Cohuna Village

Performance Report

38 Augustine Street
COHUNA VIC 3568
Phone number: 03 5456 2338

**Commission ID:** 3032

**Provider name:** Respect Group Limited

**Site Audit date:** 7 April 2021 to 9 April 2021

**Date of Performance Report:** 8 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** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-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 5 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:

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 consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers said they are treated with respect and dignity, and their individuality is valued.
* Consumers explained they can do things that are important to them, make choices about their care and maintain independence. Consumers felt their relationships are supported and described the service community as family.
* Consumers and representatives were satisfied with the way information is communicated and presented to them.
* Consumers were satisfied their privacy is respected.

Staff demonstrated how they care for each consumer individually, describing specific details about each consumer’s care and what is important to the consumer. Staff described how consumers maintain relationships and how this is important to them. For example, seeing friends and family and forming friendships within the service.

For consumers who engage in behaviours that may pose some risk, staff explained what steps are taken to mitigate the risk. Risk assessments and continuous monitoring of risks are completed.

Care plans included detailed information about consumer backgrounds, cultural history and preferences. This information is consistent with information provided by consumers.

The service demonstrated it has policies in place on privacy, dignity, choice and dignity of risk to guide staff practice.

Staff interaction with consumers was observed to be respectful and kind. A range of information is provided to consumers and displayed through the service including newsletters, food menus and lifestyle calendars.

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

## Assessment of Standard 1 Requirements*.*

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall, most consumers considered they feel consulted in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives said they are involved in care planning and felt their choices are respected.
* While consumers and representatives stated they had not seen their care plan, they felt confident they could ask staff for it if they wished.

Staff described how they discuss end of life care and planning. Staff confirmed that all consumers who wished to have end of life discussions have had these completed. Care plans included advance care directives for consumers who had participated in end of life discussions.

Management said, whilst they do not routinely offer care plans for review, if a consumer and/or representative requested a copy, this would be provided.

Consumers and representatives described, and care documents demonstrated participation by consumers and others they wished to be involved, in the assessment, planning and review of the services they receive. The outcomes of assessment and care planning are clearly communicated where care is shared. Care plans reflected changes and reviews following change of circumstances or incidents.

Care planning documents were individualised and demonstrated assessment and planning which identified risks to the individual and informed delivery of safe and effective care. Care plans demonstrated initial and ongoing comprehensive assessments with the involvement of the consumer and representatives, and of responsive planning to support the changing care needs of consumers.

The service demonstrated assessment and care planning is regularly reviewed; each consumer is reviewed monthly and in response to any change in presentation.

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

## Assessment of Standard 2 Requirements

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

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

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

* Consumers and representatives said they were, “happy” or “very happy” with the care consumers received and described it as “extremely good”.
* Consumers and representatives said they see medical practitioners at the service as required and can access other community health services that they need.
* Consumers described how communication occurs in relation to their care. They said staff know them well and know their likes and dislikes. They said they did not usually have to repeat information and if staff are unsure they will ask them.

Staff demonstrated a good understanding of restraint and the types of physical and chemical restraints in use at the service. Staff described multidisciplinary approaches to pain and the use on non-pharmacological strategies in the management of pain. Information provided by staff aligned with care documents.

Staff interviews and documentation, demonstrated high impact or high prevalence risks associated with the care of each consumer is well managed. Staff provided examples of how they adapt care when a consumer’s condition deteriorates.

Care planning documents demonstrated the care delivered by the service is safe, effective and tailored to individual consumers. Care files identified individual risks to each consumer. Most consumer files included current advance care planning and end of life wishes. Care planning documents demonstrated changes to a consumer’s condition are recognised and responded to in a timely manner. Where required referrals to health professionals are appropriate and timely.

The service demonstrated a multidisciplinary approach to clinical and personal care that is individualised, tailored and recognises the needs, goals and preferences of consumers.

The service demonstrated it has current policies in place to guide staff practice relating to skin integrity, pain management and the use of restraint.

The service demonstrated a COVID-19 outbreak management plan is in place, standard and transmission-based precautions have been implemented to support the service to prevent and control infection. While the outbreak management plan did not state procedures around clinical handover, hospital transfers, access to electronic records or plans for cohorting, management described these verbally and said they will add these to the Outbreak Management Plan.

The service has an antimicrobial policy that guides staff in the appropriate use of antibiotics.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and 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 consumers considered they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers said they are generally supported by the service to do things they like to do. Consumers are satisfied with the range of equipment available and staff are responsiveness to requests.
* Consumers confirmed they are supported to keep in touch with people who are important to them. Consumers were satisfied the service welcomes visitors.
* Most consumers are satisfied with the quality and quantity of the food provided.
* Consumers said they felt safe using equipment, describing it as clean and well maintained.

Staff demonstrated a shared knowledge of individual needs and preferences of consumers. Staff described how they assist consumers to maintain their emotional, spiritual and psychological well-being.

Care planning documents reflect changes in consumer well-being, and the actions and strategies implemented as required. Care planning documents provide detailed and individualised information to support effective and safe care. Lifestyle care plans reflect the involvement of organisations in the provision of lifestyle supports.

The Assessment Team observed consumers engaging in a range of activities including group, one-on-one and therapy activities. Visitors were observed in the service following the visitor guidelines and visiting with their family member in their room.

The service was observed to be well resourced with equipment to support lifestyle.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-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

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 they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* Consumers and representatives said they are happy with the cleanliness of the service and did not raise any concerns regarding equipment or the service environment.
* Consumers and representatives said they feel welcome and can freely move about the service.

Management demonstrated how they make consumers and their representatives feel welcome. The service has different communal areas and consumer’s rooms were personalised. Communal lounges and dining areas were observed to be utilised by groups of consumers.

While consumers did not raise concerns with the service environment, equipment, fittings or furniture at the service, the Assessment Team observed outstanding maintenance which posed a safety risk to consumers, staff and visitors to the service.

The service did not demonstrate adequate systems of recording and completing maintenance requests. The service did not demonstrate it has adequate systems to identify hazards or prioritise maintenance.

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

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

While consumers and representatives did not raise concerns with maintenance or cleaning at the service, the Assessment Team observed the service environment was not safe, well maintained and presented hazards that were safety risks to consumers.

Maintenance records did not clearly demonstrate whether maintenance had been completed and included multiple outstanding requests. The Assessment Team observed outstanding maintenance that presented risk to consumers. Maintenance staff failed to describe an adequate system of recording, completing and checking maintenance tasks. Maintenance staff were unaware of a hazard form being used at the service. Cleaning documents were completed incorrectly, did not reflect current cleaning practices and did not include required maintenance.

Staff said consumers are free to move around the service and they would aid those who have limited mobility. Consumers were observed to freely access indoor and outdoor areas.

The Approved provider provided a response that included clarifying information to the Assessment Teams report as well as actions to be taken since the audit. Actions taken by the Approved provider included actions added to the Plan of Continuous Improvement. The service has:

* implemented improved maintenance record keeping practices,
* repaired some defects and engaged a contractor to develop a scope of works to repair outstanding deficits
* introduced an updated maintenance form
* implemented weekly audits of maintenance forms by the manager and ongoing support for maintenance staff
* made hazard identification forms accessible to all staff.

Maintenance staff have been educated in hazard identification and management processes, with education to be provided to all staff at the next staff meeting.

In making my decision I have considered the Assessment Team report and the information in the response from the provider. While I acknowledge the actions taken by the provider I consider at the time of the site visit the Approved provider did not demonstrate compliance with the requirement. I therefore find this requirement Non-compliant.

### Requirement 5(3)(c) Non-compliant

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

While consumers and representatives did not raise concerns with the equipment, furniture and fittings, and some furniture and fittings at the service were safe and clean, the Assessment Team observed broken or poorly maintained fittings, or equipment and fittings which posed a safety risk to consumers.

Maintenance staff could not describe the schedule of maintenance at the service and maintenance records were found to be inaccurate or incomplete. Management were aware of outstanding maintenance and were receptive to feedback provided by the Assessment Team at the time of the visit.

The Approved provider provided a response that included clarifying information to the Assessment Teams report as well as actions to be taken since the audit. Actions taken by the Approved provider included actions added to the Plan of Continuous Improvement. The service has provided education to maintenance staff on maintenance policy and process and implemented ongoing weekly support to ensure all maintenance is completed.

In making my decision I have considered the Assessment Team report and the information in the response from the provider. While I acknowledge the actions taken by the provider I consider at the time of the site visit the Approved provider did not demonstrate compliance with the requirement. I therefore find this requirement Non-compliant.

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

* All consumers described they feel comfortable to raise a complaint, concern or provide feedback to staff, should they need to. All consumers stated they would raise a complaint if they had one.
* All consumers and representatives were satisfied changes would be made to their satisfaction in response to their complaint or feedback.

Staff provided examples of how they support consumers to raise concerns. Staff described the advocacy and language services available to consumers. Staff and management described the process of responding to feedback and complaints and monitoring the resolution for consumers.

Staff described open disclosure and how the service promoted an open and transparent approach.

Complaint documents and meeting minutes identified how feedback and complaints were actioned and assisted in improving quality care and services. Complaint documents identified prompt action taken by management.

Feedback forms were observed on display throughout the service including a confidential letterbox. Posters, internal and external complaints processes and services were displayed on the communal notice board.

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

* Consumers and representatives described how staff are kind, caring and gentle when providing care to the consumer.
* Consumers and representatives described how staff know what they are doing and did not express any areas where they feel staff require further training.
* Consumers and representative said staff were very busy, there were not enough staff, and consumers preferences are not always met, or their preferences and choice is based around staff being busy.

The Assessment Team found the service at the time of the site visit was not adequately staffed to deliver and manage safe and quality care and services. Most consumers, representatives and staff acknowledged staff were busy indicating there was not enough staff available to meet the needs and preferences of consumers.

While I acknowledge that most consumers, representatives and staff were not satisfied with staffing levels, indicating consumers were negatively impacted, on balance I am satisfied the response from the Approved provider addresses the concerns raised in the Assessment Teams report and has demonstrated it plans its workforce to enable the delivery of safe and quality care and services.

Most staff described how they undertake regular training and are up to date on their mandatory education. Training documents identified most staff have completed mandatory training modules.

Management described how they monitor staff practices to determine whether they are competent and capable in their roles. Management described how recruitment and selection processes ensure an appropriate skill combination and sufficiency of staff numbers. Management described the complexities of recruitment in regional settings.

The service demonstrated it ensures quality and experienced staff have the qualifications, skills, and knowledge to successfully complete their job. The service demonstrated it monitors and reviews staff performance.

Staff interactions with consumers were observed to be kind, caring and respectful

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.*

The Assessment Team found the service at the time of the site visit was not adequately staffed to deliver and manage safe and quality care and services. Most consumers, representatives and staff acknowledged staff were busy indicating there was not enough staff available to meet the needs and preferences of consumers.

While I acknowledge that most consumers, representatives and staff were not satisfied with staffing numbers indicating consumers were negatively impacted, on balance I am satisfied the response from the Approved provider addresses the concerns raised in the Assessment Teams report.

The Approved provider provided a comprehensive response that included clarifying information to the Assessment Teams report as well as actions to be taken since the audit.

The Approved provider argued the Assessment Team failed to consider the context in which the service operates, which is within a region with labour shortages. To meet labour supply challenges inherent to its location, the Approved provider has developed and implemented a flexible duties model where staff are expected to carry out their primary duties and to assist with other duties when appropriate, and a direct care model where care staff are on the floor and engaged in the provision of direct care.

In response to prioritisation of call bells, the Approved provider expects staff to prioritise and triage call bells and requests for assistance by reference to risk and considers this consistent with best practice nursing care, effective risk management and resource allocation strategy. Call bell response times demonstrated staff are responding to consumers within a reasonable time.

In response to consumers indicating their care preferences and choice are based around staff being busy, the Approved provider has commenced a communication strategy to educate consumers to ensure they know they may ask for help at any time and are entitled to receive it in a timely manner.

While the Approved provider contends it is rare that a shift is not replaced off the master roster. it concedes there are times where a shift is unable to be filled due to the small numbers of staff available in a regional community. Use of agency staff is used where there is sufficient notice, as agency staff need to travel from other cities/towns.

In making my decision I have considered the Assessment Team report and the response from the Approved provider. Based on the evidence provided the Approved provider has demonstrated compliance with this requirement. I therefore find this requirement is Compliant.

### 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

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

* Consumers and representatives described how they are kept well informed of any changes to care and services.
* Consumers and representatives described how they are actively involved in consumer and representative meetings and are comfortable in raising concerns or providing suggestions of improvement.
* Consumers expressed satisfaction of feeling safe at the service and living in an inclusive environment with provision of quality care and services.

The organisation provided a documented risk management framework supported by policies and procedures documented to manage risk.

While the Assessment Team identified some deficits, I am satisfied the Approved provider has demonstrated it has effective risk management systems and practices.

The service has risk management systems in place to effectively manage high impact and high prevalence risks to consumer care.

The organisation demonstrated it promotes safe and inclusive care to guide staff practice.

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

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:*

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.*

While the Assessment Team identified some deficits, I am satisfied the Approved provider has demonstrated it has effective risk management systems and practices.

Management described the process for high impact or high prevalence risks associated with the care of consumers and managing reportable incidents.

The service has systems in place to manage high impact and high prevalence risks associated with the care of consumers which are proactively identified, monitored and managed. Clinical risks are reported, escalated and reviewed by management at service level, organisational level and through the Board.

The organisation provided a documented risk management framework supported by policies and procedures to manage risk, demonstrating the service has risk management systems in place to effectively manage high impact and high prevalence clinical risks and abuse and neglect of consumers.

In making my decision I have considered the Assessment Team report and the response from the Approved provider. Based on the evidence provided the Approved provider has demonstrated compliance with this requirement. I therefore find this requirement is 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.

**Requirements 5(3)(b) and 5(3)(c)**

* Ensure all outstanding maintenance and deficits are repaired and completed to mitigate safety risks to consumers.
* Ensure hazard identification and management processes are in place to ensure the safety of consumers.
* Ensure record keeping practices are in place to ensure maintenance records are complete, current, accurate and identify environmental risks and hazards.