St Pauls

Performance Report

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**Commission ID:** 5256

**Provider name:** Lutheran Church of Australia - Queensland District

**Site Audit date:** 4 May 2022 to 6 May 2022

**Date of Performance Report:** 30 June 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 4 May 2022 to 6 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.

Consumers and representatives confirmed staff treated them with dignity and respect and provided for their individual needs, backgrounds, and diversity without discrimination. Consumers and representatives said staff understood their needs and preferences and were considerate of those things when providing care and services and when welcoming visitors to the service. Consumers confirmed they felt safe and respected in the service, and their religious, cultural and linguistic needs were thoughtfully accommodated by staff. Consumers were able to make decisions about how staff delivered care and services, this included active involvement by family and friends in the process. Consumers maintained their relationships and were encouraged to spend time with friends and family within the service. Consumers spoke of being able to take risks in their daily lives with support and encouragement from staff.

Staff consistently showed respectful and caring behaviour toward consumers, which included being familiar with and understanding their backgrounds and diversity. Staff confirmed they discussed culture, backgrounds, and preferences with consumers upon admission to the service. Staff described the methods used to communicate with consumers with differing needs and the Assessment Team observed staff treating consumers with respect and supporting their likes and preferences. Staff showed how they were aware of consumers’ culture and, in turn, adapted the services they provided to respect consumers’ cultures. Staff demonstrated how they supported consumers to make choices and maintain their independence and relationships. Staff gave examples of how consumers and representatives were involved in care planning, through participation in case conferences, consumer meetings and daily discussions with staff. Staff confirmed they supported consumers to maintain relationships and provided examples of consumers regularly receiving visits from families and friends, or consumers going on outings. Staff advised they supported consumers to maximise social connections, both within the facility and the wider community. Consumers who chose not to participate in community events or social interactions had their choices respected by staff. Staff described how consumers took risks and how they supported consumers to take risks, including conducting risk assessments in consultation with the consumer and/or representatives and health professionals.

The service’s Diversity and Inclusion policies outlined how staff were to treat consumers and how consumers were to be supported to express their cultures, diversity, identity and preferences. A review of staff orientation and mandatory training modules identified training on treating consumers with respect and dignity. Consumers’ care planning documents described consumers’ countries of birth and religious and spiritual needs; however, whilst these documents did not always contain details of cultural practices, staff demonstrated they recognised and remembered consumers’ culturally specific needs or preferences. The Assessment Team raised this with management and management noted the feedback and acknowledged room for improvement in care planning documentation. The service had a person-centred care policy which included accepting diversity in others and respecting people from different ethnic, cultural and lifestyle backgrounds. Consumers were supported to be independent and to make choices in their daily lives. Staff respected and supported consumers when making choices and staff assisted consumers with their desired actions and activities. Consumers’ care documentation included designated contact information for consumers’ representatives, enduring power of attorney, family, and friends. Care planning documentation showed the ways in which consumers were supported to take risks and live the lives they wanted. Risk assessment documentation was completed, and the service had dignity of risk procedures in place.

## 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 have 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.

Consumers and representatives advised they were happy with their level of involvement in their assessment and ongoing review of their care plans. Consumers and representatives confirmed they were made aware of care planning outcomes and could easily access their documentation. Consumers provided examples of how the service provided effective and safe care for them, including strategies for management and assessment of falls risks and equipment used to minimise falls risks. Consumers were satisfied with the care and services they received. Care planning documentation demonstrated regular reviews of care plans and consultation with representatives, psychiatrists, general practitioners, nursing staff and other health professionals. Staff reviewed plans every three months or when changes occurred. Consumers advised staff kept them well informed concerning any changes to their care plans.

Staff described the process for care planning, including an initial assessment upon entry to the service and a further assessment shortly thereafter, with regular reviews every three months. Staff explained how they used care planning documentation to inform and guide them in providing person-centred care and services. Staff demonstrated awareness of consumers’ individual needs, goals and preferences. Staff described the advanced care planning process, which included end-of-life preferences, such as the statement of choice document.

Staff explained how they ensured service and care delivery matched consumers’ needs and preferences, which included identifying and managing risk and involving other health professionals with care. Staff demonstrated how outcomes of care planning were documented on the electronic care system and confirmed consumers were able to access these files as they wished. Staff described how information about consumers’ care requirements was shared effectively amongst staff through handover meetings, progress notes, and care plan reviews.

The service demonstrated how it provided training and resources for staff, which ensured they possessed the necessary skills and knowledge to make assessments and review consumers. Staff were trained in recognising and respecting diversity, including language and culture. The service demonstrated it had various policies and procedures which directed staff in the assessment process, which included partnering with consumers and representatives and providing staff with appropriate tools and resources. The service’s electronic care management system allowed it to effectively manage documents and other records including access by staff and consumers. The service had policies and procedures for advance care and end-of-life wishes, which assisted with decision making and support for consumers’ end-of-life journeys. The policies and procedures showed the service incorporated outside health professionals in caring for consumers and ensured appropriate information and updates were shared between appropriate staff. The Assessment Team observed the service’s communication processes were efficient and effective.

## 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 identify 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, which 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, which 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.

Consumers reported they received personal care and clinical care that was safe and right for them and met their needs and preferences. Consumers felt the care and services they received were planned to maximise their health and wellbeing, was flexible as their needs changed and met best practice standards. Consumers confirmed they were able to access external providers and services as needed. Consumers and representatives provided examples of how the service identified changes in consumers’ conditions and provided timely and effective responses. Consumers and representatives felt the service managed elevated risk matters efficiently and effectively and advised staff used good hygiene practices such as hand washing, and cleaning and they were confident in the service’s management of COVID-19 precautions and infection control practices. Consumers and representatives were satisfied with the delivery of care, including communication about changes to consumers’ conditions to staff and others involved in providing care and services.

Staff discussed policies and procedures that directed them how to provide care and services effectively and safely. Staff confirmed they could access to appropriate documents and records easily and could involve other qualified medical staff as required, including for advice and escalation of issues. Staff identified external medical organisations involved in providing care to consumers within the service. Staff confirmed the service provided training and education sessions which helped them to support consumers and deliver care. Interviews with staff showed staff appropriately managed and mitigated high impact risks for consumers such as falls, behaviours and infection and that staff actions were based on best practice. Staff described end-of-life procedures including pain, dignity, and comfort management practices. Staff outlined the processes for reporting changes in consumers’ conditions which allowed for timely and effective responses. Staff gave examples of processes used to share information between staff within the service, such as handover meetings, progress notes, and care planning documents. Staff confirmed they received training in infection control, including identification and response to infection risks.

The service had policies, procedures and guidelines which supported and guided staff in their delivery of care and services, which included:

* restraint, nutrition, and hydration,
* elder abuse,
* occupational violence and aggression,
* sensory loss management,
* and a pain management policy

Documentation demonstrated the service had procedures for reviewing and auditing care and the service monitored the delivery of care and conducted audits to identify trends and analyses of elevated risk within the service. The service had policies and procedures for dealing with changes in a consumers’ conditions, including qualified staff available for consultation and escalation as needed and had end-of-life care management guidelines in place to guide and support staff. Care documentation showed external medical personnel were in care for consumers. The service had policies and procedures in place that covered infection control, which included outbreak management, staff training records, COVID-19 considerations and a vaccination register. The service had infection control practices and antimicrobial stewardship guidelines, which included monitoring the use of antibiotics and seeking alternatives prior to prescribing antibiotics.

### 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.

Consumers and representatives advised the service supported them to engage in activities of interest to them and this promoted their health and wellbeing. Consumers advised activities were based on what they liked to do, and they felt comfortable in providing suggestions and feedback. The activity calendar noted a variety of upcoming activities that included bocce 4 times a week, music and art, seated dance yoga, bingo, bus trips, multiple religious activities, a weekly concert, small group walks, word games and trivia. Consumers and representatives indicated they were able to stay in touch with family or friends for comfort and emotional support. Consumers said that they met friends and family at the service or used technology to stay in touch with them. Consumers and representatives advised staff knew their needs and preferences, without needing to remind them. Consumers reported the food was of excellent quality and met their dietary needs, menu options were flexible, and they could order alternatives if they wished. Representatives and consumers advised equipment, including mobility aids, was safe, suitable, and clean.

Staff described different activities consumers liked to participate in and showed they understood the need for care plans to reflect consumers’ needs and preferences. Staff gave examples of how they supported consumers to identify their needs and preferences, so activities could be organised to match these. Staff described using external organisations to assist in providing services as needed.

Staff demonstrated how they encouraged consumers to maintain relationships with people important to them, through encouraging visitors and the use of technology to maintain contact. Staff discussed how they shared information and were kept informed of consumers’ conditions, needs and preferences. Staff spoke of identifying when a consumer’s mood was low and what actions they could take to assist. Staff confirmed equipment was regularly maintained and checked for faults and that they knew how to report issues with equipment.

The service kept records of consumers’ needs, goals and preferences for staff and others to use as guidance when delivering care and services to each consumer. The service maintained an electronic care management system which was easily updated and provided regular review scheduling for consumers’ care planning. The service demonstrated incidents were appropriately managed and continuous improvement such as the feedback was captured and acted upon. Documentation demonstrated the service provided activities and delivered services in line with consumers’ emotional, spiritual, and psychological needs. Care planning documentation showed the service ensured social and other connections to community were maintained and supported. Care planning documentation for consumers contained information which guided staff in delivering care and in being aware of any risks associated with consumers’ activities. Management advised all food was cooked fresh on site and reported that the service is one year into implementing the 'Happy Table' 3-year project, which was a part of the service's strategic plan to reduce malnutrition in aged care and formed a significant example of continuous improvement within the service. All equipment was clean, well maintained and stored in an organised manner.

## 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.

Consumers and representatives considered the service felt like home and reported the service was clean and well maintained. Consumers said they could move freely around the service and access outdoor areas if they wished. Consumers and representatives said that equipment, furniture, and fittings in the service were clean, safe, well maintained, and suitable for their needs and preferences. Consumers showed how they were able to personalise their rooms as they wished.

Staff described their role in providing a welcoming and safe place for consumers. Staff advised how they assisted consumers in moving about the facility and described environmental features designed to assist consumers to maintain independence, such as signage, handrails, and lighting. Staff confirmed they encouraged and supported consumers to personalise their rooms with furniture and other items. The service had an electronic system for raising maintenance requests and staff confirmed they could access the system and used it as maintenance issues were identified. Care staff described how they performed regular checks and cleaning of consumer mobility aids. Staff advised the environment was monitored through the maintenance log, feedback, and daily visual inspections. The service had processes in place for the escalation of maintenance issues.

The service’s environment was designed to be welcoming, warm and easily navigated by consumers and visitors and exhibited design features that enabled consumers living with dementia to navigate freely and safely with minimal assistance from staff. The Assessment Team observed ways in which consumers had personalised their rooms. The service maintained both indoor and outdoor shared areas where consumers could interact socially and entertain visitors. The service had policies and processes which ensured scheduled maintenance was completed and ad hoc repairs were addressed. Furniture and fittings were clean, and the service had policies and procedures to ensure furniture and fittings were fit for purpose, did not pose a risk to consumers and was suitably 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.

Consumers and representatives felt comfortable in providing feedback and lodging complaints without fear of negative consequences. Consumers and representatives confirmed the many ways in which they provided feedback, which included speaking directly to staff and management, or at consumer meetings. Consumers advised they were supported and encouraged to raise concerns and staff ensured they were aware of the complaints process. Consumers and representatives advised they understood they could lodge complaints and feedback with external parties and could seek assistance from advocacy services if they wished. Consumers and representatives said management addressed and resolved concerns following a complaint, or when an incident occurred. Consumers advised staff provided explanations when things went wrong and promptly took action to resolve issues. Consumers spoke of improvements made to services after feedback was provided to management, such as quality of food and cleaning practices.

Staff confirmed they encouraged and supported consumers to provide feedback and lodge complaints, examples included showing consumers the numerous ways they could provide feedback through verbal discussions, feedback forms and suggestion boxes located throughout the service. Staff confirmed they assisted consumers to access advocacy services and other external organisations to help them with lodging a complaint or providing feedback. Staff described the process for assessing consumers’ cultural and other needs upon admission, so the service was aware of any special measures necessary so consumers could easily communicate issues or complaints. Staff described the open disclosure process, advised they received training in its use and understood their role in the process. Staff and management spoke about the use of complaints and feedback data and how this informed the service about improvements that could be made. An example given was an increase in staff and resources after trends were identified which showed low staff numbers resulted in a degradation of services to consumers.

The service had policies and procedures in place which ensured consumers and their representatives were encouraged and supported to provide feedback and lodge complaints. The service ensured the feedback and complaints process was accessible to everybody and provided multiple methods to consumers and representatives, these included encouraging verbal discussions, suggestion boxes, consumer meetings, feedback forms and using advocacy services. The service ensured consumers and representatives were not treated differently or discriminated against as a result of their feedback. The service provided training for staff in open disclosure and trained staff to identify nonverbal cues from consumers when they were not happy. The service had a system for reviewing complaints and feedback and used the information to identify improvement opportunities.

## 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.

Consumers and representatives reported they felt well cared for by staff who were caring and appropriately skilled. Consumers advised staff attended quickly to them when they used their call bells, and they provided kind and gentle care. Consumers and representatives felt staff were well trained and had the skills and knowledge to meet their care needs. Consumers said staff were experienced and the same staff typically looked after them each day. Representatives advised staff were particularly good at knowing the needs of consumers and they managed incidents and risks efficiently and effectively.

Staff advised there were enough staff at the service, with some staff advising that although they were quite busy at times, they were able to provide high quality care and services. Staff interacted with consumers, and each other, in a kind, caring and respectful manner. Staff greeted consumers by their preferred names and demonstrated they were familiar with each consumer's individual needs and identity. Staff reported confidence in their training and abilities, which enabled them to provide the required level of care and services to consumers. Staff described the training and preparation provided upon commencement of employment as well as ongoing performance review processes at the service. Staff confirmed they were able to request and receive additional training as required.

The service demonstrated staff were rostered to provide quality care and services and there was a mix of numbers and skilled staff which ensured the delivery and management of safe and quality care and services. The service’s rostering system allowed for the provision of staff across all areas of the service in response to varied needs of consumers. Management regularly reviewed call bell response rates and the Assessment Team noted the data showed response times were shorter than benchmark response times. The service’s staff handbook required staff to always treat consumers with dignity and respect. Consumer survey results for 2021 showed a 100% satisfaction rating for kind and caring treatment reported by consumers and representatives. The service had several key policies and processes in place which ensured staff were knowledgeable and properly trained to perform their roles:

* Position descriptions included key competencies and qualifications that were either desired or required for each role, and staff were required to have relevant qualifications and police checks.
* Staff were trained with an orientation checklist upon commencement, assigned buddy shifts, and agency staff were not put in a lodge on their own.
* The service required staff to complete annual mandatory refresher training and management monitored and followed up on this.

The service had a performance development and review process which monitored when staff performance appraisals were due and assessed staff development needs. The service demonstrated how consumer feedback, staff input, and other performance-related information was used in the review process. The Assessment Team observed the electronic system for recording staff information included performance management data. Staff records were current, and all staff were scheduled for performance reviews.

## 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.

Consumers and representatives reported the service was well run and they were actively involved in the development and delivery of care and services. Consumers confirmed they were invited to attend meetings, participate in surveys, and discuss the development and delivery of services. Consumers gave examples of changes made to meals and activities as a result of consumer input.

The service ensured a culture of safe, inclusive, and quality driven culture through accountability structures evident within the service. These included:

* A reporting structure which showed the service was accountable to the Board.
* A quality and accreditation partner provided reports to the Board based on monthly information provided by the service.
* Board meeting minutes showed regular monitoring of incidents, complaints, a balance scorecard, quality indicators and clinical indicators.
* External audits including Commission visits to the service were reported to the Board.
* The Assessment Team observed published policies and procedures, reports, and completed internal audits which demonstrated how the governing body and its operating subcommittees ensured the service was meeting the Quality Standards and addressing incidents as they arose.

The service had processes and mechanisms in place for effective governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Information management systems in place ensured staff and others involved in care had information they needed to deliver safe and quality care and services, through the electronic care management system, staff electronic systems, during handover and on the handover whiteboard. The service had policies and processes which informed and directed continuous improvement, financial governance, regulatory compliance, and feedback and complaints processes. The service had policies and procedures in place which identified high impact and high prevalence risks which affected consumers and care planning processes and helped to develop risk minimisation strategies. The service provided examples improvements made following consumer feedback and complaints.

The service demonstrated its clinical governance structures supported clinical care best practice and how clinical care practice was directed by policies for antimicrobial stewardship, restrictive practices, and open disclosure.

## 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.