happy with how this is dealt with in the service, citing examples of good communication form staff and practices to help prevent incidents that may impact on consumers health. Consumers and representatives advised they felt confident staff know how to look after the consumers and staff were aware of their individual needs and preferences. Consumers advised they were impressed by the communication at the service between staff and it was unusual to have to remind staff of their preferences. Consumers and representatives spoke of having ready access to outside health professionals such as General Practitioners or Physiotherapists, representatives advised they are made aware of when these people have been part of care or services for the consumers. Consumers and representatives spoke to the assessment team about infection control within the service and gave examples of this is managed by the staff.

Staff were able to describe how they provide care in line with the needs of consumers, examples such as changing colostomy bags within a defined routine and meeting the consumer’s preferences. Staff described communication between themselves and with consumers and other relevant people such as medical officers. Staff described how they monitor for risk and what processes they follow when risk is identified, staff gave an example of consumers having falls and what steps would be undertaken to minimise associated risk with this deterioration in condition. Examples of dietary changes to assist and consultation with specialist medical officers were put forward to the assessment team. Staff confirmed processes in place for capturing end of life wishes and preferences for consumers and how they delivered care and services in line with these. Staff provided examples of how and when they had dealt with consumers health deterioration including identification and treatment, staff showed how they use policies to guide them in the process and how they communicate with family members and associated health professionals for best management practices. Staff described the ways the service communicates information about consumers including progress note documentation, updating the electronic care management system and daily review of progress notes during handover meetings. Staff demonstrated an understanding of how they minimise the risk of infections throughout the facility as well as minimise the need for or use of antibiotics by implementing preventative measures.

The organisation put forward documented policies and procedures used in the service to guide and inform staff regarding best practice as well as providing tailored individual care to consumers. The service provided evidence of how it manages and monitors high impact or high prevalence risk including use of the electronic care management system to document consumers initial assessment and subsequent three-monthly review outcomes. The service could show intervention strategies implemented as risks were identified. The organisation has documented care planning policies and procedures regarding end-of-life considerations for consumers as well as the ‘deteriorating resident policy’ which outlines how the service responds quickly and efficiently to deterioration in consumers condition. The organisation has embedded alerts and processes in place for relevant staff to be alerted to changes in consumers condition including through the electronic care management system. The assessment team experienced and observed good hygiene practices whilst at the service including COVID-19 processes and the use of Personal Protective Equipment.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers and their representatives advised they are given services and supports which maximise their quality of life. Consumers advise the activities provided involve things they enjoy doing and are mentally stimulating. Consumers confirmed their emotional, spiritual, and psychological wellbeing needs, goals and preferences are supported by staff. Consumer reported they are happy to speak with staff should they have questions or concerns, and staff provide supports to stay in touch with people important to them. Consumers provided examples of how they are assisted by the service to participate in local events and supported to maintain contact with family and friends, examples included bus trips, visits to markets and cafes, and scenic drives. Consumers and representatives reported staff had good knowledge of their own needs and preferences, and they could see various staff working together to support them in their own interests and wellbeing. Representatives confirmed excellent communication from the service whenever changes or updates were made to consumers care planning. Consumers gave examples of outside organisations involved in their care such as hairdressers that visit the services, psychiatrists and volunteers that come into the service to engage them in various areas such as religion or cultural interests. Consumers expressed satisfaction with meals provided advising the meals were varied, enjoyable and met their dietary needs. Consumers advised they have access to clean and well-maintained equipment within the service.

Staff demonstrated to the assessment team their understanding of what is important to consumers and how they match activities and services to what the consumers have advised they enjoy and find stimulating. Staff explained the processes in place for ascertaining the consumers individual preferences, leisure needs, religious beliefs, social and community ties and cultural links. Staff described the ways in which they provide support to the consumers including emotional, spiritual, and psychological needs through identifying a change in mood, facilitating connections with people important to them. Staff identified similar activities as mentioned by consumers as identified activities to promote engagement in the community and keeping in touch with family and friends. Staff described how information is shared amongst them regarding changes to consumers care plans, examples of this were the electronic care management system updates, handover meetings and notes. Consumers condition as well as needs, preferences and goals are documented and regularly reviewed and shared amongst appropriate staff. Staff explained to the assessment team how they engage other organisations and individuals to supplement activities within the service. Hospitality staff provided details on how they manage consumers meals including variety, preferences, and dietary requirements. Staff gave examples of providing options, choices, and feedback regarding meals.

The organisation produces a handbook for consumers that describes how the service provide person centred care and partners with consumers to design activities and support consumer to meet their goals and live a meaningful life. The assessment team observed staff reassuring and supporting consumers in a caring and respectful way. Observed processes and systems at the service demonstrated the organisation provides for effective and efficient information sharing to ensure consumers condition, needs and preferences are known to relevant parties involved in providing care and services. The organisation has policies and procedures in place to allow for other individuals or organisations to be utilised in providing services and supplementing activities for consumers. The organisation has policies and procedures for referrals to outside organisations and individuals to support consumers in their daily living. The organisation provided examples of how they engage consumers in how meals are provided including quality checks and feedback. The service was able to demonstrate that equipment used for activities of daily living is suitable, clean, and well maintained. Staff were able to demonstrate the processes they follow if any issues arise. Preventative maintenance documents reviewed by the Assessment Team showed equipment is regularly serviced.

## 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 have been assessed as Compliant.

Consumers interviewed reported that they felt safe and at home in the service, as well as confirming the staff and environment are welcoming make them feel they belong in the service. Consumers and their representatives reported the service is well maintained, clean and easy to navigate. Consumers advised they can personalise their rooms as they wish and bring some personal furniture items into the service. Consumers advised they can move about freely within the service including access to outdoor areas. Consumers sampled indicated they are happy with the furniture and fittings in the service, consumers advised they are well maintained and clean.

Staff sampled said the service is welcoming and designed to make consumers feel safe and at home. Staff advised of strategies in place to help consumers navigate the facility and maintain their independence, such as pictures and decorations to remind staff of their location. Staff were able to provide examples of how they assist consumers within the facility such as those with limited mobility through use of mobility aids. Staff have confirmed training has been provided to them to support consumers in their daily mobility and maintaining freedom of movement. Staff sampled advised the furniture and fittings are well maintained and could describe the policies and processes for ensuring maintenance is completed.

The organisation shows that it provides for a welcoming and safe environment for its consumers and representatives. The organisation has designed the service to be easily navigated and allows for freedom of movement for consumers. The assessment team observed strategies in place to assist consumers feel at home and observed policies and procedures to assist consumers feel comfortable and at home in the service. The assessment team sighted fire training records to be fully completed and current, maintenance schedules to be up to date and audits complete. The assessment team observed the service to be clean and tidy, with no risks sighted in terms of the environment or equipment.

## 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 have been assessed as Compliant.

Consumers and their representatives confirmed to the assessment team they understood how to give feedback and lodge a complaint. Consumers and representatives advised they have no hesitation on providing feedback or complaints and had not experienced any negativity as a result. Consumers and representatives described the ways in which they can provide feedback or lodge a complaint and could give examples of what actions and response were received to previous feedback provided. Consumers advised they are supported to make complaints or provide feedback through language services or by staff understanding their backgrounds and assisting in the process as appropriate. Consumers and representatives were confident that appropriate actions would result from raising issues and gave examples of where management had followed up with them directly to come to a resolution.

Staff interviewed described how they encourage consumers to lodge feedback and complaints; staff also showed an understanding of how the service’s complaints handling system operates and their role in the process including recording and documentation of feedback and complaints. Staff spoke about making sure consumers are aware of advocacy services and interpreter services if required. Staff showed their understanding of the complaints process including escalation to management and engaging consumers to find solutions and outcomes. Staff could describe the ways in which feedback informs the organisation’s continuous improvement practices, giving examples of improvements made to meal services and lifestyle programming.

The organisation promotes feedback and complaints from consumers and representatives by offering various mechanisms such as feedback forms, suggestion boxes, consumer meetings and encouraging staff to engage with consumers. Staff are trained in the feedback and complaints process. The organisation provides written accessible material for consumers and representatives to obtain information about the process including topics such as supports available, language and advocacy services. The organisations records were examined by the assessment team and they saw that the last six months of complaints and feedback had been filed and appropriately responded to. The organisation provided various examples of where feedback was provided, and an immediate response and resolution was provided. ‎ The organisation demonstrated policies and processes for receiving, monitoring, and actioning feedback from consumers and their representatives. The assessment team observed examples such as complaints from a variety of sources, including consumer and staff surveys, verbal complaints, feedback during resident meetings and written communications are documented on feedback forms and maintained on the electronic complaints and compliments reporting system.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers and their representatives advised the assessment team they receive care in a respectful and kind manner from staff. Consumers and their representatives said they were confident staff are appropriately trained and competent to meet their needs. Consumers and representatives confirmed staffing levels were sufficient for delivery of care and services, reporting staff were bust however they did not experience delays in care. Consumers reported staff being aware of their backgrounds as individuals and respecting their beliefs and culture. Consumers and representatives spoke of staff being efficient and good at their jobs, resulting in feelings of safety and comfort.

Staff sampled confirmed that whilst they are busy, extra staff are called upon when required to ensure service and care delivery is maintained. Staff advised they are happy with how the organisation manages unplanned staff leave including restructuring the team and using agency staff as required. Staff were observed by the assessment team interacting with consumers with respect and kindness, staff were seen knocking on doors before entering and verbally checking in before providing care. Staff confirmed they were actively participating in the annual performance review processes and were provided training to enable them to do their jobs effectively. Staff reported the service uses position descriptions for roles to identify key competencies and registrations that are either desired or required for each role. Staff advised references, history, and qualifications are checked then the service delivers orientation and training, which involves buddy shifts until they are 'comfortable and confident'. Staff were able to describe the training, support, and professional development provided for them.

The organisation demonstrated its staff rosters to have surge times planned for with extra staff, shift vacancies are filled by permanent staff with capacity to complete more hours, and registered nursing services are available 24 hours 7 days a week. Documentation to evidence the service assesses and checks members of the workforce have the right skills, qualifications, and knowledge to be competent at their job was provided to the assessment team, this included job descriptions with specific requirements and qualifications. The assessment team saw that learning and development plans were up to date for staff and observed 95% completion of mandatory training by staff. The organisation maintains a framework for performance appraisals, mandatory training and competency including fire safety, infection control and prevention, and manual handling procedures. The Assessment Team reviewed the policy and procedures manual that outlined performance appraisals are done annually or as needed, with self-assessment forms part of this process.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers and representatives sampled advised they felt the service was well managed and they had a voice in the way care and services are delivered. Consumers provided examples of how they have access to documentation for care planning and other service-related matters. Consumers and their representatives have access to regular meetings with management, and other methods for engaging to discuss concerns or issues. Consumers and representatives advised that the service’s culture is inclusive, safe, and focussed on quality delivery of care and services. Consumers reported satisfaction with the feedback and complaints processes and advise that matters are followed up in a timely and efficient way. Consumers said they could see improvements implemented after feedback was provided.

Staff interviewed by the assessment team described the ways in which they engage consumers and representatives in the design, evaluation, and implementation of care and services. Staff described how they provide a consumer centred approach to providing outcomes for consumers. Staff reported they have access to information to enable them to provide safe and effective care, staff spoke of the electronic care planning system, knowledge and access to training, policies, and procedures relevant to their role. Staff advised information about consumers is shared with them regularly and ad hoc through email, progress notes and during handover meetings. Staff demonstrated their understanding and knowledge of the complaints and feedback process including their role in the process. Examples were provided to the assessment team from staff as to how they provide practical ways for consumers to remain independent and live their best life, this included managing high risk falls consumers with mobility and managing aggression in a proactive way. The service has documented policies and procedures to inform and guide clinical practices and risk management, staff demonstrated their understanding of these policies and provided examples of how they are implemented. Staff described open disclosure fundamentals as well as antimicrobial stewardship and minimisation of restrictive practice strategies they use in their provision of care.

The organisation demonstrated how it promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The organisation demonstrated how it has implemented effective governance systems relating to the improvement of management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

The organisation’s risk management system is effective in managing high impact and high prevalence risks to consumer care including skin integrity, pain management, falls and behaviour management. The assessment team observed documentation such as the organisational chart and organisational governance framework showing accountability held ultimately by the board as well as various roles and responsibilities held by staff at different levels. The organisation maintains a regular audit across all eight standards and reports the outcomes to the board.

## 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.