Sunnymeade Park Aged Care Community

Performance Report

362-376 King Street   
CABOOLTURE QLD 4510  
Phone number: 07 5495 4233

**Commission ID:** 5208

**Provider name:** Jomal Pty Ltd

**Site Audit date:** 15 March 2022 to 17 March 2022

**Date of Performance Report: 20 April 2022**

# Performance report prepared by

Nicole Grey, 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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 11 April 2022.
* other relevant information held by the Commission in relation to the 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

Overall, sampled consumers said they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the best life that they chose. They said consumers were encouraged to maintain their independence and staff knew what was important to them. Consumers acknowledged the responsiveness of staff to support their lifestyle needs, choices and preferences. They felt supported to make decisions about who was involved in their care and relationships they chose to maintain.

Consumers and representatives felt supported to take risks involved in their activities of daily living. They were provided with information regarding their care and services through several methods including, but not limited to, newsletters, meetings, activity calendars, noticeboards, announcements and interactions with staff. Consumers felt their personal privacy was respected by staff.

Care documentation reflected the personal preferences of consumers in relation to their personal care, cultural and spiritual identities. Important cultural events including religious dates of importance, birthdays and memorial services were captured in care planning documentation. Care documentation reflected consumers were supported to exercise choice and included the contact details for representatives. Risk assessments were completed in consultation with consumers, representatives and respective health professionals. Assessment information reflected consumer choice was provided in relation to the provision of clinical and non-clinical care and services.

Staff spoke about consumers in a respectful manner and could access care planning information specific to their individual identities, culture and diversity. Staff had a shared understanding in relation to the delivery of culturally safe care, personal care, the provision of privacy and consumers’ sleeping preferences. Registered staff demonstrated a shared understanding of the service’s consultative processes in relation to risk which occurred with consumers, their representative and relevant health professionals.

Management ensured information pertaining to the safety of consumers during COVID-19 was discussed at consumer meetings and electronic mail correspondence to representatives. Staff demonstrated a shared understanding in relation to the confidentiality requirements of their roles and ways these were upheld.

The organisation’s various policies and systems were underpinned by the organisation’s vision and values. Orientation and training records evidenced staff were provided with information and training in relation to treating consumers with respect and maintaining their dignity.

An organisational code of conduct for staff was in place and the service’s electronic management system was password protected to ensure the personal information of consumers was secure. Staff could access organisational policies including, but not limited to, consumer choice, dignity and risk.

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

Overall sampled consumers felt they were partnered in assessment and planning processes and received the care and services they needed for their health and well-being. They said the service’s assessment and planning processes considered risks associated with the care of consumers and felt the service understood their care needs, goals and preferences, including their end of life wishes. Consumers, representatives and other health professionals were consulted and notified of the outcomes of assessment and planning processes and care plans were provided to consumers upon request.

Comprehensive assessments were completed by registered staff and included the identification of clinical risks and reflected the needs, goals, choices and preferences of consumers. Risks included, but were not limited to, diabetic management, mobility, skin integrity, pressure injuries, falls and behaviour management.

Assessments for consumers who required restrictive practices were reassessed in alignment with the service’s updated restrictive practice processes introduced in November 2021. Changes have included updated risk assessments, completion of authorisations and behaviour support plans. Care and services were reviewed following a change in condition or when an incident occurred.

Staff could access a suite of evidence-based assessment tools on the service’s electronic care management system. Care staff were provided with information about new consumers and/or updates regarding consumers’ care needs during handover, from care documentation and during communication with other health professionals involved in their care. Registered nurses reassessed the conditions of consumers in consultation with those involved in their care regularly and when changes were identified. Staff completed care planning reviews every months through case conferences, telephone calls and one on one discussions. Care plans and manual handling guides were observed to be in each consumer’s room during the Site Audit.

Organisational policies, procedures and guidelines were available to support staff practice in relation to assessment and planning processes.

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.*

### 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

Overall consumers and representatives sampled, received personal and clinical care which met their needs and preferences, was safe and optimised their ability to live the best life they could.

Consumers said they were referred to their medical officer or other health professionals as required and that referrals occurred promptly. They said that they were pleased with the care delivered by those to whom they have been referred.

Care planning documentation demonstrated the delivery of safe and effective care and the involvement of other health professionals.

Staff had a shared understanding of the individual personal and clinical care needs and preferences of consumers. Staff described the opportunities they have for engaging in education to support their ongoing professional development. They were familiar with their responsibilities in relation to infection control and the steps they needed to take to minimise the need for antibiotics. Staff could describe high prevalence risks for consumers and how incident analysis was used to inform improvements in practice.

Clinical meetings included discussions regarding wound care, pain management, psychotropic medications and restrictive practice. Clinical indicators and psychotropic medications were monitored to ensure care delivered was safe and effective. Staff received training regarding clinical care which was delivered through the organisation’s online training system, face to face or through external providers including Dementia Services Australia, palliative care services and wound care specialists.

The organisation has addressed deficiencies that were previously identified within this Quality Standard. These included revision of restrictive practice policies, processes and the service’s psychotropic register, the implementation of behaviour support plans, staff training ensuring all legislative requirements in relation to restrictive practices were implemented.

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.*

The service demonstrated that consumers received safe and effective personal care and clinical care that was tailored to their individual needs and optimised their well-being. Consumers provided positive feedback about the personal care and clinical care they received and provided the Assessment Team with examples of how they were cared for.

The service has taken actions to address deficiencies that were previously identified in the delivery of personal and clinical care. These actions included:

* The service has revised and updated the organisation’s restrictive practice policy and processes to meet the current legislative requirements recorded in the *Quality of Care Principles 2014.*
* The implementation of individualised behaviour support plans for consumers prescribed medication as chemical restraint or who require environmental restraint inclusive of documented strategies to minimise and manage associated risks with challenging behaviours or restrictive practices.
* The service’s psychotropic medication register has been revised to include medications prescribed as chemical restraint.
* Staff training received training in relation to restrictive practices and demonstrated a shared understanding of consumers residing at the service who required restrictive practices and the monitoring processes required when restrictive practices are applied.

The Assessment Team reviewed care planning documentation and identified that care had been tailored to the individual and was aligned with their needs and preferences and this included consumers with complex pain and chronic wounds.

Staff said they were guided by organisational policies and procedures to direct the delivery of personal and clinical care. They said registered staff were readily available when changes were identified in the clinical and personal care needs of consumers including, but not limited to, pain, skin integrity and falls.

The organisation uses a variety of monitoring mechanisms to support the delivery of safe and effective care. These included the analysis of clinical indicators, consumer survey results, consumer and representative feedback, the service’s psychotropic medication register and Medication Advisory Committee meetings.

Policies and procedures relevant to this Quality Standard and requirement guide staff and guidelines are in place in relation to areas such as pressure injury prevention, pain management and restrictive practices.

I am satisfied the actions implemented by the service have addressed deficiencies identified in the previous Assessment Contact and clinical and personal care is safe and effective, tailored to consumers’ needs and optimises their well-being.

Therefore, it is my decision this Requirement is compliant.

### 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

Sampled consumers felt supported to do the things they wanted which optimised their independence and well-being. They considered their emotional, spiritual and psychological needs were managed appropriately by the service. Consumers felt supported to attend and participate in outings in the wider community with the service and their families and friends.

Most consumers and representatives were complimentary to the service’s communication processes when changes in the needs and preferences of consumers for services and supports for daily living were identified. They considered the service’s referral processes were appropriate and completed in a timely manner. Most consumers provided positive feedback in relation to the meals provided by the service and said equipment used to support their activities of daily living was suitable, clean and well maintained.

Care documentation reflected information regarding the types of services and supports required for daily living to meet the cultural, emotional, spiritual and social needs of consumers. Care planning documentation included information regarding the activity preferences of consumers and identified the social and personal relationships consumers chose to maintain. Further to this, care documentation provided enough information regarding consumers’ conditions, needs and preferences to guide staff practice.

Care documentation reflected the involvement of other organisations, individuals and providers of care and services including, but not limited to, transport services, social groups and the National Disability Insurance Scheme. The dietary needs and preferences, including allergies, texture modified diets and nutritional supplements were captured in assessment, care planning and catering documentation.

Lifestyle staff completed assessments in consultation with consumers and their representatives which included documented cultural and spiritual profiles. Lifestyle assessments and care plans were reviewed every three months or when the lifestyle needs of consumers changed. Activity programs were developed in consultation with consumers and their representatives and recorded in the service’s electronic care management system. Staff were updated of any changes regarding consumers’ lifestyle preferences through the service’s handover processes, communications from the lifestyle team and care documentation in the service’s electronic care management system.

The activities calendar was reviewed each month, reflected a variety of activities and was displayed throughout the service. Personal, cultural and spiritual events were planned and celebrated at the service including, but not limited to, the National Aborigines and Islanders Day Observance Committee week, and Chinese New Year.

Various people and organisations were involved in supporting consumers with their daily living needs including, but not limited to, psychologists, religious personnel, pet therapy groups, concert performers and a hairdresser. Staff demonstrated a shared understanding in relation to the dietary requirements of consumers and encouraged consumers to provide feedback regarding the quality and quantity of meals. Staff reported equipment issues to the onsite maintenance team which was repaired or replaced in a timely manner.

Equipment used to support consumers’ activities of daily living were observed to be stored appropriately, clean and maintenance tags indicated regular safety checks had occurred.

Organisational policies and procedures in relation to referral processes were available to guide staff practice. Menus were displayed in communal areas and reflected a variety of meal choices were available.

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 NON-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 service was unable to demonstrate the service environment was safe in relation to the management of consumers who chose to smoke in non-designated smoking areas of the service. Strategies recorded in the risk assessment information in relation to smoking were not effective to ensure the ongoing safety for consumers who chose to smoke and other consumers residing at the service.

While the service environment was not safe in relation to the management of consumers who chose to smoke, consumers and representatives felt the service environment was comfortable and clean and furniture, fittings and equipment was well maintained and suitable for use. The service environment was observed to be clean and enabled consumers to move freely throughout the service including outdoor areas.

Staff had a shared understanding in relation to the service’s maintenance reporting processes which were attended to in a timely manner. Maintenance documentation reflected scheduled maintenance and reactive maintenance of the service environment and equipment was completed.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-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) Non-compliant

*The service environment:*

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

The service did not adequately demonstrate the service environment was safe as some consumers who smoked cigarettes refused to use the designated smoking areas of the service. Monitoring processes and strategies employed by the service to prevent consumers smoking in areas outside designated smoking areas of the service were not effective.

The Assessment Team identified fifteen consumers at the service who were smokers. Two of these consumers were known by the service to smoke outside of the service’s designated smoking areas. The service’s incident data included several incidents between November 2021 and February 2022 involving consumers who smoked outside designated smoking areas.

The Assessment Team observed three designated smoking areas at the service however, two named consumers were observed by the Assessment team to be smoking outside these areas during the Site Audit. Both consumers were interviewed during the Site Audit and demonstrated an understanding of the requirement to smoke outside in designated areas of the service however, both consumers informed the Assessment Team that they preferred to smoke in other areas of the service.

Staff were aware of consumers who smoked outside designated areas of the service. Management and staff encouraged consumers to smoke in designated smoking areas within the service however, some consumers were not consistently compliant with these directions. Management informed the Assessment Team that the supervision of consumers smoking would be increased to ensure the safety of all consumers residing at the service.

The Assessment Team brought forward concerns in the Site Audit report regarding risk assessments for three consumers who chose to smoke. Concerns were pertaining to the lack of assessment in relation to consumers’ abilities to hold, light and extinguish cigarettes and the use of safety equipment including but, not limited to, a smoking apron.

The approved provider it its response refutes the Assessment Team’s findings in relation to the assessment of consumers’ abilities to smoke independently and the use of safety equipment. Their response included historical, additional and clarifying information through a range of supporting documents including smoking assessments, risk waiver forms, risk assessments and progress notes. I acknowledge the service’s response however, smoking assessments and risk waiver forms provided, were completed following the Site Audit. While information included in the approved provider’s response evidenced risk assessments were completed and strategies included supervision and prompting from staff, at the time of the Site Audit, these were not effective to ensure the safety of all consumers residing at the service.

Incident data reviewed by the Assessment Team included several incidents in relation to a named consumer who experienced self-inflicted burns while smoking.

The Approved Provider’s response included progress notes, risk assessments, smoking assessment and risk waiver forms for this consumer, which evidenced discussions regarding the risks identified with the named consumer’s smoking practices had occurred between the service, named consumer and their nominated representative. While progress notes demonstrate that the service discouraged the consumers’ unsafe smoking practices and encouraged the use of a smoking apron, at the time of the Site Audit these smoking practices were not effectively monitored and managed to ensure the safety of the service environment.

The approved provider in its response states improvement actions were recorded in the service’s plan for continuous improvement during the Site Audit. Smoking assessments were updated, and the completion of risk waiver documents were commenced following the Site Audit. While I acknowledge the responsiveness of the approved provider, actions implemented and the ongoing efforts by the service to manage consumers smoking outside designated smoking areas, I find the service Non-compliant in this Requirement.

### 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

Consumers sampled were aware of the service’s complaints and feedback processes and confirmed they could access consumer advocacy groups. Consumers and representatives who had raised complaints, said management acknowledged, discussed and responded promptly to address their concerns and actions were implemented to improve care and services.

Staff were aware of the service’s feedback and complaints processes and supported consumers with these processes. Staff demonstrated knowledge in relation to how they would support consumers to raise complaints and external advocacy groups available. Management confirmed the service’s complaints resolution processes included consultation with the complainant, using an open disclosure process when things went wrong, recording and reviewing complaints, the actions taken and reporting complaints through to the service’s management team.

Staff provided examples of improvements in care and services implemented by the service in response to complaints and feedback information. These included, but were not limited to, the purchase of additional air conditioners and the introduction of barbeque and pizza days at the service.

Information regarding the service’s internal and external feedback and complaints management processes were included in the consumer handbook, displayed on noticeboards and discussed during consumer/representative meetings.

Organisational policies regarding the service’s complaints management processes including open disclosure, were available to guide staff practice. Staff orientation processes provided new staff with information regarding the service’s complaints and feedback processes.

The service’s plan for continuous improvement evidenced improvement initiatives prompted by consumer feedback or complaints. A Resident Advisory Committee was established to encourage consumers to raise suggestions with the service to improve care and services.

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.*

### 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

Most sampled consumers considered enough staff were available to ensure the delivery of safe and quality care and services. Consumers and representatives provided positive feedback in relation to their engagement with staff and considered staff to be kind, caring and respectful during their interactions. Consumers and representatives expressed confidence in the abilities of staff to perform their duties and considered staff to be trained appropriately.

Most staff thought staffing levels were adequate and enabled them to deliver care aligned with the needs and preferences of consumers. Management reviewed the skill mix of staff, feedback and complaints information and call bell response times during staff allocation processes to ensure the needs and preferences of consumers were met appropriately. The service ensured registered staff were available 24 hours per day, a registered nurse was rostered on weekends and after-hours clinical support was accessible seven days per week.

Staff had completed all mandatory training requirements including, but not limited to, the Serious Incident Response Scheme and restrictive practices. Staff demonstrated a shared understanding of incident reporting and restrictive practice requirements. Staff could request additional education and training through the organisation’s performance review processes. Management monitored the performance of staff through appraisals, incident investigation, consumer and/or representative feedback and through daily observations.

Organisational policies and procedures in relation to person centred care, staff appraisals, performance management and staff development were available to guide staff practice. Position descriptions and duty statements outlined the expectations for all roles at the service. Staff were required to complete an orientation program, competency assessment and mandatory training delivered through electronic modules and face to face learning. Processes were in place to effectively monitor professional registrations, criminal history clearances and the completion of mandatory training in the service’s electronic system.

The training needs of staff were identified through consumer, representative and/or staff feedback, audit results, performance reviews, clinical incident data and changes in aged care legislation. Manual handling training for staff was observed to be in progress during the Site Audit and performance development plans were completed in line with the organisation’s performance review process.

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.*

### 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

Consumers were engaged in the development, delivery and evaluation of care and services through Resident Advisory Committee meetings, consumer and representative meetings and the service’s assessment and complaints processes.

The organisation’s governing body was accountable for the provision of inclusive and quality care and services and was kept informed of the service’s performance and compliance with the Aged Care Quality Standards through monthly meetings with the service. Policies and procedures were established and reviewed by the organisation’s governing body to support staff in the provision and culture of safe, inclusive and quality care within the service.

There were organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, compliance with legislation and regulations, feedback and complaints, responsibility and accountability in maintaining compliance with the Quality Standards and delivering quality care and services to consumers.

The organisation has implemented effective risk and incident management systems and practices to identify, report, prevent and manage risks to the health, safety and well-being of consumers and incidents, including incidents that must be reported in accordance with legislation and the Serious Incident Response Scheme.

The organisation had a documented clinical governance framework which outlines the core elements of clinical governance and their application at a service and organisational level. The clinical governance framework, when read in conjunction with clinical policies and procedures, outlined the safety and quality systems that are required to maintain and improve the reliability, safety and quality of clinical care and to improve clinical outcomes for consumers. Staff had received training in relation to these policies and demonstrated a shared understanding of their relevance to their work.

The organisation has addressed deficiencies that were previously identified within this Quality Standard. These included improvements in the provision of information regarding the Serious Incident Response Scheme and restrictive practices for all consumers and representatives, staff training, revised policies and modification of the service’s incident reporting system.

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.*

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

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

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

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

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

The service demonstrated effective organisation wide governance systems including in relation to information management, continuous improvement, financial management, workforce management, regulatory compliance and feedback and complaints. Previous deficiencies in this requirement that had related to continuous improvement and regulatory compliance have been addressed.

Consumers and representatives considered the information provided by the service regarding their care and services was well managed. Staff could access organisational policies, procedures, assessments and care planning information and training in relation to information management and security awareness through the service’s electronic care management system and online platforms. Consumers’ care needs were communicated through processes including handover and the service’s electronic care management system.

Information in relation to consumer, representative and staff feedback, complaints, survey and audit results, incident analysis and organisational learnings contributed to service’s plan for continuous improvement. Improvements initiated by the organisation to address the deficiencies identified in the previous Site Audit have included improved feedback processes, revision of the consumer handbook, the inclusion of quality improvement activities devised from additional sources and the development of a user manual and the delivery of training for staff.

Financial budgets and expenditure were reviewed each month by the organisation’s governing body to support the changing needs of consumers, the service’s capability development and quality improvement investments.

The service was able to demonstrate the workforce was competent and that training has been provided to ensure they have the knowledge to perform their roles. At the time of the Site Audit the number and mix of staff was sufficient to enable the timely delivery of safe, quality care and services and consumers were satisfied with the responsiveness of staff.

Management monitored changes to legislative requirements through correspondence received from national peak bodies, external agencies and regulatory bodies, such as the Commission, Queensland Health, and Leading Aged Care Services Australia.

Regulatory changes were disseminated to relevant staff through meetings, memorandum, handover processes and education. Management and staff had a shared understanding of recent legislative changes in relation to the Serious Incident Report Scheme, restrictive practices and behaviour support plans.

Improvements implemented by the service to address deficiencies identified in the previous Site Audit in relation to regulatory compliance included, the provision of information regarding the Serious Incident Response Scheme and restrictive practices for all consumers and representatives, staff training, revised policies and modification of the service’s incident reporting system.

It is my decision this Requirement is Compliant.

### 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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

The service environment:

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