Victoria Park Hostel

Performance Report

1 Croesus Street
KALGOORLIE WA 6430
Phone number: 08 9021 1322

**Commission ID:** 7090

**Provider name:** Southern Cross Care (WA) Inc

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

**Date of Performance Report:** 17 August 2022

# Performance report prepared by

Michelle Glenn, 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 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 consumers, representatives, staff and others; and
* the provider did not submit a response to the Site Audit report.

# 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

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

The Assessment Team found overall, consumers sampled considered that 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. Care files included individualised information about aspects of consumers’ life history, culture, identity and emotional, spiritual and psychological needs and preferences. Staff demonstrated an understanding of sampled consumers’ life history and described how they ensure consumer preferences are respected. Consumers described feeling valued, respected and being treated with dignity and kindness by staff.

Consumers are supported to exercise choice and independence about their own care and the way care and services are delivered. Consumers described examples of exercising choice and independence with their care and service delivery and how they are supported to do so by staff. Consumers confirmed they are supported to take risks to enable them to live the best life they can. Where a consumer chooses to engage in an activity with an element of risk, consultation with consumers and/or representatives occurs, risk plan agreements are completed outlining contributing factors and management strategies are developed.

Consumers confirmed information is provided and communicated to them to enable them to make choices about the care and services they receive. Information is provided through a range of avenues, including meeting forums, newsletters, activity planners, menus and noticeboards. Staff descried how information is provided to consumers and how they assist consumers to understand the information. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the Assessment Team’s report, I find Southern Cross Care (WA) Inc, in relation to Victoria Park Hostel, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team found all consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services.

Care files sampled demonstrated a range of assessments which consider personal, clinical and lifestyle aspects of care are completed on entry and on an ongoing basis. A range of validated risk assessment tools are also used to inform care planning. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop individualised care plans which incorporate each consumer’s needs and preferences and strategies to manage identified risks. All consumers stated they are regularly involved in discussions relating to care planning and identification of risks.

Consumer files clearly identified and addressed consumers’ needs, goals and preferences relating to care and services, and there are processes to identify consumers’ preferences relating to advance care planning and end of life planning. Review processes ensure information remains current and reflective of consumers’ current care and service needs. End of life discussions occur with consumers and representatives in the first week of entry and are revisited during regular care plan review discussions and when the consumer’s condition changes. The service works in partnership with a palliative care team who provide care planning support and direct assistance for consumers approaching end of life.

Care files demonstrated staff work with the consumer and/or representative to ensure care and service provision is in line with consumers’ needs and preferences. Involvement of other providers of care, including Medical officers and Allied health professionals was also noted. Consumers described how staff involve them in assessment and planning processes.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers on request. Care files included comprehensive care plans and demonstrated outcomes of assessments are discussed with consumers and/or representatives and documented. All consumers indicated they are satisfied they are kept informed of the outcome of any assessments and with associated changes to the way their care is to be delivered.

Care plans sampled had been updated in response to incidents and changes in consumers’ health and condition. Care files included regular reviews by the Medical officer and Allied health professionals and resulting recommendations had been incorporated into care plans. One consumer expressed satisfaction with their care plan, indicating it had been updated to reflect changes in their pain medication and diabetic management regime.

Based on the Assessment Team’s report, I find Southern Cross Care (WA) Inc, in relation to Victoria Park Hostel, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

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

Assessments of consumer’s health and well-being are undertaken by registered nursing staff, based on validated tools, and drive interventions based on best practice care. Care plans sampled demonstrated appropriate, individualised management and monitoring strategies had been implemented for diabetes, falls, restrictive practices, pain and skin integrity. Regular intervention from Medical officers and Allied health professionals ensure consumers’ health and well-being is monitored and maintained. Staff described how the organisation supports them to deliver personal and clinical care that is best practice and meets the needs of each consumer and consumers and representatives were satisfied with the clinical and personal care consumers receive.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and management of risks, including falls and diabetes. Staff demonstrated an awareness of the high impact or high prevalence risks for consumers sampled and described strategies to mitigate the risks. Consumers and representatives indicated consumers feel and staff provide care that is safe and right for them.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Care files included advance care directives which outlined consumer preferences for end of life care. Referrals to palliative care services had been initiated for three consumers with care files demonstrating regular review and monitoring of their health and well-being by the palliative care team.

Where changes to consumers’ health are identified, care files demonstrated prompt recognition and response, including referrals to Medical officers and/or Allied health professionals. Where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated to staff. Staff demonstrated a clear understanding of their roles and responsibilities, including identifying and reporting signs of deterioration. Consumers and representatives expressed satisfaction with the response of staff to changes in consumers’ condition.

An effective infection prevention and control program is in place which in line with national guidelines. The service demonstrated appropriate application of standards and precautions used to minimise the risk and prevent transmission of infections to consumers, including in relation to COVID-19. An Infection register is maintained and all infections are tracked.

Based on the Assessment Team’s report, I find Southern Cross Care (WA) Inc, in relation to Victoria Park Hostel, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# 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

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

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

Consumers said they have access to supports and services that enable them to enjoy life and maintain their health, well-being and independence. Entry assessment processes determine initial supports for daily living that may assist in meeting consumers’ needs, goals and preferences and optimise their independence and well-being; this is reviewed when circumstances change and on a six-monthly basis. Care files included information relating to consumers’ history, pastoral care and leisure and lifestyle needs and included individual strategies to address and support consumers’ emotional, spiritual and psychological needs. Consumers said staff know them well and provide them with daily supports and services which meet their emotional, spiritual and psychological well-being.

Services and supports for daily living are provided which enable each consumer to participate both in the internal and external community, maintain and develop social and personal relationships and participate in activities that are important to them and which they enjoy. Assessment processes assist to identify each consumer’s daily supports and activity preferences based on past and current interests. An activities calendar is maintained and is designed in collaboration with consumers and representatives with information gathered through assessment processes considered. Consumers described how the service assists them to do things they enjoy, maintain important relationships and participate in activities within the service community as well as in the wider community.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely are referrals are initiated. Care staff described how they are kept up-to-date with consumers’ changing needs and preferences, including through review of care plans, handover processes and meeting forums. Consumers and representatives said staff know consumers well and know their routines, how they like care provided, what they enjoy doing and who is important to them.

Meals are prepared and cooked fresh in line with a seasonal menu. Care files reflected consumers’ specific dietary needs and/or preferences, including allergies, likes and dislikes. There are processes to ensure this information is provided to staff, including catering staff. Consumers said they enjoy the food, there is plenty of choice and variety and they do not go hungry.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Internal monitoring processes ensure equipment provided is maintained.

Based on the Assessment Team’s report, I find Southern Cross Care (WA) Inc, in relation to Victoria Park Hostel, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’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 have been assessed as Compliant.

The Assessment Team found all consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The service environment was observed to be welcoming, easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. The service has two wings connected by level, covered pathways and garden areas. Consumer bedrooms were personalised and communal areas are available where consumers can interact with friends and family. All consumers said they find the service environment welcoming, homely and comfortable.

The service was observed to be safe, clean, well maintained and comfortable and the service environment supports free movement of consumers both indoors and outdoors. Consumers were observed moving around the service freely, doors were open to allow ease of access to the communal dining room and between the two hostel wings. There are processes to ensure regular cleaning of consumer rooms and common areas is undertaken. All consumers said they find the environment to be safe, clean and easy to move around.

Furniture, fittings and equipment were observed to be safe, clean, generally well maintained and suitable for the consumer. Staff described how they ensure the service environment and equipment is safe, cleaned and maintained. Preventative and reactive maintenance processes are in place and staff described how they report and manage maintenance issues. Contracted services are utilised to maintain and inspect aspects of the environment and equipment. Consumers and representatives said furniture, fittings and equipment are well maintained and clean.

Based on the Assessment Team’s report, I find Southern Cross Care (WA) Inc, in relation to Victoria Park Hostel, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANTFeedback 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 have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. Consumers and others are encouraged and supported to provide feedback and make complaints through a range of avenues, including meeting forums, care and service review processes, feedback forms and surveys. Staff described ways in which they support consumers to provide feedback, including escalating complaints to management. Consumers and representatives said they are encouraged to provide feedback and feel supported to make complaints.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and ongoing, including through consumer meeting forums. Feedback forms, external complaints and advocacy information was also observed on display and compliments and complaints boxes were available. Consumers and representatives were aware of the various avenues available to them to provide feedback and make complaints.

The service has a framework to guide appropriate action in response to complaints and an open disclosure process is used when things go wrong. Feedback is actioned, analysed and used improve the quality of care and services. Management and staff demonstrated an understanding of open disclosure and the importance of following these principles, in line with the organisation’s policy and procedures. Consumers and representatives said management has an open-door policy, concerns raised are dealt with straight away and, where appropriate, an open disclosure approach is used when things go wrong.

The service demonstrated how feedback and complaints are reviewed and used to identify and drive continuous improvement. Feedback is followed, actioned, collated and trended enabling improvements to care and services to be identified. Trending of feedback is conducted by the organisation and feedback is used to continuously improve consumer outcomes. Management and staff provided examples of improvements made in response to feedback and these improvements were reflected on the Plan for continuous improvement. Consumers and representatives described improvements made to care and service delivery made in response to their feedback.

Based on the Assessment Team’s report, I find Southern Cross Care (WA) Inc, in relation to Victoria Park Hostel, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 COMPLIANTHuman 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 have been assessed as Compliant.

Consumers sampled considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. A structured approach is applied to rostering and staff allocations, managing different types of leave and the use of contracted staff. Staff are allocated according to consumer needs and where consumer needs increase, staffing can be adjusted. Clinical nursing staff are available 24 hours a day, seven days a week. While the service has experienced staffing issues, including in relation to the COVID-19 pandemic, the service has implemented a range of strategies to address these challenges. While staff said staff shortages were stressful at times, they work as a team to cover shifts and prioritise the needs of consumers. The majority of consumers and representatives said there are enough staff available each day and while they were aware of staff shortages, they indicated this has not impacted consumers greatly. Consumers felt safe and comfortable in the care of staff who know them well and who had looked after them for some time.

Staff interactions with consumers were observed to be kind, caring and respectful. Staff receive training on how to provide person centred care, including cultural diversity, consumer choice and decision making and dignity and respect. The majority of consumers said staff were kind, caring and respectful of their identity, culture and diversity.

There are processes to ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Recruitment process consider the skills, qualifications, experience and knowledge of the candidate. New staff are required to complete corporate training and mandatory competency assessments are required to be completed by all staff on an ongoing basis, relevant to their roles. Staff competency is monitored on an ongoing basis through direct observation, feedback, training/skills competency and staff performance appraisals. Consumers and representatives felt confident staff were skilled and were able to provide care in a way that meets consumers’ needs.

The service has an onboarding process which involves a corporate orientation programme, including mandatory training and buddy shifts which sets the expectations of care delivery and behaviour under the standards. Following recruitment, ongoing training is provided and there are systems to monitor staff performance ongoing to ensure staff competency and knowledge. Feedback and complaints, direct observations, performance appraisals, incidents and audits assist to identify staff knowledge or experience gaps with additional training provided in response. Registered and care staff said they receive the training they need and feel supported by management. Consumers and representatives felt staff were qualified, well trained and equipped and provided safe care and services.

The service has a staff performance framework which ensures staff performance, including poor performance, is regularly assessed, monitored and reviewed. Staff performance reviews are conducted at three and six months during the probationary period and annually thereafter. Regular monitoring of staff performance is undertaken through review of incident data, complaints and feedback, audits and observations. Staff are supported to improve performance and where the need for improvement, training or monitoring is identified, there are processes to ensure this takes place.

Based on the Assessment Team’s report, I find Southern Cross Care (WA) Inc, in relation to Victoria Park Hostel, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANTOrganisational 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 have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers are engaged in the development, delivery and evaluation of care and services through meeting forums, feedback processes, surveys and care and service review processes. Education sessions are provided to consumers and representatives on key areas, such as legislative requirements, COVID-19 and care planning and assessment. Consumers advised they are engaged in the development and review of their care and services and were comfortable providing feedback directly to management.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation is governed by a Board who meet on a monthly basis. The Board are provided information from various committees who report on areas, such as clinical governance, client experience and health and safety. The Board can request further information from the organisation and service to ensure consumers receive care and services in line with the Quality Standards. Monitoring and oversight of feedback, clinical indicators and incidents, including those reportable under the Serious Incident Response Scheme also occurs through regular reporting to organisation governance teams. This enables the Board to satisfy itself that the service is meeting the Quality Standards.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff sampled were aware of organisational policies and procedures relating to these aspects and through evidence presented in other Standards, described how they implement these within the scope of their roles.

Based on the Assessment Team’s report, I find Southern Cross Care (WA) Inc, in relation to Victoria Park Hostel, to be Compliant with all Requirements in Standard 8 Organisational Governance.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

### 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.