Balranald Retirement Hostel

Performance Report

24 Mayall Street   
BALRANALD NSW 2715  
Phone number: 03 5020 1035

**Commission ID:** 0442

**Provider name:** Balranald Shire Council

**Site Audit date:** 18 May 2021 to 20 May 2021

**Date of Performance Report:** 18 June 2021

# 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** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-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** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-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 13 June 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:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

Overall sampled consumers who spoke with the Assessment Team 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 interviewed felt that they are treated with respect, their dignity is maintained, and consumers confirmed their care is culturally safe.
* Consumers felt they are supported to make choices and to be independent, including forming and maintaining relationships with others.
* Consumers confirmed they are encouraged to do things for themselves and staff know what is important to them.
* Consumers felt they can make choices and that they are provided with adequate information to make informed choices.
* Consumers confirmed that their privacy is respected, and their information is kept confidential.

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 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall consumers and representatives who spoke with the Assessment Team said they are updated regularly about changes to their relative’s condition. However, most sampled consumers did not consider that they feel like partners in the ongoing assessment and planning of their care and services. For example:

Overall consumers and representatives interviewed said they have not been involved in the process of assessment and care planning. The results of interviews with consumers or their representatives does not demonstrate they are aware of the consumer’s care plan or that they know a care plan is available to them.

Whilst care planning documentation considers risks to consumer’s health and well-being, it does not routinely record or address consumer’s current needs, goals and preferences, including advance care planning and end of life care needs. Care documentation reviewed shows minimal consultation with consumers and/or their representatives.

Care and services are not reviewed for effectiveness when circumstances change, or when incidents occur that impact on consumer needs and outlines minimal interventions to address various aspects of consumer’s care.

The service has developed new policies and procedures that supports ongoing partnership in assessment and planning with consumers. However, review of care documentation and consumer feedback does not support that these policies have been implemented at the service currently.

The Quality Standard is assessed as Non-compliant as four of the five specific requirements have been assessed as Non-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) Non-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.*

The Assessment Team found care planning documentation does not routinely record consumer’s current needs, goals and preferences and outlines minimal interventions to address some aspects of consumer’s care. The Assessment Team identified that consumer goals were not individualised and were generic in nature. For consumers who received end of life care, care plans were not always updated to include changes in their care needs and their palliative care wishes and goals.

The approved provider submitted a written response and a range of information around the assessment and planning of the consumers sampled by the Assessment Team. In their response, it includes the service’s processes of end of life planning including use of an end of life care pathway when a consumer reaches this stage of life to record delivery of care and service needs and interventions.

The approved provider’s response included actions taken in relation to the issues raised by the Assessment Team. It included evidence of review and update of the current needs, goals and preferences of some sampled consumers care plans. While the approved provider has undertaken and is undertaking improvements, these occurred following feedback from the Assessment Team at the time of the site audit. I am of the view the approved provider does not comply with this requirement as it has not been demonstrated 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.

I find this requirement is Non-compliant.

### Requirement 2(3)(c) Non-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.*

#### The Assessment Team found consumer and representative feedback does not support their involvement in assessment, care planning and review. Care documentation reviewed shows minimal consultation with consumers and/or their representatives and lack of case conferencing to discuss consumer’s care needs.

Consumers and representatives are satisfied with the care being provided at the service and said they are updated regularly about changes to their relative’s condition. However, most consumers and/or their representatives said they are not involved in the assessment and care planning process.

The approved provider submitted a written response and a range of information to about the issued identified in the Assessment Team’s report. The response did provide more information to some sampled consumers circumstances and showed some evidence of consultation occurring for consumers on admission. However, the evidence did not confirm that assessment and planning is based on ongoing partnerships and consultation, and consumers and representatives feedback indicated they are not involved in assessment and care planning. The approved provider’s response details actions taken in response to the Assessment Team’s feedback such as the commencement of a six monthly rotating case conferencing schedule to occur with consumers and representatives.

The approved provider is undertaking improvement actions to ensure assessment and planning is based on ongoing partnership with the consumer and others, however, this does not establish the approved provider was compliant at the time of the site audit. The approved provider also needs time to demonstrate the actions taken results in sustained improvements.

I find this requirement is Non-compliant.

### Requirement 2(3)(d) Non-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.*

#### The Assessment Team found the service did not demonstrate an understanding of or effective implementation of this requirement. Consumers and representatives provided feedback that supports they are not aware of the consumer’s care plan and do not know about or have not had the care plan readily available to them. It is not evident that outcomes of assessment and planning are effectively communicated to the consumer.

The approved provider submitted a written response and information in relation the Assessment Team’s findings including further information which clarified the service’s resident of the day process. It is noted the service continues to experience technology issues and at times has no internet or phone connections due to their rural/remote location. The approved provider’s response also acknowledges the issues identified by the Assessment Team in relation to the effectiveness of their current assessment and planning process.

I am of the view the approved provider does not comply with this requirement as it has not demonstrated that 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.

I find this requirement is Non-compliant.

### Requirement 2(3)(e) Non-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.*

The Assessment Team found that while care and services are reviewed on a regular basis, a comprehensive review of care planning documentation is not conducted for effectiveness when circumstances change, or incidents (including falls) occur that impact on the needs, goals or preferences of consumers.

The service’s “ongoing assessment and planning with consumers” policy states plan of care and services is promptly updated to reflect changes to the consumer’s needs. The service is in the process of implementing new policies and procedures, however, the Assessment Team found that service did not demonstrate that review of care planning documentation when incidents occur, or circumstances change occurs consistently or in accordance with these policies.

The approved provider submitted a written response and a range of information about the sampled consumers in the Assessment Team’s report. The approved provider’s response outlines actions taken to maintain effective processes to review care and services of consumers when circumstances change, or incidents occur.

While the approved provider is undertaking improvement actions to ensure 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, this does not show the approved provider was compliant at the time of the site audit. The approved provider also needs time to demonstrate the actions taken results in sustained improvements.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall sampled consumers who spoke with the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. For example:

* Consumers said they had no issue with the way personal and clinical care was provided and confirmed they get the care they need. Consumers and representatives interviewed said they were not aware of any issues in relation to accessing medical services or allied health professionals for consumers.
* For the consumer sampled in relation to end of life care, the care and service records reflect that their comfort was maximised and dignity preserved when receiving end of life care.

Review of care documentation and consumer feedback supported that deterioration or change in a consumer’s condition is recognised and responded to in a timely manner and input of timely and appropriate referrals to relevant health professionals.

The organisation has policies and procedures relating to antimicrobial stewardship including the process to minimise the use of antibiotics. The service has implemented appropriate COVID-19 preparedness procedures. Generally, staff demonstrated appropriate infection control practices and could describe practices and procedures to minimise transmission of infections.

While consumers and representatives gave mostly positive feedback about clinical and personal care, the review of care and service records does not support that clinical care provided to the consumers sampled is always best practice and optimises consumers’ health and wellbeing. Deficits were identified in wound management, pain assessment and follow-up, and in medication administration for one consumer. Care documentation did not show effective management of high impact or high prevalence risks, especially in the areas of falls management. Minimal interventions are documented in consumer care plans to prevent or reduce future incidents of similar nature (in relation to falls).

Deficits were identified in systems that are in place for communicating information about the care of consumers. The service has paper-based documentation system and there is no systematic way to ensure relevant documentation is located/stored in relevant consumer files to ensure accurate information sharing within the organisation. Care documentation is not always complete or is inaccurate, which also does not ensure that quality information about consumers is shared.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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 Assessment Team found that consumers and representatives gave mostly positive feedback about clinical and personal care. However, the review of care and service records does not support that clinical care provided to the consumers sampled is best practice and optimises consumers’ health and wellbeing.

Deficits were identified in wound management as wound photos are not taken for all wounds and when photos are taken, they are not regular to monitor change and progress of the wounds. Deficits were also identified in pain assessment and follow-up, and in medication administration including effective medication management principles.

The approved provider submitted a range of information that provided further information relating to the sampled consumers and processes used at the service to ensure safe and effective personal and clinical care. While this did provide more information in relation to the Assessment Team’s findings, it did not fully demonstrate that consumers always receive safe and effective personal and clinical care.

The approved provider’s response includes a range of improvement actions including a plan to review wounds, falls, documentation and care plan policies including a review to improve record keeping. The approved provider has undertaken and is undertaking improvement activities however, this does not confirm they were compliant at the time of the site audit. For this reason, I find this requirement Non-compliant.

### Requirement 3(3)(b) Non-compliant

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

#### The Assessment Team found that care plans include information about some high impact and high prevalence risks for consumers, however, care documentation did not show effective management of high impact or high prevalence risks, especially in the areas of falls management. Minimal interventions are documented in consumer care plans to prevent or reduce future incidents of similar nature (in relation to falls).

#### The Assessment Team found the service does not have systems and processes to ensure that adequate clinical assessment of the consumer by the registered nurse is undertaken before the administration of as required medications by the care staff. The service was not able to demonstrate they have policies and procedures to guide staff in safe medication administration, especially in relation to administration of insulin, as required, and schedule eight medications.

The approved provider did not provide information to refute the Assessment Team’s findings, however, provided comprehensive information relating to their training schedule and records to address the identified deficiencies in staff practice. I am of the view the approved provider does not comply with this requirement. The approved provider also needs time to demonstrate the actions taken results in sustained systemic improvements to maintain effective management of high impact or high prevalence risks associated with the care of each consumer.

I find this requirement is Non-compliant.

### 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) Non-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.*

#### The Assessment Team found deficits in the service’s systems that are in place for communicating information about the care of consumers. The service has paper-based documentation system and there is no systematic way to ensure relevant documentation is located/stored in relevant consumer files to ensure accurate information sharing within the organisation. Care documentation is not always complete or is inaccurate, which impacts on the quality of information being shared within the organisation.

The Assessment Team found that although the service has a comprehensive suite of assessments and clinical monitoring documentation, there were deficits identified in care documentation and the completion of charts such as dressing check chart, observations chart and pain chart. This indicates that accurate information about the consumer’s condition is not shared within the organisation.

The approved provider did not provide information to refute the Assessment Team’s findings, however, provided information about improvement actions such as a review of the wound care documentation practices. I am of the view the approved provider does not comply with this requirement as it is not demonstrated 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.

I find this requirement is Non-compliant.

### 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 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:

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

## Assessment of Standard 4

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

Overall sampled consumers who spoke with the Assessment Team 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:

* Consumers interviewed confirmed that they are supported to do things they would like to do and are able to leave the service to participate in the community as they wish.
* Consumers interviewed felt they are supported in their emotional, spiritual and psychological well-being.
* Consumers interviewed said that they are supported to keep in touch with people who are important to them through phone calls and visits.
* Consumers interviewed felt that their preferences are communicated within the organisation. Consumers felt that there are a variety of activities offered that they enjoy participating in and equipment is available when they need it.
* Consumers interviewed were all satisfied with the food.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers who spoke with the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers interviewed confirmed they felt safe and at home at the service. Their visitors feel welcome and there are multiple areas for them to sit together.
* Consumers interviewed confirmed that the service is clean and well maintained and they are able to move freely indoors and outdoors.
* Consumers interviewed felt that it is easy to find their way around the service. They also felt that furniture, fittings and equipment is safe, clean, well maintained and suitable for their use.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

### 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

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 sampled consumers who spoke with the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers interviewed felt they could make complaints and most felt safe to do so.
* Consumers confirmed that changes have been made at the service in response to complaints and feedback.
* Some consumers were unaware of advocacy services, but the service demonstrated that it had provided information to consumers about different advocacy services available.

The service has a policy for open disclosure, however, some staff do not recognise the term but generally understand the policy. The service provided comprehensive documentation, such as complaint logs and minutes of resident meetings that showed consumer feedback and complaints are captured, analysed and resolved.

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

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.

Overall sampled consumers and representatives who spoke with the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. This information and observations made show staff are kind, caring and respectful to each consumer’s identity, culture and diversity.

Consumers and representatives interviewed felt confident that staff are skilled enough to meet the consumers’ care needs.

Consumer feedback is complimentary about staff knowledge and staff feel confident and supported to effectively perform their roles, including undertaking of clinical tasks. While regular discussions and guidance is given by the registered nurse to care staff, there were deficits identified in conducting of formal competency assessments for staff in some areas.

#### Consumers and representative interviewed did not think staff needed more training in any particular areas. Management, staff interviews, and review of education records show staff are trained and supported to deliver the outcomes required by the Quality Standards. The service was able to demonstrate that assessment, monitoring and review of the performance of each member of the workforce is undertaken regularly.

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 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

Overall sampled consumers who spoke with the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The organisation can demonstrate there is an effective clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint and open disclosure. Details of the framework were noted in the organisation’s policies and procedures.

Effective organisation wide governance systems have been demonstrated in relation to information management, continuous improvement, financial governance; workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance; and feedback and complaints.

The service did not demonstrate that governing body is accountable for their delivery and the governing body does not promote and ensure systems and processes are in place to effectively deliver safe, quality and inclusive care and services.

The service has risk management systems and frameworks in place. Whilst systems are in place, the Assessment Team identified deficits in staff knowledge and practice in relation to the new Serious Incident Response Scheme reporting guidelines and management of high impact high prevalence risks including falls, wounds and process of medication administration by care staff.

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

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

The Assessment Team’s report details that it has not been demonstrated that governing body is accountable for the delivery of care and services. The Assessment Team found the service was unable to demonstrate that the governing body promotes and ensures systems and processes are in place to effectively deliver safe, quality and inclusive care and services.

The service’s coordinator sends a monthly “coordinators report” to the director of corporate and community services, who relays the information to the board every three months. The Assessment Team sighted documentation to evidence this report is submitted, however, it is not demonstrated that the report is analysed or actioned by the governing body regularly. The Assessment Team found there have been no communications from the board/governing body to staff and consumers about the new Quality Standards and changes expected in policies and procedures.

The approved provider submitted a written response and information in relation to the Assessment Team’s findings about the organisation’s governing body. While this response did provide more information in relation to the Assessment Team’s findings, it did not fully demonstrate the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. It is noted that the organisation’s governing body has some involvement in care and services. However, the evidence submitted did not demonstrate ongoing involvement from the governing body and that reports submitted to the governing body are analysed or actioned to regularly to promote a culture of safe, inclusive and quality care and services and is accountable for their delivery.

I find this requirement is Non-complaint.

### 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) Non-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.*

The Assessment Team found the service has risk management systems and frameworks in place. Whilst systems are in place, the Assessment Team has identified deficits in staff knowledge and practice in relation to the new Serious Incident Response Scheme reporting guidelines and management of high impact high prevalence risks including falls, wounds and process of medication administration by care staff.

The approved provider submitted a written response and supporting documents to the Assessment Team’s findings. It includes improvement actions taken by the service such as a review of all clinical mandatory training and development of a new training schedule for all staff to be completed by July/ August 2021. It also includes communication to staff to improve current practices and the development of checklists to improve overall practices in the management of falls, wound and medications.

The approved provider is undertaking improvement actions to ensure effective implementation of their risk management systems and practices and is a committed to continued work on a wide range of improvement strategies relating to risk management. However, this information alone does not demonstrate the effectiveness of these risk management systems and practices at the time of the site audit. The approved provider also needs time to demonstrate the actions taken results in sustained improvements to demonstrate effective risk management systems and practices.

I find this requirement is Non-compliant.

### 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.

### Requirement 2(3)(b)

*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.*

The service should:

* Develop, implement, and maintain an assessment and planning improvement plan to ensure 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.
* Ensure a consistent and clear approach when undertaking assessment and planning documentation processes and that this maintains care plans that are individualised to the consumers care and service needs.

### Requirement 2(3)(c)

*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.*

The service should:

* Review and develop a consistent approach for assessment and planning that actively engages the consumer and representatives to have meaningful input into their care and services.
* Ensure assessment and planning encompasses and includes the consumer’s current needs and ensure changes/issues are recorded and placed into action where possible.
* Implement and review planned improvement action of a six monthly rotating case conferencing schedule to occur with consumers and representatives.

### Requirement 2(3)(d)

*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.*

The service should:

* Review, implement and maintain a continuous improvement plan to ensure the outcomes of assessment and planning are effectively communicated to the consumer and/or representative and documented in a care and services plan.
* Ensure the care and services plans are readily available to the consumer and/or representative and the plan is in a format they can understand.

### Requirement 2(3)(e)

*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.*

The service should:

* Review process for addressing inconsistencies when incorporating consumer incidents and changing circumstances into consumer plans to reflect current needs, goals and preferences.
* Develop and implement a continuous improvement plan to ensure the care and services is revised regularly for its effectiveness when influenced by incidents and changes in circumstances.

### Requirement 3(3)(a)

*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 should:

* Review individual care plans and progress notes to ensure that consumers are receiving the care that is right for them. Where deficiencies are identified these should be addressed and a process implemented on the continuous improvement plan.
* Review practices in relation to wound and pain, falls, and medication management to ensure best practice.

### Requirement 3(3)(b)

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

The service should:

* Implement and monitor improvement plan to ensure effective management of high impact or high prevalence risks associated with the care of each consumer. In particular relating to wound management, falls management and medication management as these practices have not been effective.

### Requirement 3(3)(e)

*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.*

The service should:

* Review, implement and monitor current information management and documentation process to ensure a consistent approach to document and communicate information about the consumer’s condition, needs and preferences within the organisation, and with others where responsibility for care is shared.

### Requirement 8(3)(b)

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

The service should:

* Implement and review processes to ensure reports are analysed or actioned by the governing body regularly to promote a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* Develop new ways to ensure that the service promotes cultural diversity and inclusivity as a prominent component of consumer quality and care. In addition, explore what this means in practice for consumers and ensure this translates to the provision of quality care and services.

### Requirement 8(3)(d)

*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.*

The service should:

* Develop a continuous improvement plan to ensure there are effective risk management systems and practices in relation to high impact and high prevalence risks, responding to abuse and neglect and managing and preventing incidents and accidents.
* Implement planned actions including review and delivery of staff training where there are gaps in the knowledge on organisational policies and procedures on risks, neglect and prevention of incidents.