Narrandera Homestead Care Community

Performance Report

54 Lethbridge Drive
NARRANDERA NSW 2700
Phone number: 02 6959 5300

**Commission ID:** 2673

**Provider name:** DPG Services Pty Ltd

**Site Audit date:** 3 May 2022 to 5 May 2022

**Date of Performance Report:** 3 June 2022

# Performance report prepared by

Susan Turner, 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 1 June 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 majority of consumers said they feel valued, are treated with dignity and respect and are able to make informed choices about the care and services they receive. Consumers said their privacy is respected and were satisfied that their personal information was kept confidential. Consumers said staff always knock on their door and wait for an invitation before entering the room. They said staff protect their privacy by drawing a curtain or shutting the door when delivering personal care.

Consumers said they receive information that supports them to make decisions, including in relation to menu options, activities and other forums for providing feedback, such as consumer meetings. Consumers provided examples of how staff respected their decisions and supported them to maintain contact with family members and significant others. Representatives said they too were provided with information when the consumer entered the service which supported them to make informed choices on the consumer’s behalf.

Management and staff spoke about consumers in a way that demonstrated respect and understanding of the consumers. Staff said they would advise a registered nurse if they had concerns or witnessed a consumer being treated disrespectfully.

Staff described the different ways information is provided to consumers in line with their needs and preferences. Staff said they have strategies they use to facilitate communication with those consumers who experience communication difficulties including sensory impairment, poor cognition and language barriers.

Care planning documentation reflected the consumers’ diversity and captured the consumer’s life journey and background. Details were included about authorised representatives and decision makers, and about how to support consumers to maintain their social, spiritual and cultural life.

For those consumers who choose to take risks, care planning documentation demonstrated the assessment process and evidenced discussions with the consumer about possible impact to health.

The service has monthly consumer meetings that provide a forum for consumers to have a say about care and service delivery. The Charter of Aged Care Rights is given to consumers and there is information within the service about advocacy services and complaints; this information is available in languages other than English.

The organisation has policies and procedures to guide staff practice that are relevant to this standard and include diversity, privacy, dignity and respect. There is access to services to support consumers from culturally and linguistically diverse backgrounds.

Staff sign a code of conduct and confidentiality agreement prior to commencing work with the service and these inform staff as to how they should address matters of privacy and confidentiality for consumers.

The organisation monitors and reviews its performance under this requirement including through scheduled audits with opportunities for improvement identified and included in the service’s plan for continuous improvement.

The Assessment Team observed staff interacting with consumers in a positive way, supporting them to make choices and to be independent.

The approved provider in its response to the site audit report says that following the site audit, management staff have continued to reinforce the importance of treating consumers with dignity and respect and that toolbox education sessions on this topic have been conducted.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and representatives said that they were involved in assessment and care planning processes including end of life discussions and provided examples of how other healthcare providers are included in meeting the consumer’s healthcare needs. Consumers and representatives were aware that they could access the consumer’s care plan.

An electronic care management system supports the planning and delivery of care. Documentation reviewed by the Assessment Team demonstrated that consumers’ needs, goals and preferences, including in relation to end of life care were detailed.

Risks associated with the consumers’ care and strategies to minimise harm were documented. The Assessment Team reviewed care planning documentation for consumers with diabetes mellitus, cognitive impairment and specialised nursing care needs and found that care was individualised, addressed risks and is reviewed when there is a change in condition.

Monitoring and review processes implemented by the service include weekly review of progress notes by registered staff, four monthly care plan reviews and a yearly case conference.

Management staff described how assessment and care planning processes identify consumers’ goals, needs and preferences and is undertaken by registered nurses in partnership with consumers, their representatives and other providers of health care. Specialist practitioners including dementia care specialists, older person’s mental health and palliative care providers support this process.

Staff demonstrated an understanding of assessment and care planning processes and could describe how this information informs care delivery. Staff said they are provided with information about consumers by accessing the care plans and participating in handover and team huddles. Staff were familiar with the specific needs of those consumers they cared for.

The organisation has policies and procedures to guide staff practice that are relevant to this standard and include end of life care. Information about palliative care is available for consumers and other organisations are involved to support consumers as they approach this phase of life.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Overall, consumers and representatives felt that consumers received personal and clinical care that was safe and right for them and that was in accordance with their needs and preferences. Consumers confirmed they had access to medical officers and that staff respond to them promptly when they are unwell or their health is deteriorating.

Care staff said they inform registered nurses immediately, if they have a concern about a consumer’s personal and clinical care needs.

Staff were able to describe the way they care for consumers nearing end of life. They said they ensure the consumer’s spiritual needs are met and that comfort and dignity is maximised.

Registered nurses were confident in the quality of the care provided as they said they received education from the organisation and were guided by policies that were based on best practice.

Registered staff provided examples of how they minimised the risk of infection through hand hygiene practices, the use of personal protective equipment and the promotion of vaccination programmes.

Staff provided information about consumers and were able to describe the risk minimisation strategies they use for sampled consumers that was consistent with care planning documentation.

Staff said they had received training in the management of antimicrobials, hand hygiene, the use of personal protective equipment, cough etiquette, cleaning processes and other infection prevention and control strategies.

The Assessment Team reviewed care planning documentation for consumers with chronic and complex health care needs and found that care was generally safe, effective and tailored to the consumers’ needs. Care plans reflected strategies to support and guide staff in care delivery. Risks, including those associated with sensory impairment, mobility, falls, weight loss, behaviours and skin care were identified with interventions detailed.

Care planning documentation evidenced engagement with medical specialists and allied health providers. For example; consumers with complex behaviours were referred to specialist services with non-pharmacological interventions outlined in their care plan and consumers with weight loss had been referred to dietitians and speech pathologists as required.

Equipment was available to support the delivery of personal and clinical care and included mobility aids, pressure relieving devices and pain management pumps.

The service takes action to minimise infection related risks including COVID-19. An outbreak management plan is in place, screening processes occur and registered nurses promote safe hand hygiene practices. Staff have received education and all staff have been vaccinated against COVID-19.

The approved provider’s response to the site audit report states that the manager, the infection prevention and control lead and registered nurses monitor staff compliance with the use of personal protective equipment and that the competency program includes the use of personal protective equipment.

Policies and procedures relevant to this standard are in place and include recognising and responding to deterioration, palliative care and pain management. The organisation has a policy relating to restrictive practice that reflects legislative requirements however the Assessment Team found some discrepancies in the documentation associated with restrictive practices. This was addressed in the approved provider’s response to the site audit report.

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

### Assessment of Standard 3 Requirements

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

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

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

Consumers and representatives were satisfied with the care and services consumers received and said care delivery met consumers’ individual needs and preferences.

Staff said they informed the registered nurse when they had a concern about a consumer’s personal and clinical care. Registered nurses said they are guided by policies and procedures which are based on best practice.

The organisation has policies and procedures, assessment tools and monitoring charts that support care delivery.

The Assessment Team reviewed clinical documentation associated with the care of consumers including those with diagnoses of chronic illness, specialised nursing care needs, mobility impairment, cognitive impairment, complex pain and wound care. The Assessment Team found that:

* there is engagement with the consumers and their representatives,
* consumers’ health is monitored by nursing staff,
* medical officers and allied health professionals are involved in care delivery,
* strategies to promote health and well-being and minimise risk are in place,
* non-pharmacological strategies are used as part of a pain management program and for those consumers with complex behaviours,
* changes in a consumers’ condition are identified and responded to,
* documentation to support the delivery of personal and clinical care is generally in place and supports are delivery, and
* clinical equipment is provided to consumers.

The Assessment Team found discrepancies in the documentation associated with the use of restrictive practices. The deficits involved the recording of those consumers receiving psychotropic medications and the documentation of consents/authorisations in the electronic management system for three consumers receiving this type of medication.

The approved provider’s response to the site audit report demonstrates that consumers were assessed by medical officers involved in their care and that engagement occurred with the consumers’ representatives. Evidence submitted demonstrates that medical specialists, dementia advisory services and allied health professionals were involved in the care of the named consumers. To further enhance the service’s documentation relating to consent the approved provider has revised the service’s plan for continuous improvement to include that assessments and informed consent will be included in the electronic care management system.

The approved provider states that the service generates a real-time psychotropic management report from the electronic medication management system and asserts the psychotropic self-assessment tool (referred to by the Assessment Team) to monitor and record those consumers prescribed psychotropic mediations is not mandated for use. The approved provider does acknowledge however that it is a useful tool and as such has maintained its currency following the site audit.

The site audit report included information that behaviour support plans for consumers were current and included strategies to optimise health and well-being. Non-pharmacological interventions to support behaviour management were utilised by staff.

I am satisfied the service provides care that optimises consumers’ health and well-being and is tailored to their needs. There is evidence that consumers and representatives are satisfied with the care and services they receive, registered nurses and other health care professionals are involved in care delivery and monitor consumers’ well-being. The service has taken action to improve its performance relating to the documentation associated with restrictive practice.

For the reasons detailed above, I find this requirement is compliant.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices 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

Consumers said they get the services and supports for daily living that are important for their health and well-being. Consumers said staff supported them to keep in touch with people who are important to them and to do things that they find interesting. They said there is a lifestyle and activities program that supports their social and leisure interests. Consumers and staff provided examples of the activities that consumers enjoy including puzzles, crosswords, walks outside, art work and bus trips.

Consumers said they felt comfortable talking with staff and were supported during COVID-19 lockdowns to make video calls and telephone calls; they said that face to face visits have recommenced.

Consumers were generally satisfied with the variety and quantity of the meals they were provided and said the food was of satisfactory quality. They were satisfied with the way their dietary needs were communicated to kitchen staff.

Care planning documentation included details about consumers’ backgrounds and their leisure and lifestyle preferences. Information was detailed and addressed consumers’ emotional, spiritual and social requirements in addition to their leisure preferences. Care plans evidenced involvement of other organisations and providers of care including pastoral care and hairdressing services. Further evidence of engagement and involvement with external organisations was submitted in the approved provider’s response to the site audit report.

Lifestyle staff explained the assessment process that is completed for new consumers and said this informs care planning. Consumer feedback is sought during the monthly consumer meetings and through the completion of monthly surveys; verbal feedback from consumers is also sought. The monthly lifestyle calendar is developed based on this information and is displayed within the service.

Staff interviewed by the Assessment Team demonstrated a sound understanding of consumers’ background and lifestyle needs and preferences. They could describe the various ways they support consumers including when providing emotional support to a consumer who is feeling low.

The service can access a range of support personnel including minsters of religion, other religious personnel and indigenous support workers. A number of consumers received services under the National Disability Insurance Scheme.

External factors including COVID-19 had impacted the engagement that the service and the consumers had with the broader community. Staff said the service is gradually increasing participation in community events and activities. Volunteers have returned to the service, regular bus trips have resumed and lifestyle staff are exploring options to support consumers’ engagement in community based activities.

The Assessment Team observed group activities occurring throughout the site audit that included art, craft, music, bingo, table games, bus trips and bird feeding. Equipment and resources provided to consumers was observed to be safe, clean and well-maintained. This included art and craft supplies, virtual reality equipment, bingo materials, movies, tools and electronic equipment.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers generally provided positive feedback about the environment saying they felt safe, could move freely within the service and that it felt like home. Consumers spoke highly of the cleanliness of the service and said that staff accommodated their requests and preferences.

Staff described the cleaning schedule that guide them in their work and could detail the processes they use when undertaking cleaning for consumers who have an infection. This included the appropriate use of personal protective equipment. Laundry staff demonstrated an understanding of the processes they use to minimise the spread of infection, including for example separate areas for clean and dirty laundry.

Staff said they have the equipment they need and explained how they manage broken equipment or the identification of hazards in the environment. They said they document the matter and take action to support consumers’ safety; they said urgent matters are escalated to a registered nurse or manager.

The Assessment Team found that the service has a welcoming environment and directional signage supported consumers and visitors to find their way through the service. The service was of an appropriate temperature and there was adequate lighting. Furniture, fittings and equipment were safe, clean and well-maintained.

The service has large and small communal areas with a range of seating options available. Communal areas included televisions, books and games for consumer enjoyment. Outdoors there were a number of raised garden beds where consumers grew vegetables and flowers; a birdcage accommodated a number of parrots. Consumers were observed moving freely both inside and outside the service.

Emergency signage and fire-fighting equipment was in place. Designated smoking areas included fire safety equipment.

Cleaning staff were observed attending to consumers’ rooms, bathrooms and communal areas. Catering staff were observed using personal protective equipment. Hand sanitisers were accessible throughout the service.

Management staff said they engage with consumers about their satisfaction with the living environment through meetings and consumer surveys. Additionally, the service has policies and procedures relevant to this standard, a maintenance schedule and a maintenance request program which is monitored by the maintenance supervisor.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives said they would feel safe and comfortable raising concerns about their care and services and were confident that action would be taken in response to this. Most consumers expressed high levels of satisfaction with care and services and some said that they had not had a reason to complain.

Staff described the avenues for consumers to provide feedback and make a complaint including via monthly consumer meetings and regular surveys. Staff were able to discuss the support they provide to consumers with language barriers or cognitive impairment who may have difficulty making a complaint.

Staff were aware of the principles of open disclosure and provided examples of situations where this had been applied.

Management staff said complaints received are generally in relation to missing laundry and food. Laundry and catering staff were able to explain the process they use to improve services when a complaint is received.

The Assessment Team observed consumer information about how to make a complaint, including access to advocacy services located within the service. Further to this, a suggestion box that was easily accessible to consumers and visitors was located in the reception area of the service. The consumer handbook includes information about complaints mechanisms and advocacy services.

The service has an open disclosure policy in place that relates to complaints. A register is used to track complaints and this was reviewed by the Assessment Team who found that all complaints were closed and had been managed in accordance with the service’s complaints management policies.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers were satisfied with the care and services they received and said staff were knowledgeable, capable and caring. Consumers reported ‘staff treat them well’ and that ‘they know what they are doing’. While some mixed feedback was received from consumers about staffing sufficiency this feedback was general and consumers did not report experiencing any negative outcomes associated with this.

Staff provided feedback that on occasion the service is short staffed and that this can impact care delivery. Staff were positive about their ability to access training that was relevant to their roles and said they are able to ask for additional training if they feel this is required. Care staff said that registered nurses are available to provide guidance and impromptu education when needed.

The approved provider in its response to the site audit report stated that external factors relating to COVID-19 created staffing pressures and this was addressed by accessing support managers from within the organisation and surge workforce arrangements. Additionally, recruitment strategies include initiatives and incentives to bolster recruitment such as relocation expenses and partnerships with school vocational programs.

New staff are provided with an orientation program and are then provided a number of ‘buddy’ shifts as they commence working with consumers. Orientation includes the Aged Care Quality Standards, the service’s culture, fire safety, dignity and respect and consumer safety; some staff also complete medication management.

Staff said they have regular performance reviews and a recently recruited staff member said they had completed a probationary interview. Management said the appraisal process is part of a ‘continuous conversation’ with staff that is used to identify their professional goals and training requests.

The organisation has an education program that includes education sessions that are mandatory. Staff are required to complete a suite of competencies that are relevant to their role. Key competencies include manual handling, personal protective equipment and hand washing. Specific competencies involving clinical assessment and clinical procedures are also completed by registered staff.

Management said that staff knowledge deficits are identified though observations of staff practice, analysis of clinical indicators and internal audits. Toolbox talks are used to supplement the education program when a need is identified.

Management advised the Assessment Team they draw on a pool of casual and permanent staff to backfill unplanned leave; that shifts are extended to provide adequate staff cover and that management staff provide assistance if required. In addition to this the organisation has a continual recruitment process underway.

The Assessment Team were advised that call bell data is analysed daily and investigated where excessive delays are identified. The Assessment Team reviewed call bell audit data and noted that call bells are responded to promptly. The staff roster and replacement sheet demonstrated that most vacant shifts were covered by staff extending their worked hours.

The Assessment Team reviewed staff files, vaccination register, staff competencies and professional registrations and found that documentation and registration was current and that staff were vaccinated for COVID-19.

A performance management framework is in place to assess and monitor staff performance. The framework included complaints data, audits on care delivery, observation of staff, feedback from consumers and staff, and clinical indicator data.

The Assessment Team read a number of compliments from consumers, representatives and relatives that expressed appreciation for the way staff treated consumers. The Assessment Team observed staff interactions, throughout the site audit to be kind, caring and respectful.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

### 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

Consumers generally felt that the service was well run and that they could partner in improving the delivery of care and services.

Consumers and representatives are invited to meet with management and staff to discuss their care requirements and case conferences are held annually. The Board receives information through regular consumer experience surveys, complaints data, audit results and clinical indicator data. There is a designated Customer Insights Manager and their role includes improving the organisation’s response to consumers’ concerns.

The organisation provides oversight across a range of management systems as part of the organisational governance program. The organisation demonstrated it has governance systems, a risk management plan and a clinical governance framework for the delivery of safe, quality care and services. The organisation demonstrated that key areas relating to information management, continuous improvement, financial management, workforce management, regulatory compliance and feedback and complaints, support the organisation in delivering improved outcomes to consumers.

The organisation is accountable for, and promotes a culture of safe, inclusive care by undertaking a range of quality activities to monitor the service’s performance. There are key performance indicators relating to the care of the consumer, with data collected, analysed and actioned. The quality system provides management with information across a range of clinical indicators which supports the development and implementation of strategies to minimise risk to consumers.

A comprehensive education program ensured that staff were familiar with their responsibilities under the legislation. Management staff were aware of the actions they need to take in relation to the Serious Incident Response scheme and staff confirmed that they had received education about this and other topics such as infection control, open disclosure, mandatory reporting and the Aged Care Quality Standards.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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