St Luke’s Green

Performance Report

43 Taylor Street   
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**Commission ID:** 5794

**Provider name:** Greengate Care Pty Ltd

**Site Audit date:** 17 May 2022 to 19 May 2022

**Date of Performance Report:** 18 August 2022

# Performance report prepared by

James Howard, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit conducted from 17 May 2022 to 19 May 2022; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to this service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Quality Standard is assessed as Compliant, as six of the six specific requirements were assessed as Compliant, informed by evidence from the site audit report, such as:

* interviews with a sample proportion of consumers and their representatives
* interviews with staff and management
* review of care planning documentation and risk assessments
* the service’s policies and procedures
* observations during the site audit.

Consumers advised the Assessment Team they were treated with dignity and respect, supported to maintain their identities and able to make informed choices about their care and services and live life as they chose. Staff and management demonstrated an understanding of consumers’ personal circumstances and life journeys and recalled specific details that were unique to each consumer. For example, staff recalled consumers’ interests such as building model aeroplanes, prior work history, relationships, language preferences and care needs.

Staff described how care and services were tailored for each consumer and delivered in a culturally safe and inclusive manner; for example, translating information in the consumer’s preferred language and providing culturally appropriate meals as requested. Consumers confirmed the service supported their cultural, religious and spiritual needs, such as taking consumers to church on Sundays.

Consumers’ feedback reflected they were supported to make decisions about their care and services, how it should be delivered, and who should be involved. Consumers advised they could communicate their decisions, and were supported to do so through the actions of staff. For example, consumers advised they could decide when to wake up and have a shower.

Staff explained that consumers were supported to make and maintain relationships of choice in various ways, such as encouraging family members and loved ones to visit, community outings, lifestyle activities, and supporting personal relationships within the service.

Consumers were supported to undertake activities associated with risk through evidence-based assessment, and consultation with consumers, representatives and health professionals as applicable. Care planning documentation demonstrated that risk was considered against consumers’ needs, goals and preferences. Consumers’ care plans contained documented risk mitigation strategies, alternatives explored, and required supports to undertake the activity.

Consumers’ feedback showed information was provided to them in a clear, easy to understand manner that enabled them to make decisions about their care and services. Staff tailored the way information was communicated to consumers depending on individual needs and what was appropriate. Staff provided practical examples of how they ensured information was understood, for example, by checking that a consumer’s hearing aid was on, making eye contact and using visual and non-verbal prompts. Consumers with communication barriers or from culturally and linguistically diverse backgrounds were supported to understand information through communication card, assistance from staff with translation, and external translation services.

Consumers confirmed that staff respected their personal privacy. For example, consumers advised that staff would knock on their door and ask permission before entering, which aligned with the Assessment Team’s site observations. Consumers’ personal information was kept confidential by secure storage on a password-protected electronic records management system.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant, informed by evidence from the site audit report, such as:

* interviews with a sample proportion of consumers and their representatives
* interviews with staff and management
* review of care planning documentation
* the service’s policies and procedures
* observations during the site audit.

Sampled consumers and representatives advised the Assessment Team that consumers were involved in the ongoing assessment and planning of their care and service needs, to optimise their health and well-being. All sampled care planning documentation demonstrated that risks to consumers’ health and well-being were considered through evidence-based risk assessment, which informed the delivery of safe and effective care and services.

For example, 2 consumers had a preference to eat food of their choice against the recommendation of the speech pathologist. To support the consumers in their dietary preferences, care plans demonstrated that risk mitigation strategies were assessed, and made in partnership with the consumers, representatives and health professionals, such as the registered nurse and speech pathologist.

Consumers and representatives advised that consumers’ current needs and preferences were considered in their care plans, and that decisions around advance care and end-of-life preferences were supported by the service.

The service explained that registered nurses updated care plans every 3 months, or whenever circumstances changed, and would include others responsible for care to ensure the consumer’s current needs and preferences were appropriately considered and assessed. Review of care planning documentation confirmed the consumer and others, such as representatives and health professionals, were involved in the care planning process.

Consumers and representatives explained to the Assessment Team they either had a copy of the care plan or knew how to access a copy of the consumer’s care plan. Most consumers and representatives were satisfied with information about the care plan to be verbally communicated.

Care plans were regularly reviewed to ensure consumers’ current needs, goals and preferences were considered to optimise health and well-being. Changes to consumers’ care plans were discussed with consumers and representatives, with outcomes recorded in progress notes and updates communicated to other staff during shift handover.

**Assessment of Standard 2 Requirements**

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant, informed by the evidence from the site audit report, such as:

* interviews with a sample proportion of consumers and their representatives
* interviews with staff and management
* review of care planning documentation
* the service’s policies and procedures
* observations during the site audit.

Overall, consumers advised that they received personal and clinical care that was safe, met their individual needs and aligned with their goals and preferences.

Staff were guided to provide best practice clinical care through policies, guidance documents and training which covered topics such as, but not limited to:

* minimising the use of restraint
* falls management
* malnutrition
* pressure injuries
* skin integrity
* pain management.

Staff provided examples of how they applied best practice methods to deliver tailored personal and clinical care, which optimised consumers’ health and well-being. A review of care planning documentation aligned with staff feedback about best practice clinical and personal care.

The service demonstrated that risks for each consumer, for example, falls, skin integrity and pain, were effectively managed through evidence-based assessment and planning, incident documentation and referrals to the medical officer and health professionals as required.

Review of care planning documentation confirmed that a ‘person centred’ approach and evidence-based tools, such as the falls risk assessment tool (FRAT), were used to inform risk mitigation strategies which were aligned with consumers’ needs, preferences and goals.

Consumers’ care plans contained advance care and end-of-life directives, with strategies noted to ensure their comfort was maximised, and dignity preserved. Staff described how they tailored care to for consumers’ unique needs, goals and preferences during the end-of-life transition, for example, frequent repositioning and oral care.

Staff provided examples of how they recognised and addressed changes to consumers’ health and well-being in a timely manner, through assessment and referrals to medical officers, registered nurses and other providers of care as required. A review of care plans aligned with the feedback provided from staff, and confirmed assessment, monitoring and review of the consumers’ condition occurred in a timely manner to address consumers’ needs.

Staff explained that information about consumers was documented and shared with those responsible for care through various ways, such as the service’s electronic records management system, shift handover, case conference meeting notes and direct involvement with consumers, representatives and other health professionals as required. This aligned with observations during the site audit and review of documentation.

Registered nurses worked with clinical staff to appropriately identify and refer consumers to external organisations and providers of other care and services, such as allied health professionals to best support consumers’ needs. Care plans demonstrated that various services were utilised to address consumers’ individual needs, such as speech pathology, dietetics, podiatry and physiotherapy.

Staff described the processes in place to minimise infection related risks, which included but were not limited to, handwashing and appropriate use of personal protective equipment. Staff demonstrated knowledge of antimicrobial stewardship, risks associated with antimicrobial resistance, and strategies to minimise use of antibiotics, which included obtaining pathology test results to determine if antibiotics were required. The Assessment Team observed various infection control practices throughout the site audit, such as regular cleaning of high touch point surfaces, and appropriate hand hygiene.

The service’s infection prevention and control lead provided examples of how they implemented improvements to the service’s policies, procedures and practices to ensure infection risks were minimised. For example, revising the COVID-19 action plan in response to updated information, and implementing a one nurse COVID-19 patient policy.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant, informed by the evidence from the site audit report, such as:

* interviews with a sample proportion of consumers and their representatives
* interviews with staff and management
* review of care planning documentation, including progress notes and assessments
* review of the lifestyle activity programs
* the service’s policies and procedures
* observations during the site audit.

Consumers advised they received safe and effective services and supports, which were important for their health and well-being, and enabled them to do the things they wanted to do. Care plans demonstrated that care and services were tailored for individual needs, which optimised independence, health, well-being and quality of life. For example, one care plan detailed the supports required to assist the consumer with their need to maintain contact with their wife, attend music concerts, participate in small social groups, read and talk about books.

Staff demonstrated personal knowledge of each consumer’s identity, life journey, interests and hobbies, spiritual and psychological needs. Staff explained they were familiar with consumers, and if they noticed a consumer experiencing low mood or changed behaviour they would use various strategies to understand the cause and provide a solution. For example, staff would engage the consumer in conversation, encourage social participation, offer to call family members or loved ones to talk, and if required escalate concerns to registered nurse or external services for further support and assessment. The Assessment Team observed staff talking to consumers in a respectful and supportive manner, and interacting with consumers individually and in group settings.

Overall, consumers’ feedback reflected they were supported to participate in their community within and outside the service, make and maintain relationships of choice, and do things of interest. Staff provided examples of lifestyle supports and services offered to consumers to meet their needs, such as but not limited to:

* video calls with family and friends
* social outings: for example, visiting art galleries and the local leagues club
* classes: exercise classes, craft and knitting, painting, sushi making and tai chi
* happy hour drinks and cocktail party.

Staff from different areas of the service, such as lifestyle, clinical care and hospitality explained that information about consumers was communicated and shared through verbal and documented handover processes, and record keeping via the service’s electronic management system.

Staff explained referrals were completed to supplement the lifestyle activities within the service to cater to specific interests; for example, the community visitor scheme and book deliveries from mobile libraries. A review of care plans demonstrated that other individuals, organisations and providers were involved in consumers’ care and services to meet their needs and preferences.

Consumers and representatives advised the meals provided were of a suitable quantity and quality, and requests for different options were accommodated by the service. Consumers’ care records contained information about dietary requirements and preferences and was accessible to hospitality staff which ensured appropriate meals were provided. Menus were reviewed by a dietician and changed on a seasonal basis, with a 4 week rotation of meal offerings. Celebrations and special occasions, such as Easter and Christmas, had themed menus to meet consumers spiritual and religious preferences. Consumers were observed eating meals with no evidence to suggest dissatisfaction, and were supported by staff as required.

Equipment used for lifestyle services and supports was clean, safe, well maintained and suitable for use. Staff explained that shared equipment was cleaned in between use.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard is assessed as Compliant, as three of the three specific requirements were assessed as Compliant, informed by the evidence from the site audit report, such as:

* interviews with a sample proportion of consumers and their representatives
* interviews with staff and management
* review of the maintenance and cleaning logs
* the service’s policies and procedures
* observations during the site audit.

Consumers and representatives explained the service environment felt welcoming, safe and comfortable and was easy to understand and navigate. The service environment, including corridors and pathways were clear of obstructions and allowed for safe movement, including use of mobility aids such as 4-wheel walkers and wheelchairs. Consumers moved freely within and outside the service environment, and utilised communal areas such as the theatrette, café, dining spaces and gymnasium.

Cleaning staff followed guidance relating to infection prevention control, for example, cleaning high touch point surfaces. Staff explained shared equipment was cleaned and disinfected between use and had regular preventative maintenance checks to ensure the equipment was safe and fit for purpose. Consumers advised the service environment was clean and well maintained, and maintenance requests were fixed in a timely manner.

A review of the daily cleaning schedules, maintenance logs and site observations confirmed preventative action was taken to address potential hazards, and that unscheduled cleaning and maintaince requests were actioned accordingly. Consumers were observed using a range of equipment aids and furniture that was suitable for consumers, clean and well maintained.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The Quality Standard is assessed as Compliant, as four of the four specific requirements were assessed as Compliant, informed by the evidence from the site audit report, such as:

* interviews with a sample proportion of consumers and their representatives
* interviews with staff and management
* review of care planning documentation
* the service’s policies, procedures and guidance materials
* observations during the site audit
* review of the service’s feedback and complaints registers
* review of meeting minutes, surveys, complaints and feedback.

Consumers and representatives advised they felt safe and encouraged to provide feedback and complaints and were engaged in processes to address feedback and complaints. Consumers and representatives were able to provide feedback and complaints through direct communication with staff, feedback forms that could be submitted anonymously, and through external advocacy and language translating services. Information on how to access advocacy and translating services was provided in the resident’s handbook and brochures and forms were available throughout the service. The resident handbook included information about the Older Persons Advocacy Network, Aged and Disability Advocacy Australia and interpreter and hearing services.

Overall, staff demonstrated knowledge of the principles of open disclosure, including implementing actions to prevent reoccurrence of the incident or complaint. A review of the complaints and feedback register demonstrated that an open disclosure process was used during the complaint resolution process, and documented actions taken to resolve matters.

The service demonstrated that complaints and feedback were used to improve care and services. For example, in response to consumers’ feedback about meal quality, the service hired a new chef who implemented new measures, such as organising a monthly food forum to discuss needs and preferences with consumers. Management advised it monitored the outcomes of consumers’ feedback through observations, direct discussions with consumers, surveys and analysis of feedback and complaints data.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant, informed by the evidence from the site audit report, such as:

* interviews with a sample proportion of consumers and their representatives
* interviews with staff and management
* review of staff rosters, orientation program, training records and appraisal schedule
* the service’s policies and procedures
* observations during the site audit.

Consumer feedback indicated they received care and services from a workforce that was knowledgeable, appropriately staffed, capable and caring.

Staff indicated that shifts were appropriately rostered with the right mix and number of personnel, and they had enough time to complete their daily tasks to deliver safe, quality care and services. Existing staff were used to fill unplanned leave, otherwise, agency staff were utilised as required. In addition to staff feedback, review of staff rosters, call bell response data, and site observations confirmed that the service had an appropriately staffed workforce to deliver and manage safe, quality care and services.

Workforce interactions with consumers were observed to be kind, caring and respectful. Consumers advised staff were respectful of their identities and cultures and knew what was important to them. Staff were supported in their roles to deliver culturally safe and inclusive care and services through the service’s policies such as consumer dignity and choice, relationships, and the service’s diversity and inclusion action plan.

Review of the service’s record management system confirmed that staff had the relevant qualifications, experience, training and registration required for their role. Staff were observed to understand their roles and responsibilities in practice. Management explained staff were recruited to ensure they had the appropriate experience and qualifications to perform in their role through selection criteria, background checks and mandatory qualifications. Management advised, prior to COVID-19, consumers were involved in the interview process to provide feedback, and to see how they interacted with potential staff member.

New staff were paired with an experienced staff member to provide guidance and direction, to ensure the new staff member was competent in their role and duties before working independently. Review of the mandatory training register confirmed that staff training completion rates were monitored and staff had completed subjects such as, but not limited to:

* infection control, handwashing and personal protective equipment
* bullying and harassment
* identifying abuse and neglect
* requirements under the Serious Incident Response Scheme (SIRS).

Management explained when further training needs were identified, it requested assistance from the organisation’s quality team, other areas within the service, external training providers or requested training from visiting allied health professionals.

Management advised that if a staff member were to make a mistake, it would investigate the cause, talk to those involved, identify if further training was required and develop an action plan to reduce reoccurrence.

To ensure staff were competent in understanding regulatory compliance requirements, for example restrictive practices, staff were provided relevant training. The service’s electronic records management system had safety checks and monitoring prompts which were overseen by registered nurses, to ensure staff were upholding regulatory compliance in the delivery of care and services.

Management explained staff were provided with on-going feedback on the job and through half yearly staff appraisals. Review of staff appraisal records confirmed that staff had undergone performance reviews in line with the service’s policy.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant, informed by the evidence from the site audit report, such as:

* interviews with a sample proportion of consumers and their representatives
* interviews with staff and management
* observations during the site audit
* review of staff rosters, training records and performance appraisals
* review of the service’s continuous improvement register, policies, procedures and guidance documentation.

Consumers and representatives reported the service was well run, and their input was used to improve care and service delivery. Management explained that consumers were involved in the development and evaluation of care and services through surveys, consumer meetings and forums, complaints and feedback data and direct feedback to staff. It also advised members of the governing body visited the service and spoke directly with consumers to understand their experiences and to listen to feedback.

A review of the service’s continuous improvement register and meeting minutes confirmed consumers were engaged in processes to improve care and services. The continuous improvement register was up to date, and identified issues, related standards, planned action, persons responsible, action date, and evaluation. Some examples of improvements initiated by consumer feedback included: providing more appropriate lightweight utensils for meals, increased meal portion sizes and changing meal recipes to consumers’ satisfaction.

The service’s governing body demonstrated it was accountable for the delivery of safe, quality care and services. The governing body maintained oversight of the service and made changes informed by various mechanisms such as, but not limited to: monthly audits, quality and compliance reports and data analysis. For example, the governing body initiated improvements in the supply of personal protective equipment, revision of the staff rostering system, and updates to the integrated care system.

Based on a review of documentation, policies, interviews with staff and management, the service demonstrated it had effective organisation wide governance systems relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

Management and staff explained what they would do if they witnessed an incident, outlined the reporting mechanisms for the Serious Incident Response Scheme, and steps for remediation. The service demonstrated it had effective risk management systems and practices relating to:

* the management of high impact or high prevalence risk
* identifying and responding to abuse and neglect of consumers
* supporting consumers to live their best lives
* managing and preventing incidents, including use of an incident management system.

Management explained it identified and monitored risk through data analysis, incident management system, electronic records management system, infection register, and other clinical registers. In addition to governance reporting requirements, clinical risk factors were discussed at weekly meetings and with health professionals. An example of how information from the service’s risk management systems influenced service improvements included an updated falls management program that covered strategies such as:

* strength exercises for consumers
* manual handling training to prevent falls
* falls risk awareness
* creation of a manual handling champion
* working with a general practitioner to minimise falls risks by reducing use of psychotropics.

The service had a documented clinical governance framework that included policies, process and procedures, and reporting requirements for antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated knowledge of the service’s policies and provided examples of relevant to their work.

## 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.