Southern Cross Care Murgon - Castra

Performance Report

2 Cooper Street
MURGON QLD 4605
Phone number: 07 4169 8700

**Commission ID:** 5026

**Provider name:** Southern Cross Care (Qld) Ltd

**Site Audit date:** 11 May 2022 to 16 May 2022

**Date of Performance Report:** 14 June 2022

# Performance report prepared by

Denise McDonald, 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

# 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 6 of the 6 specific requirements have been assessed as Compliant.

Consumers stated they were treated with respect as staff speak to them politely; their individual cultural needs were supported, and they felt safe engaging in their cultural and spiritual practices. Consumers said they live the life they chose by engaging in activities which may present a risk, such as eating foods outside their required diet and smoking (in designated areas only), and they were provided with information allowing them to make informed choices. Consumers said they were provided with current information, so they could make decisions about the activities they wished to participate in, who was involved in their care and able to maintain connections with significant people inside and outside of the service. Consumers confirmed they were afforded their privacy and personal information was kept confidential.

Staff demonstrated knowledge of consumers; their individual circumstances, life journey, values and the diversity of the consumers living within the service. Staff described how this understanding influenced delivery of culturally safe care. Staff described the various ways information is provided to consumers to facilitate choice and demonstrated knowledge of the adjustments required in consideration of any cognitive or language barriers. Staff demonstrated they were familiar with consumers’ backgrounds, the people who were important to consumers and could describe how they supported consumers to maintain relationships with family and friends such as supporting the consumer to engage through electronic communication.

Care documentation reflected a collaboration between consumers, their representatives, and the service. Care documentation informed staff of consumer’s preferences, background, identity, and choices relating to how they wished care and services to be delivered, who consumers wished to be involved in decisions about their care and how any risks to their health and well-being would be managed to ensure they are living life the way they want to.

Staff were observed to treat consumers respectfully and in a manner which preserved consumer’s privacy including by seeking consent to enter the consumer’s room and only communicating information to the consumer’s authorised contact person.

The organisation has policies, procedures, and an education program to guide staff in the delivery of culturally safe care, respecting diversity, management of risk and maintaining privacy.

Based on the evidence documented above, Standard 1 Consumer dignity and choice, is Compliant.

## Assessment of Standard 1

### 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 COMPLIANTOngoing 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 5 of the 5 specific requirements have been assessed as Compliant.

Consumers confirmed they or their representative were consulted during assessment processes undertaken to develop consumer care plans. Consumers and representatives were informed of the assessment outcomes and either had, or knew they could request, a copy of the consumer’s care plan. Representatives reported the identified needs, goals and preferences were accurate and appropriate. Consumers and representatives confirmed the service seeks input from themselves and health professionals’ during care planning discussions. Representatives reported they had discussed consumer’s advance care and end of life plans with staff and these were updated following a change in the consumer’s health.

Care documentation demonstrated registered staff completed initial assessments which identified consumers’ needs, goals, and preferences which are documented to form a care and services plan. Consumers, their representatives, medical officers, and allied health professionals were involved during the assessment process where necessary. Care documentation showed assessments and care planning was addressed and discussed with the consumers and representatives on an ongoing basis, 3-monthly, in response to changes in circumstances such as new areas of pain or when wound healing was not responsive to prescribed treatment.

Staff described the process of assessment as an on-going partnership between consumers, representatives, and health professionals, which began before the consumer entered the service. Staff demonstrated knowledge of how the care planning documentation identified what was important to consumers in terms of their needs and how they preferred their care and services delivered. Staff explained a copy of the care plan is offered to consumers and representatives and a summary care plan is provided in accordance with their wishes. Care staff were aware of their responsibility in relation to incident reporting and reporting changes in the consumer's condition, needs or preferences and described how this may prompt a reassessment.

The service had a care governance framework and a clinical documentation, assessment, and care planning guideline. These documents detailed the initial and ongoing assessment, planning and review which occurs in partnership with consumers and their representatives if so desired, including other relevant health professionals or services.

Based on the evidence documented above, Standard 2 Ongoing assessment and planning with consumers, is 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

The Quality Standard is assessed as Compliant as 7 of the 7 specific requirements have been assessed as Compliant.

Consumers and representatives advised they felt consumers received good personal and clinical care, which they considered safe. Consumers stated care was tailored to their needs and optimised their health and well-being. Consumers and representatives advised they were kept informed about reviews, changes, incidents and information about care. All consumers interviewed said they received timely referrals to the medical officer, allied health professionals and specialists. Consumers stated staff shared information about their care to inform practice and consumers stated they did not have to repeat themselves. Consumers and representatives said they see staff washing their hands or using hand sanitiser as part of infection control practices.

Staff described how care was delivered safely, and how it was effective in supporting consumers’ health and well-being. Staff explained by following best practice guidelines and communicating with medical officers and other health professionals, consumers received care optimising their health and well-being. Staff said effective consultation and collaboration within the care team had resulted in chemical restrictive practices not currently being used within the service, where other forms of restrictive practices were in use, staff reported consent had been provided and regular reviews were undertaken. Staff provided information and evidence of the service appropriately managing high impact risks to consumers, such as falls, pressure injuries, pain and advised approaches were based on best practice processes. Staff were able to explain processes for supporting the needs and preferences of consumers nearing the end of life.

The service analyses, trends and summarises key consumer and care risks, including infections, medication errors, consumer injuries and weight loss monthly to inform staff and management of key risks and intervention strategies. Staff could demonstrate an understanding of the need to minimise antibiotics, as well as precautions to prevent and control infection.

Care planning documentation indicated personal and clinical care was tailored to the individual needs of consumers and optimised their health and well-being. Consumers were observed to have an advance care directive or similar, to inform staff of how consumers wished to be supported when nearing the end of life. Care documentation was seen to be adequate in addressing consumers needs and preferences and was updated when the consumer’s condition or care requirements changed.

The service has a suite of policies, procedures and guidelines including for clinical care, falls management, wound care, infection control, restrictive practice, palliative care and antimicrobial stewardship, which were reviewed regularly and guide staff practice.

Based on the evidence documented above, Standard 3 Personal care and clinical care, is 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.*

### 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

The Quality Standard is assessed as Compliant as 7 of the 7 specific requirements have been assessed as Compliant.

Consumers considered they get the services and supports for daily living which were important for their health and well-being and enabled them to do the things they want to do. Consumers and representatives described consumers emotional, spiritual and psychological needs, goals and preferences were met as staff provided one on one support when they were feeling down; and bereavement support was arranged when a consumer experienced a loss. Consumers reported the service supports them to have visitors, remain in contact with loved ones, access the community outside the service and encourages them to have relationships with other consumers at the service. Consumers stated the service assisted them to arrange transport to attend outside appointments. Representatives considered the service communicates consumer needs and preferences between those responsible for providing care including staff, doctors, and other health professionals. Consumers and representatives were satisfied with the quality and quantity of the food provided to consumers and said the equipment was well maintained, clean, safe, and suitable.

Care planning documentation included information about the service and supports consumers need to help them to do the things they want to do, maintain relationships, and access the community. Care plans included a summary of leisure preferences, and goals relating to relationships, intimacy, stress, as well as consumers emotional, spiritual, cultural, social needs. Care documentation provided adequate information to support effective and safe care, as it related to services and supports for daily living.

Staff demonstrated a clear understanding of what is important to consumers, what they like to do and how preferences were considered when providing supports for daily living which support consumers health and well-being. Staff advised they are informed of changes in consumers’ preferences, cares and services through verbal and documented handover processes and the service’s electronic care management system provides alerts regarding consumer changes. Staff stated there are a variety of activities offered, including regular bus trips into town for shopping, visits to cafés and service clubs, to meet the diverse needs and preferences of consumers. Staff demonstrated processes, including virtual visits are in place to support the social and personal relationships of consumers, Staff explained how the service works with other organisations to supplement the activities offered within the service and described how the service club is engaged to provide transport and various churches provide ministers to deliver sermons. Hospitality staff outlined how the seasonal menu is informed by consumer preferences and dietary needs, including providing access to food outside of mealtimes. Staff stated they have access to the mobility and activity equipment needed to support consumers in their daily living.

The service was observed to provide an environment which supported consumers to do the activities they wished to, with the activities calendar displayed throughout the service. Consumers were seen utilising different areas of the service, participating in group and individual activities, such as musical concerts, games or a morning walk, sharing meals together, communicating with other consumers and receiving visitors. Staff were observed assisting consumers with their meal choices, the menu was displayed and consumers were enjoying their meals. Equipment which supports consumers to participate in lifestyle activities was observed to be clean, well-maintained, and readily available.

The service had documented processes for safe food handling, making referrals to other service reporting maintenance or cleaning tasks to ensure equipment is safe, suitable, clean, and well-maintained.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 3 of the 3 specific requirements have been assessed as Compliant.

Consumers said they feel at home at the service, and it is a good place to live. Consumers and representatives sampled reported the service, including the furniture, fittings and equipment is clean, comfortable, well maintained and fit for purpose. Consumers confirmed they can move freely both indoors and outdoors. Consumers and representatives advised call bells were working and placed within the consumers reach.

The service was observed to have a welcoming environment which was easy to understand, and accessible to consumers and visitors. The service was well signed, tidy and allowed for safe and easy navigation through the service. Consumers were encouraged to bring furniture, display photos and mementos to personalise their rooms. The service environment was observed to be safe as call bells were within easy reach of consumers and proactive action to potential hazards was undertaken.

Equipment such as bathing trolleys, transfer aides, lifters and hoists were observed to be safely stored in dedicated areas within each wing*.* Staff were observed moving care equipment throughout the service, without impacting movement of others in the corridors. The service has documented processes in place to ensure the service is clean and well-maintained, including weekly cleaning schedules, maintenance logs.

Staff indicated the areas where consumers and visitors could sit and enjoy quiet activities, including the outdoor garden areas. Staff described how they used the outdoor areas to escort consumers on walks to the chicken coop, vegetable patch or to the mailbox. Staff advised the service had a preventative maintenance program, and how maintenance logbooks were used to log repair requests. Staff demonstrated an understanding of how they dealt with safety issues or hazards, including ensuring consumers were safe. Staff interviewed could describe how shared equipment used for transferring and manual handling of consumers is cleaned and maintained and how to escalate issues when equipment broke down.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5

### 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 4 of the 4 specific requirements have been assessed as Compliant.

Overall, consumers said they felt comfortable raising concerns and providing feedback, either using the service’s feedback forms or directly to management and staff. Consumers stated the service encouraged feedback and complaints and used the information to drive improvements to the quality of care and services including improving the taste of the water through installing new water filters. Most consumers stated they were aware of advocacy services available to support them to make a complaint. Consumer described how appropriate open disclosure processes were practiced, achieving resolutions, and supporting positive outcomes. Consumers could provide examples of how the service resolved concerns and how they felt they had been heard.

Management advised the service practiced open disclosure and explained how they communicated with consumers and representatives in an open and transparent way, admitted to mistakes, apologised, and reassured consumers and representatives where actions had been taken to prevent a recurrence. Staff stated they had received training in complaints management and understood the practice of open disclosure. Management was able to describe the service’s complaint, incident registers and continuous improvement plan (CIP) was used to record feedback, complaints and incidents actions taken to resolve and implemented as part of continuous improvement.

Staff interviewed were able to describe how to assist consumers to provide feedback or make a complaint. Staff stated they are aware they can access language, interpreter, and advocacy services on behalf of a consumer and although staff had not experienced a situation where they have had to assist a consumer to access these services, they would ask management for assistance if required. Staff advised some consumers had limited social support and had asked pastoral visitors to provide extra support with the complaints process.

Documentation reviewed, including the consumer handbook, demonstrated how the service supports consumers and others to provide feedback and make complaints through advocacy services, internal or external processes. The service’s continuous improvement plan demonstrated how complaints, feedback, suggestions, and incidents have been documented, along with planned improvement actions, dedicated timeframes, and evaluation notes involving consultation with the consumer.

Information brochures for advocacy services, complaints organisations, hard copy feedback forms and a secured suggestion box was observed and accessible to consumers and representatives within the service environment.

The service has a documented guidelines and policies to guide staff in the management of feedback, complaints, and compliments.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 5 of the 5 specific requirements have been assessed as Compliant.

Consumers considered they received quality care and services when they needed, from people who are knowledgeable, capable, and caring. Consumers stated they were confident the staff were well trained and well-equipped to perform their roles effectively. Consumers advised staff worked hard so the consumers could enjoy living at the service, staff were busy, there were sufficient staff to cater for their needs and call bells are answered within a reasonable time

The service demonstrated the number and skill mix of staff enabled the delivery and management of safe, quality care and services. The organisation had systems and procedures in place which directed workplace planning and staff performance. There was an orientation and onboarding process for new staff which included buddy shifts, mandatory training, and core competency checks. Position descriptions were available, setting out the expectations for all roles. Systems were in place to verify training and performance reviews had been completed with documentation confirming monitoring systems were effective. Records confirmed training, including but not limited to, serious incident response scheme (SIRS), antimicrobial stewardship (AMS), and minimising restrictive practices was provided regularly, via online modules and in-person training sessions, and when required, was reflective of emerging training needs identified through monitoring and performance development processes.

Staff confirmed staffing levels were sufficient to provide care and services in accordance with the consumers’ needs, preferences and to respond to calls for assistance within a timely manner. Staff advised unplanned leave shifts, were replaced by permanent staff, by using a casual pool of staff, and/or by extending shifts in accordance with the service’s policy, the service does not use agency staff. Staff confirmed their participation in training on commencement, annually and how other training is provided should they request it or when a need was assessed. Staff advised they understood the organisations development process which offered an opportunity to discuss their performance and areas for development of skills and knowledge.

Documentation reviewed confirmed staff have appropriate qualifications, knowledge, and experience to effectively perform the duties of their roles and provide effective care to consumers, all staff had completed training in topics relevant to the delivery of care and services and relevant to the requirements of the Quality Standards including, but not limited to, dignity and choice, minimising restrictive practices, falls management, high impact risks (falls) and elder abuse, and the SIRS.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 7 Human resources.

## 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 5 of the 5 specific requirements have been assessed as Compliant.

Consumers sampled demonstrated they are confident the service is run well, and they confirmed they have opportunities to be involved in the care planning, delivery and evaluation of their care and services through care planning conferences, consumer meetings and by providing feedback or complaints. Consumers felt the service was responsive to their input and changes were implemented where they identified a need. Consumers stated staff were well trained and had the skills to do their work.

The governing body meets regularly and has set clear guidelines and expectations for the service. There are organisation wide governance systems to support effective information management, the workforce, compliance, and clinical governance. Continuous Improvement systems improved care and service delivery through feedback sought from consumers and representatives about the service environment, delivery of care, lifestyle activities, staffing, food and meal service, with improvement actions planned, monitored, and evaluated for effectiveness. Information from these sources was collated through the organisation’s quality framework and reported to the Board and the Executive team to inform them of improvement and performance.

The organisation’s governing body uses various methods to ensure the delivery of safe, inclusive, and quality care and services. Training, policies, and procedures guide and promote safe, inclusive, and quality care and services for all consumers. The service had an effective system to ensure staff and consumers were informed of information and are well trained. Staff could access information about the services’ policies and practices to guide and inform the care they provided to consumers.

The service has efficient risk management systems, policies, and practices which support consumers to live the best life they can and minimise risk to consumers. The governing body received regular reports on areas such as clinical indicators, SIRS complaints and improvements.

The service was able to demonstrate there was an effective clinical governance framework which addressed antimicrobial stewardship, open disclosure, and minimising restraint. Staff were able to demonstrate their understanding of these terms and provided examples of how the policies informed their practice.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8

### 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.