St Vincent's Care Services Haberfield

Performance Report

7 Tillock Street
HABERFIELD NSW 2045
Phone number: 02 9799 8753

**Commission ID:** 0302

**Provider name:** St Vincent's Care Services Ltd.

**Site Audit date:** 5 April 2022 to 7 April 2022

**Date of Performance Report:** 12 May 2022

# Performance report prepared by

Katrina Platt, 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 conducted on 5 April 2022 to 7 April 2022, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* information from the preceding Site Audit conducted in December 2020 (Performance Report date of 19 February 2021) particularly in relation to Requirements which were previously found to be Non-compliant, have now resulted in Compliance following improvements.

# STANDARD 1 COMPLIANTConsumer 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The Assessment Team found that overall, sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

The Assessment Team interviewed consumers and representatives who confirmed that staff are aware of their preferences and cultural background. Consumers felt that staff understood their cultural needs and that care and services delivered take their culture into consideration. Consumers interviewed explained how they are provided choices related to the delivery of daily care, and felt comfortable communicating their needs and preferences to staff.

Consumers and representatives expressed satisfaction in the way they receive current, accurate and timely communication and stated they are able to and felt comfortable seeking information regarding care and services. In relation to privacy, consumers and representatives believe their privacy is respected and expressed confidence in how their personal information is protected and managed.

The Assessment Team observed staff supporting and interacting with consumers in a respectful and encouraging way and supporting choice in relation to care and service delivery. This was observed to be in line with the consumer’s preference and cultural background, and in a manner that was consistent with information obtained from the consumer and their individualised care plans. Staff understood the ‘dignity of risk’ process and gave examples of how consumers are being supported to live the best life they can.

The organisation provides staff with the opportunity to attend cultural awareness training as part of their mandatory training package. The Assessment Team observed cultural diversity in the activities calendar, food selection, support of individual religious beliefs and how consumers are encouraged to decorate their rooms with personal items. Diversity in communication needs of consumers was demonstrated, with information provided in various formats and languages to cater for individual consumer needs specific to the facility.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The Assessment Team found that overall, sampled consumers and representatives considered they feel like partners in the ongoing assessment and planning of care and services for optimising consumers’ health and wellbeing.

The Assessment Team interviewed consumers and representatives who stated they are involved in initial and ongoing assessment and planning of their care and services and are offered the opportunity to review their care plans. Consumers discussed being consulted about their care needs and preferences, including their end of life wishes, and said their care is based on an ongoing partnership with involvement from health care professionals. Consumers and representatives are satisfied with communication from staff when care and services are reviewed, or when circumstances change.

Clinical and care staff explained to the Assessment Team how they assess and develop care plans initially, and that a ‘resident of the day’ program runs monthly to discuss and reassess consumer care needs. The Assessment Team reviewed sampled files and found they included consumers’ current needs, goals and preferences and provided details on advance care directives with evidence of ongoing monitoring and review.

The organisation provides a suite of policies, procedures and risk rated tools to assist with identifying each consumer’s individual risk that may affect their health and wellbeing, used in conjunction with an electronic care documentation system. The Assessment Team observed newly updated consumer handbooks available for consumers and representatives detailing the process of care planning.

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

## Assessment of Standard 2 Requirements

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

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

Since the last Site Audit in December 2020, and as reflected in the Plan for Continuous Improvement prepared by the Approved Provider in December 2020, assessment planning with consumers has been enhanced, with all allied health recommendations reflected in care planning documentation. Communication between staff at handover have developed. A program for the regular review of assessments and care plans, in partnership with consumers, has been implemented.

### 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.*

Since the last Site Audit in December 2020, and as reflected in the Plan for Continuous Improvement prepared by the Approved Provider in December 2020, additional education programs for clinical staff and written guidelines are in place to support effective communication with consumers and representations for the assessment and planning of care and services. Review programs have been implemented and project upgrades to technology have also been completed.

### 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.*

Since the last Site Audit in December 2020, and as reflected in the Plan for Continuous Improvement prepared by the service in December 2020, a review program has been implemented to ensure assessment and care planning needs of consumers are being met.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The Assessment Team found that overall, sampled consumers considered they receive personal care and clinical care that is safe and right for them.

The Assessment Team interviewed consumers and representatives who expressed satisfaction with the personal and clinical care provided, stating it was right for them and meets their needs. Consumers and representatives said they feel that consumers’ wounds, pain, falls, weight and response to behaviours are effectively managed. Most consumers and representatives sampled were satisfied that any changes to consumer needs and preferences are effectively communicated between themselves, staff and other health services.

Most consumers and representatives confirmed that staff communicate with them regarding their goals and preferences related to end of life wishes and that consumer comfort is maximised. Consumers and representatives interviewed confirmed they have discussed advance care directives with staff. The Assessment Team received positive feedback from consumers and representatives about staff communication about deterioration or changes in the consumer’s health.

The Assessment Team found that staff demonstrated an understanding of the individual personal and clinical needs of consumers and described how they report and manage pain and restrictive practices, incidents, skin break down and infections. The Assessment Team reviewed records which confirmed information was recorded by clinical staff on pain, behavioural strategies, skin care, falls and personal care and found progress documentation included relevant information pertaining to each individual consumer.

Staff also demonstrated an understanding of the needs of consumers nearing the end of life and described how they recognise and respond to consumers’ needs at this time. Staff discussed what to do and how to respond to the deterioration of the health of a consumer, with documented processes in place to inform Staff to recognise and response to a change in a consumer’s mental health, cognitive and physical function.

The Organisation has policies and procedures on restrictive practices, skin and wound management and pain management which were found by the Assessment Team to reflect recent changes in legislation and for supporting a best practice approach to clinical care. Polices are also in place to guide staff in caring for consumers in the palliative phase and for recognising clinical deterioration. Written procedures were available on making referrals to allied health professionals outside the service, with appropriate documentation reviewed by the Assessment Team showing timely referral to health professions have occurred as needed.

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

### Assessment of Standard 3 Requirements

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

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

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

Since the last Site Audit in December 2020, and in accordance with the Plan for Continuous Improvement prepared by the Approved Provider in December 2020, consumer needs and preferences in relation to personal care and clinical care have been reviewed. Programs have been implemented to ensure consumer care plans undergo regular examination, with enhancements made to information technology to support this measure.

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

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

Since the last Site Audit in December 2020, and in accordance with the Plan for Continuous Improvement prepared by the Approved Provider in December 2020, appropriate reviews of consumers who experience high impact or high prevalence risks have been undertaken. Support has been provided to staff through education and training for increased understanding of high impact or high prevalence risks, including falls management and prevention, medication safety, escalation of wound care and responding to deterioration in a 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.*

Since the last Site Audit in December 2020, and in accordance with the Plan for Continuous Improvement prepared by the Approved Provider in December 2020, documented processes and frameworks in relation to consumer care and services are monitored in accordance with a program of continuous improvement.

### 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.*

Since the last Site Audit in December 2020, and in accordance with the Plan for Continuous Improvement prepared by the Approved Provider in December 2020, policies and procedures in relation to infection control are monitored in accordance with a program of continuous improvement.

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

The Assessment Team found that overall, sampled consumers and representatives considered they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

The Assessment Team received positive feedback about the group and individual lifestyle programs offered, with consumers and representatives stating they feel supported to do the things they want to do. The Assessment Team found the lifestyle care plans were individualised and detailed the consumer’s needs, goals and preferences, and were consistent with information obtained in interviews whilst on site. Positive feedback about the variety, quality and quantity of food provided was also received from consumers.

Consumers and representatives interviewed felt encouraged and supported to keep in touch with their family and friends, with additional supports like video calls, newsletters and photos provided due to COVID-19 restrictions and for other times when families are unable to visit. The Assessment Team received positive feedback from consumers and representatives about pet visits and other animals attending as part of the activities program, especially the recent visit from the animal farm.

Consumers and representatives interviewed provided positive feedback about support they receive to continue to practice the faith of their choice.

The Assessment Team interviewed lifestyle staff who explained the scheduled monthly activities include a combination of activity types focused on providing social, physical, cognitive, emotional, spiritual, cultural and sensory experiences, and are designed to promote consumer independence, wellbeing and quality of life. Lifestyle and care staff were able to provide examples of the individual needs of consumers and discussed how they support consumers to engage in activities that encourage independence and support their quality of life.

Overall, staff interviewed illustrated a very good understanding of the consumers reviewed by the Assessment Team. They could explain how consumers are supported to do things of interest to them and the ways they encourage consumer independence and support their quality of life.

The Assessment Team reviewed the monthly activities calendar which evidenced a wide range of activities designed to promote consumer’s physical, social and emotional health and wellbeing. Lifestyle care plans were also evidenced to be reviewed regularly and had been updated in line with consumers’ change of preferences or ability.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Then Assessment Team found that all sampled consumers indicated they feel they belong and feel safe and comfortable in the service environment.

The Assessment Team interviewed consumers and representatives who confirmed the service environment is welcoming, comfortable and homelike and meets their needs and the needs of their visitors. Consumers and representatives interviewed stated they feel at home and are happy with the quality of the service’s living environment. A significant number of consumers said the extensive refurbishments in 2020 (to present) had greatly improved the décor, lighting levels, liveability and safety at the service.

The service demonstrated an environment that is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. The Assessment Team observed the service environment to be safe, clean, well maintained and comfortable, which enables consumers to move freely in both indoor and outdoor areas. Adequate supplies of indoor and outdoor furniture, fittings and equipment that are safe, clean, well maintained and suitable for the consumer were also observed by the Assessment Team.

Review of the organisation’s preventative maintenance plan and corrective maintenance system records indicated that maintenance is well managed. Maintenance requests are received, prioritised and are attended to in a timely manner. Adequate supplies and stocks of equipment are available to staff to support them deliver a quality service. Effective policies and procedures for budgeting, purchasing, inventory control, assets management and maintenance were evidenced.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

Since the last Site Audit in December 2020, and in accordance with the Plan for Continuous Improvement prepared by the Approved Provider in December 2020, outdoor areas have undergone a regular routine of cleaning, and the provision of new furnishings and updated security measures have improved consumer safety.

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

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

Since the last Site Audit in December 2020, and in accordance with the Plan for Continuous Improvement prepared by the Approved Provider in December 2020, all outstanding maintenance was completed, a reactive maintenance schedule implemented and external contractors were engaged for additional maintenance.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The Assessment Team found that overall, consumers and representatives interviewed considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

The Assessment Team interviewed consumers and representatives who confirmed they are aware of and feel comfortable or safe to raise issues using the complaints mechanisms provided, which includes both internal and external options. Consumers confirmed they raise issues at meetings including the ‘resident’ meetings and feel comfortable raising issues with the Facility Manager using the open disclosure process.

Most consumers and representatives interviewed were satisfied with how complaints about consumer care and services had been dealt with, however one consumer commented the complaints system had been ineffective in the past and expressed doubts about things changing. Most consumers and representatives stated they are encouraged and supported by the Facility Manager and staff and are generally happy to discuss issues with the Facility Manager and/or staff in person. The majority of consumers were aware they could seek support from an advocate, like a family member or someone from an advocacy service, and/or make an anonymous complaint if they felt uncomfortable or uncertain about rising their concerns.

The Assessment Team found that staff interviewed were aware of the service’s complaint system and encourage, support and assist consumers raise issues or concerns. Staff were familiar with the process of escalating complaints of a serious nature or those outside their scope to the Facility Manager.

The Assessment Team found the service provided a choice of well publicised complaint mechanisms that are used by stakeholders including consumers, relatives and staff. Information was available in various languages including English and Italian, ensuring consumers are made aware of and have access to advocacy, language services and other methods for raising and resolving complaints. Management and staff interviewed were aware of how to access interpreter and advocacy services as required.

The organisation has a Continuous Improvement Program, with surveys undertaken to measure improvement in a range of areas. Feedback and complaints are documented, reviewed and used to improve the quality of care and services. Action is taken in a timely manner to respond to complaints. Education on the Charter of Consumer Rights and requirements of the Quality Standards is provided to consumers and staff in a number of ways including at monthly ‘resident’ meetings, staff meetings and training sessions.

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

## Assessment of Standard 6 Requirements

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

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

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

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

Since the last Site Audit in December 2020, and in accordance with the Plan for Continuous Improvement prepared by the Approved Provider in December 2020, training has been provided to staff on complaints process and management, assisting consumers with feedback and local advocacy, language and interpreter services.

### 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

The Assessment Team found that overall, sampled consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The Assessment Team interviewed consumers and representatives who said staff are kind, gentle, caring and are respectful of who they are as individuals. Consumers and representatives felt confident that staff are sufficiently skilled and capable to meet their care and service needs. The Assessment Team received positive feedback from consumers and representatives about the adequate number of staff rostered to provide safe and quality care and services.

Staff interviewed by the Assessment Team stated they generally have enough staff rostered and adequate time to be able to attend to consumers’ personal preferences and care needs. A range of staff from different service areas including administration, care, lifestyle, catering, cleaning and maintenance were interviewed and stated they were often busy but felt they had sufficient time to complete their duties during their shift.

The organisation was able to demonstrate that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity, with the Assessment Team observing consumer and staff interactions to be kind and caring throughout the site audit.

Appropriate systems to recruit, train, equip and support staff to deliver quality outcomes was evidenced. Ongoing maintenance of staff knowledge and skills is underpinned by staff orientation, education and competency programs, with a staff performance planning and review system also in place.

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

## Assessment of Standard 7 Requirements

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

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

Since the last Site Audit in December 2020, and in accordance with the Plan for Continuous Improvement prepared by the Approved Provider in December 2020, workforce planning is ongoing and reviewed regularly in line with quality standard requirements, with appropriate training programs in place as required.

### 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.*

See notes under Requirement 7(3)(a) above.

### 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The Assessment Team found that most sampled consumers considered the organisation is well run and they can partner in improving the delivery of care and services.

Most consumers and representatives interviewed expressed confidence in the management team, with some concern raised about the recent loss of the Facility Manager and of having a number of acting managers until the role is filled permanently. Consumers sampled described how they are encouraged to become involved in improvements at the service through providing feedback and attending the ‘resident/relative’ meetings.

The Assessment Team were provided with a documented risk management framework, including policies, in relation to identifying abuse and neglect and supporting consumers to live their best life. The service has a clinical governance framework in place that effectively guides and monitors practices related to clinical care, restraint, antimicrobial stewardship and open disclosure.

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

## Assessment of Standard 8 Requirements

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

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

Since the last Site Audit in December 2020, and in accordance with the Plan for Continuous Improvement prepared by the Approved Provider in December 2020, consumer contribution to development, delivery and evaluation of care and services continues to evolve.

### 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.*

Since the last Site Audit in December 2020, and in accordance with the Plan for Continuous Improvement prepared by the Approved Provider in December 2020, effective organisation wide governance systems have been reviewed, implemented and evaluated.

### 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.*

Since the last Site Audit in December 2020, and in accordance with the Plan for Continuous Improvement prepared by the Approved Provider in December 2020, effective risk management strategies for high impact and high prevalence risks continue to identify, monitor, assess and mitigate risk to support consumers to live the best life they can.

### 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.