Southern Cross Care St Francis Residential Aged Care

Performance Report

122 Hyatts Road   
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**Commission ID:** 0382

**Provider name:** Southern Cross Care (NSW & ACT) Limited

**Site Audit date:** 28 February 2022 to 2 March 2022

**Date of Performance Report:** 14 April 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
* the provider’s response to the Site Audit report received 25 March 2022
* other information and intelligence held by the Commission in relation to the service, including referrals received internally.

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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.

The Site Audit report identified that consumers considered that they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers and their representatives said staff respected consumers, considered their personal circumstances, and made them feel valued as individuals. Consumers and representatives advised information provided by the service enabled them to exercise choice, supported consumers’ to be independent and to maintain relationships in various ways. Consumers and representatives advised staff valued their culture, identity and diversity. Consumers confirmed their privacy was respected, they were supported to take risks to enable them to live the best life they could and care was delivered in a culturally safe way for everyone.

Staff spoke about consumers in a way that indicated respect and an understanding of their personal circumstances. Staff described how a consumer's culture influenced the delivery of daily care and services. Lifestyle staff explained the ways the service celebrated the different cultures of the consumer demographic by holding armchair travel sessions inclusive of presentations, films and food relevant to each culture. Staff described how they provided consumers with information, in line with their needs and preferences, and explained how they supported consumers to make informed choices about their care and services. Staff advised of the practical ways that they respected the personal privacy of consumers and supported consumers to take risks through an assessment of the risk-taking activity, implementation of strategies to minimise the risk and informed consent from the consumer was sought.

Consumers’ care planning documents reflected the diversity of consumers at the service, including their life experiences and identified the cultural backgrounds and needs of consumers. The service had a customer service charter that addressed how consumers were to be treated with respect and dignity; this was included in the information pack provided to consumers on entry. The organisation’s diversity action plan outlined how the service aimed to deliver culturally safe care. Information was observed to be displayed around the service, this included a poster advising consumers the audit was being undertaken, the monthly activities program, daily food menus, the service’s monthly newsletter and information brochures on COVID-19 boosters was available.

Staff were observed interacting with consumers in a polite, friendly and respectful manner; this included staff knocking before entering consumers’ rooms and closing the door and drawing curtains when staff delivered personal or clinical care. Consumers’ files and medical records were stored on password protected computers or in locked cupboards.

Based on the evidence summarised above, I find the service to be Compliant with Standard 1; Consumer dignity and choice.

### 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 5 of the 5 specific requirements have been assessed as Compliant.

The Site Audit report identified that consumers and representatives considered they felt like partners in the ongoing assessment and planning of their care and services, and were satisfied with how the service managed the process. Consumers and representatives described how the service managed the assessment and planning of consumers’ care needs and preferences; this included staff engaging with them in relation to assessments around consumers’ end-of-life needs. Consumers said staff partnered with them and others that the consumer wished to involve in assessments and care planningand when making referrals to other providers of care, when needed. Consumers and representatives reported they were informed about the outcomes of assessment and planning and had access to the consumer’s care plans. Consumers and representatives advised staff discussed and explained the consumers’ documented care plans with them and said their care plans were reviewed regularly by the service.

The service demonstrated that assessment and care plans, including risks to the consumer's health and well-being, were being completed and how that informed safe and effective care and services. Care planning documentation showed different assessments being completed for each consumer including but not limited to falls assessments, daily care requirements, and oral care. The service had a checklist, which guided the initial planning for all new consumers to ensure a comprehensive care plan was completed within first month of the consumers arrival. Care documentation demonstrated the service partnered with the consumers, representatives and referral services, in the assessment and care planning for consumers. The service’s electronic care planning system had a summary page where consumer’s preferences around end-of-life care were documented and care planning documentation reflected consumers current needs. The service had policies and procedures relevant to assessment and planning to guide staff practice. Care planning documentation showed regular review and were updated with the changing needs of consumers, after hospital admission, specialist appointments, so that continuity of care was maintained.

Staff confirmed that the service conducted assessments on entry, which were explained to the consumer and their representatives in simple language. Staff advised they talked to each consumer multiple times during their first week at the service to understand their needs. Management demonstrated an audit process used for monitoring and updating of care plans. Staff explained that simple measures such as writing in first person and being honest about the services offered on entry, helped consumers and their representatives to make an informed decision about the consumer’s care and service needs.

The service had an electronic and offline hand over system between shifts. Staff were observed using a communication book and the electronic care planning system to access consumers clinical information and to follow up on referrals and assessments. Discreet signage to inform staff of the end-of-life care choices for each consumer was observed outside of consumer’s rooms.

Based on the evidence summarised above, I find the service to be Compliant with Standard 2; Ongoing assessment and planning with consumers.

### 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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.

The Site Audit report identified that consumers considered that they received personal care and clinical care that was safe and right for them, personalised to their needs and preferences. Consumers said the care provided was safe and met their needs. Consumers and representatives advised high impact and high prevalence risks for consumers were identified and well managed at the service; this included changes being made to a consumer’s diet, and staff responding quickly when consumers needed assistance. Representatives confirmed that care and services received during end of life was in line with the consumer’s end-of-life preferences and ensured their dignity and comfort. Consumers and representatives reported they were satisfied with the referrals made to other providers of care or services, staff recognised and responded to changes in the consumer’s condition in a timely manner and felt consumer information was communicated effectively at the service.

Care planning documentation including assessments, care and service plans, progress notes, treatment directives, medication charts and monitoring records reflected individualised care provided that was safe, effective and tailored to the specific needs and preferences of the consumer. Care documentation included the needs, goals and preferences of consumers including for advanced and end-of-life care; where applicable documentation reflected instructions provided by the local palliative care team around management of symptoms and treatments.

Consumers clinical documentation and progress notes reflected identification and response to deterioration or changes in consumers condition and referrals to other organisations or individuals such as allied health professionals, medical officers and specialists and hospital transfers was timely. Care planning documentation demonstrated how information is shared and communicated within the service.

Care documentation demonstrated risks associated with the care of consumers were identified; clinical incidents were managed in-line with organisational policies, representatives notified and transfers to hospital occurred where required. Where restrictive practices were prescribed or provided to consumers, documented consent and authorisation was evidenced together with behaviour support plans. Care documentation demonstrated pain management and skin care was effectively managed as per the guidelines. The service had access to palliative care services as required and had practices in place to minimise the risk of infections.

Staff were aware of how to access information regarding a consumer’s end of life preferences and care staff explained care provided to a consumer receiving end-of-life care would include regularly monitoring for pain, provision of oral care and emotional support. Clinical staff said if they identified a change in the consumer’s condition, they would complete an assessment, notify the doctor and family, complete vital observations and monitor the consumer. Staff were aware of the risks associated with the care of individual consumers and strategies to manage those risks, and staff could describe the process for escalating changes to a consumer’s health to registered staff or management. Staff used the handover process to share information about consumer’s changed conditions and clinical staff said care plans are updated when consumers return from outside specialists’ appointments.

The organisation had written policies and procedures relating to antimicrobial stewardship, infection control management and an outbreak management plan for COVID-19. Staff said they had received training on infection prevention and control and clinical staff explained that to reduce the use of antibiotics, they waited for pathology results to confirm the presence of infection. Staff were observed washing hands and wearing personal protective equipment correctly throughout the Site Audit.

Based on the evidence summarised above, I find the service to be Compliant with Standard 3; Personal care and clinical care.

### 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 7 of the 7 specific requirements have been assessed as Compliant.

The Site Audit report identified that consumers considered that they got the services and support for daily living that were important for their health and well-being, and that enabled them to do the things they wanted to do. Consumers and representatives confirmed the service’s lifestyle program supported their lifestyle needs, and stated staff assisted them to be as independent and as safe as possible in activities of daily living. Consumers said that the activities program was varied and mentally stimulating. Consumers considered that staff were kind and caring, and consumers and representatives were comfortable speaking to staff, or management, and shared examples of how staff supported their emotional and psychological wellbeing. Consumers and representatives reported consumers received adequate support from other organisations, support services and providers of other care and services; this included online clinical psychology services and visits from a local parish priest for the provision of spiritual support. Consumers and representatives expressed the meals provided by the service were of adequate quality, varied and they received enough to eat.

Staff demonstrated an understanding of consumers’ personal preferences for supports for daily living. Lifestyle staff provided services and supports that catered to consumers' interests and values, through ongoing assessment and communication with consumers and representatives. The lifestyle coordinator explained the lifestyle program considered the needs of consumers with varying levels of functional ability, and staff partnered with the consumer and representative to determine the consumer’s individual preferences, including leisure needs, religious beliefs, social and community ties and cultural traditions. Staff were able to verbalise the strategies used to support consumers emotional needs and staff were aware of consumers’ community connections and relationships of importance to them. Staff facilitated connections with people important to the consumers through technology and/or matching consumers with volunteers. Staff said consumers were provided with options for their meal selections, as there were several hot meal choices at breakfast and lunch, and several alternatives available for dinner.

Care documentation identified the individual lifestyle and social preferences of each consumer, and reflected consumers who chose not to participate in activities. Consumer care documentation included information about consumers’ spiritual beliefs, strategies to support their emotional well-being and identified social supports, such as people that are important to them. Care documents demonstrated that changes to a consumer’s conditions needs, or preferences were appropriately communicated.

A weekly activities calendar and menu were observed to be displayed throughout the service. Equipment used to provide and support lifestyle, cleaning, catering and laundry services was observed to be in working order, safe, suitable, clean and well maintained.

Based on the evidence summarised above, I find the service to be Compliant with 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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.

The Site Audit report identified that consumers considered that they felt they belonged in the service and felt safe and comfortable in the service environment. Consumers and representatives were satisfied that the service environment was safe, clean and enabled them to move freely indoors and outdoors. Consumers reported that the service was exceptionally clean, they enjoyed spending time in the services’ various outdoor areas including the garden and external seating areas; and where able to access these independently or with assistance provided by staff. Consumers said they personalised their rooms the way they liked, and reported the furniture, fittings and equipment at the service was safe, clean, well maintained and suitable for them. Consumers said that staff were proactive in doing maintenance and regularly checking that essential equipment such as hoists were working properly.

The service environment was observed to be welcoming and optimised the consumers’ sense of belonging, was easy to navigate and a covered tiled walkway connected all four cottages. The reception area is the primary entry and exit point of the service, each cottage was equipped with a servery for food service, dining room and a lounge area. All consumers had single rooms with an ensuite bathroom.

A review of the maintenance requests showed maintenance issues were addressed in a timely manner. The testing, service and maintenance of fire systems was conducted by contracted fire protection specialists and included fire alarm and detection systems, sprinkler systems and fire equipment. Maintenance work was monitored by the on-site maintenance officer.

Staff demonstrated an understanding of the service’s maintenance strategies and fire safety procedures. Staff advised there were sufficient stocks of clinical and care equipment including pressure relief equipment and transfer hoist slings. Maintenance staff reported they had a generous budget which enabled them to attend to maintenance needs and management were responsive in approving requests that exceeded their budget limits. Maintenance requests and purchases were managed and monitored by a corporate office via an electronic database.

Based on the evidence summarised above, I find the service to be Compliant with Standard 5; Organisations Service Environment.

## 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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.

The Site Audit report identified that consumers considered that they felt safe and were encouraged and supported to give feedback and make complaints, and that appropriate action would be taken. Consumers and representatives knew the process to provide feedback and make complaints, said it was straightforward, and changes were implemented quickly when a complaint was raised. Consumers said they felt safe and had ample opportunities to make complaints.

Consumers and representatives stated they were provided with information relating to complaints and feedback on entry to the service, and the processes were reinforced at consumer meetings. Consumers stated they could make complaints via the feedback form, email, and raise the concern at forums or by speaking to management directly. Consumers and representatives also confirmed they were aware of external services which they could use to raise complaints but reported they were usually happy to follow the internal processes of the service. Consumers advised an external provider had held an advocacy meeting at the service in the week prior to the site visit to educate consumers on their advocacy opportunities and that consumer meetings were held regularly.

Staff advised the handling of feedback and complaints is guided by policies on open disclosure and complaints management. Staff demonstrated an understanding of the internal and external complaints and feedback avenues available for consumers and representatives. Staff said that consumers and representatives were continuously reminded of the location and purpose of the feedback forms, however, many consumers preferred to raise issues directly with staff or seek their assistance when completing a form. Management and staff articulated the principles of open disclosure and demonstrated how it would be applied in practice including in response to complaints and adverse events.

Complaint and incident registers evidenced that appropriate and timely actions were undertaken, including an open disclosure process, where appropriate, when a complaint was received and/or an incident occurred. Staff education records confirmed all staff had received education in relation to open disclosure. Brochures for external complaints, advocacy and translation services were available in languages other than English. The service’s continuous improvement plan and monthly indicator reports demonstrated feedback and complaints are used to improve the quality of care and services consumers received.

Based on the evidence summarised above, I find the service to be Compliant with Standard 6; Feedback and Complaints.

### 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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.

The Site Audit report identified consumers considered that they got quality care and services when they needed them and from people who were knowledgeable, capable and caring. Most consumers said staff were not rushed, and that there were adequate levels of staffing. Overall consumers said the staff were kind, caring, respectful of their culture, capable and had the knowledge to provide effective care and services. Consumers and representatives stated they were satisfied with the level of staff, consumers felt well looked after, staff knew what they were doing and did not identify any areas where staff required more training.

Staff said they had enough time in the day to complete their tasks and that there was enough staff to meet consumers’ needs. Staff stated they felt like they were recruited, trained, equipped, and supported to deliver safe and effective care.

Management said the service had very low staff turnover, adequate staffing levels to cover shift vacancies and needs including during the COVID-19 pandemic and rarely use agency staff. Management advised staff respond quickly to calls for assistance and the call bell response times were monitored to ensure staff respond within set timeframes. Management confirmed staff levels were managed using in-house staff by accessing a casual staff pool or by part-time staff assisting to fill vacant shifts through extending their hours. Management uses different monitoring approaches to determine if staff are capable in their role including an annual appraisal process with all staff, which maps key competencies such as handwashing, use of personal protective equipment and medication administration according to the staff members role.

The service had a comprehensive education program including online modules on elder abuse prevention, infection control, management of serious incidents, falls prevention, food safety, proper use of personal protective equipment, COVID-19 outbreak mock drills and hand hygiene with staff training and competency monitoring documentation confirming all staff had completed the training and were competent. Performance monitoring documentation, rosters and timesheet data, showed the service had mechanisms to review and improve staff performance and vacancies in rostered shifts were filled.

Interactions between staff and consumers were observed to be kind, caring and catered to the cultural needs of the consumer with staff seen completing their duties with purpose and confidence.

Based on the evidence summarised above, I find the service to be Compliant with 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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.

The Site Audit report identified that consumers and representatives considered that the organisation was well run and that they could partner in improving the delivery of care and services. Consumers stated they felt comfortable, safe and had no reservations in providing feedback to management. Consumers and representative were satisfied with the processes in place to manage risks within the service and provided examples of their involvement in the delivery and evaluation of care and services. Consumer responses to surveys undertaken by the service demonstrates consumers thought the service was well run and these results were discussed at consumer meetings.

Management described the involvement of the governing body to promote a culture of safe, inclusive and quality care through regular meetings, review of clinical incidents, provides advice and implements policy updates in response to legislative changes including for restrictive practices.

The service had effective governance mechanisms in place for information management, continuous improvement, financial governance, workplace governance and feedback and complaints. However, in relation to regulatory compliance, the environmental restrictive practice applied to 4 consumers was reported as incorrect.

The Assessment Team recommended, Requirement 8(3)(c) as Non-Compliant. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the Approved Provider’s written response and have come to a different view from the Assessment Team and find the service Compliant with Requirement 8(3)(c). I have provided reasons for my findings in the specific Requirements below.

The organisation provided a documented risk management framework; this included policies for high impact or high prevalence risks associated with the care of consumer management, identification and responding to the abuse and neglect of consumers, supporting consumers to live their best life, and managing and preventing incidents. Management said incident forms and progress notes are reviewed, to ensure that staff were identifying and reporting incidents and on-call arrangements were in place to support decision making and escalation of serious incidents where required.

The service provides clinical care and has a documented clinical governance framework including policies for antimicrobial stewardship, minimising the use of restraints and open disclosure. Staff described how they monitored the use of antibiotics and restrictive practices to ensure any prescribed antibiotics were effective and the need for ongoing restrictive practices is monitored for appropriateness.

Based on the evidence summarised above, I find the service to be Compliant with Standard 8; Organisational Governance.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The service was able to demonstrate the organisation’s governance systems are effective in relation to information management, financial governance, feedback/complaints management, continuous improvement, workforce governance and regulatory compliance. In coming to a decision on compliance for this Requirement, I have considered the information contained in the written response from the Approved Provider and the Site audit report, under this and other Quality Standards, including Standards 3, 4, 6 and 7.

During, the site audit, the need for environmental restrictive practices for 4 consumers was identified as incorrectly documented as the consumers had access to the keycode to exit a secured environment.

The Approved Provider did not agree with the recommendation of non-compliance and submitted a response that provided clarifying information and substantiates, as the consumers had exit seeking behaviours and their cognitive impairment prevents them from remembering the keycode or recognising the keycode will open the secured doors, the consumers are environmentally restrained and the required behaviour support planning, assessment, authorisation and consent processes were undertaken in accordance with the requirements of the Quality of Care Principles 2014.

The Site Audit identified the Approved Provider has restrictive practice policies and procedures, which were noted to align with and identify the legislated requirements, staff had been provided with training and demonstrated knowledge of restrictive practice.

Additionally, evidence was brought forward to support the required documentation for other consumers who had restrictive practices applied, had been completed. However, I note minor documentation gaps were identified in relation to the timing of authorisation and consent reviews, by the medical officer, the consumer or their substitute decision maker. I acknowledge this was as a result of a policy change which came into effect on 21 February 2022 and note these authorisations and consents were updated during the Site Audit.

I also note that for a named consumer, identified as potentially chemically restricted, the medical officer provided confirmation during the site audit, that the administration of the medication was for the treatment of a diagnosed medical condition and this consumer is not considered as having restrictive practice applied.

The Site Audit report brought forward some deficiencies in the documentation in relation to restrictive practice, however, other evidence and the clarifying information brought forward by the Approved Provider establishes governance systems in ensuring legislative compliance in relation to restrictive practice were effective.

Therefore, I find the service Compliant in this Requirement.

### 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.