



Lynbrook Park

Performance Report

42 Olive Road
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Phone number: 03 8903 3200

Commission ID: 3790

Provider name: McKenzie Aged Care Group Pty Ltd

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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 Commission'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 21 May 2021 and 24 May 2021.



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:

2. The organisation:
 - (a) has a culture of inclusion and respect for consumers; and
 - (b) supports consumers to exercise choice and independence; and
 - (c) 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.

Overall consumers 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. For example:

- Consumers consistently described staff as kind, caring, gentle and respectful of their choices about their care.
- Consumers and representatives were satisfied consumers are supported to maintain their independence by making choices about how their care is delivered. Consumers described how they are supported to maintain relationships and to make new connections within the service.
- Consumers commented that staff know their individual cultural backgrounds, discuss these with them and provide care that is culturally appropriate.



- Consumers and representatives expressed satisfaction they receive information that is accurate and timely which enables them to exercise choice.
- Consumers expressed satisfaction their privacy is respected, with personal information being kept confidential. Consumers indicated that their privacy is respected by staff when providing care.

Staff described how they support consumers to socially interact and maintain relationships important to the consumer. Staff provided examples of how they support specific preferences of individual consumers and support them to understand the benefits and possible harm when making decisions about taking risks

Staff described how they communicate with consumers in a way that is easy for the consumer to understand and demonstrated that processes are in place to communicate with consumers living with a cognitive impairment.

Staff interviews, consumer care plans and supporting policies and procedures demonstrated care and services are culturally safe. Consumers are supported by staff to engage in activities of cultural importance to them.

Consumer care plans identified consumers can safely engage in activities of choice and are supported to take risks. Care plans reflected the diversity of the consumers and outlined preferences as described by the consumers interviewed.

The service demonstrated policies and procedures are in place setting out the service's expectations on consumer privacy which was reflected in observations made by the Assessment Team during the site audit.

The Assessment Team observed staff treating consumers with dignity and respect and assisting consumers to maintain relationships with family and friends.

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:

- (i) make decisions about their own care and the way care and services are delivered; and*
- (ii) make decisions about when family, friends, carers or others should be involved in their care; and*
- (iii) communicate their decisions; and*
- (iv) 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:

1. 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:

2. 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.

Most consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

- Consumers and representatives said the care and services are planned and provided in a manner that is important for them or their family member.
- Although some representatives were not aware of documentation called care plans or that they could access a copy of their consumer's care plan. Overall, representatives were satisfied with the process of consultation about consumers care and services.
- Consumers and representative said they are always contacted when incidents occur and any changes to care are discussed with them.

Clinical staff described the admission procedure and the assessment process for all consumers. Clinical staff described the process for review and evaluation of care and services.



Consumers' needs, goals and preferences are considered in the care planning process and documented. Staff demonstrated an awareness of individual consumers' needs and preferences which was consistent with care planning documentation.

Staff described discussing the care plan with consumers and/or their representative. Care documents included discussion with consumers' representatives regarding changes to assessment and care planning.

Consumer documents demonstrated advance care plans are developed with consumer's and/or their representatives

Assessment and care planning documents reflected input from consumers and/or their representatives and other health providers involved in the consumers care such as, allied health providers.

The service demonstrated it has procedures in place to guide clinical staff in the admission assessment and care planning process. The service demonstrated review of care and services occurs regularly. The service has a scheduled review of care plans to guide staff in the review of care needs.

While the Assessment Team identified deficits in assessment and planning documentation, the provider demonstrated that assessment and planning, including the consideration of risks to the consumer's health and well-being inform the delivery of safe and effective care and services.

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.

The Assessment Team sampled consumer files based on consideration of risks to the consumer's health and well-being such as restraint, skin integrity, falls and pain. The Assessment Team found assessments and care planning for new consumers, consumers on respite or those who transition to permanent residency were not always completed in line with the service's admission and assessment procedures. The Assessment Team also found that not all consumer risks were documented and responded to appropriately.

The provider's response outlined the service's procedures related to admission or transition from respite to permanent care and provided evidence of these procedures



being followed. The response included additional information in relation to the issues identified by the Assessment Team, along with evidence refuting the Assessment Team's findings. While the Assessment Team identified gaps in documentation, the approved provider's response has established that assessment and planning, including the consideration of risks to the consumer's health and well-being inform the delivery of safe and effective care and services.

While the service has acknowledged some gaps and inconsistencies in documentation, I am satisfied these gaps do not indicate systemic failures and that no consumer was adversely affected or placed at risk as a result. Further, I place weight on the consistent, positive feedback provided by consumers and their representatives, and the knowledge of staff about individual consumers and of admission procedures and their implementation.

The provider's response included evidence of steps taken by management to further identify areas for improvement in documentation practice, and subsequent actions taken to minimise the likelihood of these issues occurring again.

In making my decision I have considered the Assessment Team's report and the provider's response. On the balance of the evidence available to me, I find the service is Compliant with this Requirement.

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:

- (i) 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*
- (ii) 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:

2. 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 other relevant documents.

Most consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

- Consumers and representatives were satisfied care and services are planned and provided in a manner that is important for them or their family member, including one consumer who is supported to shower twice a day.
- Consumers and representatives said they are consulted in relation to complex care needs and said staff support these needs.
- All representatives confirmed advance care directives for consumers were discussed either on admission or at case conferences.
- Representatives said the clinical deterioration of their consumer was recognised and responded to appropriately, in a timely manner.
- Representatives said that not all staff are aware of their consumer's needs and preferences and sometimes require reminding.



While the Assessment Team found inconsistencies in documentation, the provider demonstrated that where high impact and high prevalence risks impact consumers, risks are identified and managed, monitoring is effective, and consumers receive safe and effective personal and clinical care.

Clinical staff described the referral process and the consultation with consumers and allied health providers for the ongoing care of the consumers.

Staff demonstrated where deterioration or changes to consumer's health occur this is identified and responded to in a timely manner. Staff and allied health professionals were satisfied they have access to the information they need.

Care documents confirm referrals to health professionals occur in a timely manner. Consumer care documents demonstrated a collaborative approach to minimising falls and included evidence of prevention strategies.

The service demonstrated it has a process in place to document and communicate information about consumers' conditions, needs and preferences including verbal and written handover.

The service has an Outbreak Management Plan in place to support the service in practicing transmission-based precautions and preparing for a possible infectious outbreak. The service also has an antimicrobial stewardship policy that guides staff in the appropriate use of antibiotics.

The organisation demonstrated it has policies and procedures in place in relation to wound management, pain management and minimisation of restrictive practices and restraint.

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:

- (i) is best practice; and*
- (ii) is tailored to their needs; and*
- (iii) optimises their health and well-being.*

The Assessment Team found, while consumers and representatives did not express concern in relation to clinical care, the service did not demonstrate effective wound and pain management. A consumer who regularly refuses care said staff do not



attend their wound dressing. Wound assessment, incident reporting, charting and monitoring did not occur in line with best practice for one named consumer. When care is refused documentation of strategies implemented to support informed decision making were not evident.

Further, in relation to consumers' pain management, where 'as needed' pain medication was administered, its effectiveness is not evaluated and where the medication is administered for an extended period, a review has not occurred.

While the Assessment Team's report demonstrated gaps and inconsistencies in the documentation of wound management and the evaluation of 'as needed' pain relief, evidence does not support consumers failed to receive appropriate personal and/or clinical care.

The provider's response included additional information and evidence demonstrating consumers receive safe and effective personal and/or clinical care. The response included information from general practitioners and others demonstrating that where refusal of care is occurring, that those involved in the consumer's care are aware of the consequences of this refusal.

The provider acknowledged individual gaps and failures by staff to follow appropriate processes and has taken action to address these deficits. The service has reviewed all consumers' pain and wound management and has provided additional guidance to all staff involved in these aspects of care.

In making my decision I considered the Assessment Team's report and the provider's response. On the balance of the evidence available to me, I find the service is Compliant with this Requirement.

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.

The Assessment Team found the service did not demonstrate timely referrals to specialist services or other organisations are conducted as soon as practicable after a change in condition is identified. File review demonstrated a delay in referrals to specialist services when a consumer returned from hospital with significant weight loss and a pressure wound which remained unhealed for an extended period.

The Assessment team found a consumer was not referred to a wound specialist until three months after a pressure injury was initially identified and the injury was assessed as unstageable. However, the Assessment Team's report and the provider's response demonstrated that, despite some gaps in wound charting, the injury was being monitored and decreased in size over this period and did not meet the service's criteria for referral to a wound specialist. Further, the Assessment Team's report and the provider's response demonstrate the consumer is able to make their own decisions and, due to anxiety, consistently refuses care, interventions and referrals to external services.

The provider's response demonstrated the consumer's weight loss was identified and responded to appropriately through monitoring of food intake, referral to a speech pathologist and the provision of a variety of foods and supplements. Again, the consumer regularly refused these interventions and was seen by a dietitian six weeks after returning from hospital.

The Assessment Team's report provides a number of examples demonstrating timely, multidisciplinary referrals to individuals and providers of consumer care. In addition, the provider's response demonstrated timely and appropriate referrals are undertaken. The service has acted on the information in the report by reviewing referral pathways and negotiating improved access to dietetics services.

In making my decision I have considered the Assessment Team's report and the information supplied in the provider's response. Based on the evidence available, I find that the service has demonstrated compliance with this Requirement.



Requirement 3(3)(g)

Compliant

Minimisation of infection related risks through implementing:

- (i) standard and transmission based precautions to prevent and control infection;
and*
- (ii) 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 support 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:

2. 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.

Most consumers considered that 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. For example:

- Some consumers and representatives were satisfied with the variety of activities being reinstated within the service and the plans for increasing opportunities to be involved in community visits and activities.
- Consumers explained how they do things inside and outside the service and how they keep in touch with people who are important to them.
- Consumers and representatives are satisfied staff explain things to them when they ask a question or inform them of changes to their care or activity needs.
- Consumers and representatives were satisfied with the variety and quality of the food. One consumer explained they have the same breakfast every day but if they wanted something else they were confident it would be accommodated. Two consumers were satisfied the food is served at a food temperature.



- Consumers and representatives said equipment is available with maintenance support available to support consumer safety.

Lifestyle staff demonstrated the monthly activity program and individualised interventions support consumers to maintain their personal interests and engagement within the service community.

Staff described how they support consumers to maintain relationships with their families and within the service. Staff demonstrated how they support consumers to participate in the local community through bus trips or day visits with their families.

Staff described how consumer feedback collected from audits, surveys, food focus meetings informs the seasonal menu choices. Staff demonstrated they are aware of and understand individual consumers' preferences and dietary needs.

Care staff and maintenance officers demonstrated they undertake ongoing monitoring to ensure equipment is fit for purpose.

All care plans were individualised and list specific details about what is important to the consumer and reflected involvement of others in the provision of lifestyle support and services. Consumer documents, including care plans and progress notes, demonstrated there is adequate information to support effective and safe sharing of the consumer's care. Care plans reflected the dietary needs and preferences identified through consultation with the consumer and/or their representatives.

The service demonstrated it is responsive to the needs and preferences of consumers with appropriate and timely referrals actioned to other organisations and providers of care and services.

The service demonstrated it has processes for reviewing care needs and updating staff and others involved in care, of changes in the consumers' needs and preferences related to supports for daily living.

The service demonstrated it is responsive to consumers' needs for specialised equipment to ensure their safety and quality of life.

Consumers were observed participating in a range of activities across the service. Staff were observed engaging one to one with individual consumers, supporting them with games and activities. The Assessment Team observed that where equipment is provided, it is safe, suitable, clean and well maintained.

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:

- (i) participate in their community within and outside the organisation's service environment; and*
- (ii) have social and personal relationships; and*
- (iii) 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:

2. 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.

Overall consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

- Consumers and representatives described the environment as welcoming and provided examples of how the environment enhances their sense of belonging and independence.
- Consumers stated they enjoy sitting outside in the sunshine and tending to the gardens.
- Consumers described how their rooms are clean and well maintained, any requests are responded to promptly and they feel safe and able to move freely at the service.

Maintenance documents demonstrated maintenance occurs routinely and as requested.

The service offers a range of communal spaces that enhance consumer engagement and interaction. Consumers are able to move freely and access both indoor and outdoor areas of the service.



The service was observed to be safe, clean and well maintained, well-lit and clutter-free. Equipment was observed to be clean and well maintained with fittings generally maintained.

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:

- (i) is safe, clean, well maintained and comfortable; and*
- (ii) enables consumers to move freely, both indoors and outdoors.*

Requirement 5(3)(c)

Compliant

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



STANDARD 6

COMPLIANT

Feedback and complaints

Consumer outcome:

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

Organisation statement:

2. 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.

Overall, consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

- Consumers and representatives were satisfied they are encouraged and supported to provide feedback and make complaints.
- Consumers and representatives were satisfied with how management has responded to complaints they have raised or feedback they have provided.
- Consumers and representatives were satisfied the service reviews their feedback and complaints to improve the quality of care and services.

Staff described how they support consumers to provide feedback and make complaints, and to use internal and external feedback mechanisms which are available throughout the service. Staff described how they are able to support consumers who have difficulty communicating to raise concerns or provide feedback.



Staff described how they are aware of the term 'open disclosure' and have completed education on the topic. Staff provided examples of how the process is applied when things go wrong.

Management described how the complaints process informs ongoing continuous improvement at the service.

Feedback and complaints documentation demonstrated actions taken and improvements made as a result of feedback and complaints.

Advocacy and language service information was observed readily available throughout the service for consumers and representatives to access.

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

Human resources

COMPLIANT

Consumer outcome:

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

Organisation statement:

2. 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.

Most consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

- Consumers and representatives said staff are available most of the time when they need them with some feedback that staffing levels in the memory support unit could be improved.
- Consumers were satisfied staff respond to their call bells promptly.
- Consumers and representatives said they find staff kind, caring, respectful, gentle and courteous.
- Most consumers and representatives said staff know what they are doing.

Management and staff said they maintain an adequate pool of staff to ensure all shifts can be replaced. Rostering staff said they review the roster each day with management to ensure all care needs are met. Rostering staff described how shift hours are varied when consumer needs change, where staff skills vary and to maintain consistency across shifts when hours are extended or varied.



Management described how the workforce is recruited to specific roles requiring qualifications, credentialing or demonstrated competency. Position descriptions reflect qualifications and performance expectations aligned with the organisation's values.

Staff are trained and equipped to undertake their roles and supported to deliver outcomes for consumers.

Roster documentation demonstrated all shifts are allocated and filled.

The service demonstrated there is a performance appraisal system and processes in place to support performance management. Staff performance is monitored and reviewed with action taken where deficits are identified. Regular staff performance reviews do not routinely occur but are undertaken on an 'as needed' basis.

Staff were observed interacting with consumers in a kind, caring and respectful way including knocking on doors, being responsive to needs and taking time to listen to consumers.

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:

2. 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.

Overall, consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

- Consumers are encouraged to participate in the development, delivery and evaluation of care and services and in consultation processes within the service and organisation.

The Board draws from a range of information and acts to promote a culture of safe, inclusive and quality care and services. This includes setting clinical priorities, mandating education requirements, quality indicator reporting and evaluation of the effectiveness of the service informed by consumer feedback.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance.

The service has a risk framework in place to effectively identify and manage high impact and high prevalence risks and abuse or neglect of consumers. The organisation has an updated incident system with the escalation of high impact risks required.



The service demonstrated there is a clinical governance framework in place that includes minimising the use of restraint, open disclosure and antimicrobial stewardship

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:

- (i) information management;*
- (ii) continuous improvement;*
- (iii) financial governance;*
- (iv) workforce governance, including the assignment of clear responsibilities and accountabilities;*
- (v) regulatory compliance;*
- (vi) feedback and complaints.*

Requirement 8(3)(d) Compliant

Effective risk management systems and practices, including but not limited to the following:

- (i) managing high impact or high prevalence risks associated with the care of consumers;*
- (ii) identifying and responding to abuse and neglect of consumers;*
- (iii) supporting 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:

- (i) antimicrobial stewardship;*



- (ii) *minimising the use of restraint;*
- (iii) *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.