Columbia Aged Care Services - Oberon Village

Performance Report

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**Commission ID:** 1022

**Provider name:** Columbia Nursing Homes Pty Ltd

**Site Audit date:** 17 March 2020 to 19 March 2020

**Date of Performance Report:** 8 May 2020

# Publication of report

This Performance Report **may 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) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-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** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | 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 and the Assessment Contact. The Assessment Contact - Site Report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others. 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 responses to the Assessment Contact – Site Report and Site Audit report received 23 April 2020

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

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

## Assessment of Standard 1

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 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 sampled indicated they are treated with dignity and respect and their identity, culture and diversity are valued. They say the staff understand their identity and culture; they know their routine and what they like and don't like.
* All consumers and representatives sampled said how they are supported to exercise choice and independence and to maintain relationships of choice. Consumers and representatives sampled said the service makes sure they are aware of options and choices available to them. Consumers and representatives stated they are happy with the communication, they can talk to staff and management, attend meetings, and information is displayed around the service including the activities program and menu.
* Consumers and their representatives sampled confirmed their personal privacy is respected. They provided various examples of what this means for them such as staff knocking on doors and seeking permission to enter and staff ensuring doors are closed prior to undertaking personal care.

The Assessment Team observed staff interacting with consumers in a respectful manner and supporting their choices. A review of assessments and care documents shows the service has identified the goals, needs and preferences of each consumer, including cultural and social needs and preferences, and ways to support consumer's choice and independence.

The Quality Standard is assessed as Compliant as all 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-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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.

While sampled consumers felt they were partners in the ongoing assessment and planning of their care and services, assessment and care planning documentation does not reflect consumers’ current needs and interventions to meet those needs. Care and services are not being reviewed when consumers circumstances and incidents impact on current needs.

For example:

* Consumers interviewed said that they are involved in determining the care and services they receive. Staff spend time with them, talking with them, so that they know how care and service can be provided to meet their needs and preference and allow them to be as involved as possible in an active life. Consumer representatives also said they are involved in care planning and staff listen and respond.
* While not all consumers and representatives could recall if they had access to their care plans, they were all confident that they only had to ask and the service would provide them with any information they required.
* Several consumers and representatives said they did have access to their care plans and confirmed these were discussed at the annual case conference meeting but also whenever things changed. Consumers and representative said that they were informed about assessment outcomes, to the degree that they wanted, which for one consumer and one representative was with a high degree of specificity.

However, care plans and assessments did not include information about current needs in relation to falls prevention and pain management for consumers, and review of care was not always effective.

The Quality Standard is assessed as Non-compliant as two 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.*

A review of documents during a site audit of the service found that assessment and planning are conducted at a frequency determined by consumer needs, goals or preference. For example, all consumer’s bowels are monitored and recorded each shift, skin checks when pressure area care or hygiene is attended or on mobilisation where relevant, wounds are described and measured when wound dressings are attended, and blood pressures are taken at the frequency documented in the care plan. Pain, behaviour and other interventions are recorded. The care plans are reviewed on a regular basis with consideration of the assessments and recorded interventions but also taking account of the consumers goals and preferences. While the service is generally capturing and updating consumer goals, needs and preferences, the Assessment Team identified some gaps in the relation to timely update for some consumers, specifically in relation to falls prevention and pain management.

These gaps were also identified by a different Assessment Team during an earlier assessment contact visit to the service. It was found that for all consumers sampled, their care planning documents reflected some preferences and some goals. However, the goals identified were not consumer-centric, did not reflect all of the consumer’s current needs or they contained conflicting or superseded information about needs. For example, staff told the Assessment Team about a consumer who was a high falls risk who required assistance with walking and transfers. However, this information was not reflected in the consumer’s care plan. In addition, an accident/incident report in relation to a consumer’s fall was incomplete, including about actions to prevent reoccurrence of falls. Documentation reviews also showed that medication reviews by the local pharmacy had not referred to in the consumer medication management plan, either to note the review had been conducted, the changes actioned or the potential for drug interactions.

The site audit revealed that the service is continuing a process of meeting with all consumers and/or representatives to discuss advance care planning and end of life planning. The approved provider has confirmed this is occurring and that ongoing education of staff is occurring in this area. Advance care planning and end of life planning were not a focus of the Assessment Contact visit.

### 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) 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 site audit visit revealed that care and services are generally reviewed regularly for effectiveness. However, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer, the Assessment Team found there was evidence that review was not effective.

Interviews with clinical staff during the site audit and Assessment Contact visit, support an understanding of regular review of care planning, with staff able to describe the process for three monthly regular review, including evaluation of relevant assessments to inform the care plan. Staff also advised that relevant care plans are reviewed and updated following changes or incidents including, return from hospital or post falls. However, care planning documentation reviewed did not support that this occurs. For four of five consumers sampled, care plans generally showed evidence of review on a regular basis, but not when the consumer’s circumstances change, or incidents occurred. For example*,* care and services were reviewed following a behavioural incident but this was not effective as the consumer’s plan of care was not updated to reflect the behaviour and interventions for preventing or minimising this into the future, or whether medications for this consumer could be minimised. Similarly, other consumers’ care and services were not reviewed after each fall to prevent future falls and to identify and manage pain effectively. The care and service records do not reflect any other falls prevention or harm minimisation strategies were put in place post falls for a consumer who continued to experience falls.

When the Assessment Teams raised this with management during the Assessment Contact visit, they acknowledged there was a need for improvement and said action was continuing to improve the current situation. While action has continued since the Assessment Contact visit, the deficiencies were still evident, with the approved provider acknowledging that they are aware further improvement is needed and is ongoing.

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# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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 considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers and consumer representatives interviewed confirmed they or the consumer receive the care they need. One consumer said that she was much better and more active now than when she first came to the service. A representative said that in the past she had grievances in relation to her husband’s care, but these have all be resolved and that he receives the care that he needs. Another consumer said staff are assisting and encouraging his mobilisation and eating plan, so that he can lose weight, improve his diabetes and his general mental and physical well-being.
* All consumers and consumer representatives interviewed confirmed that they have access to a doctor or other health professional when they need it, noting their medical officer or another medical officer visits regularly. The service organises other health services to visit the site or assists consumers to access required health services externally, such as specialist allied health services and medical consultants including urology, and cardiology. A psycho-geriatrician visits the service or conducts tele/video consultation on request from the medical officer.

While consumers and their representatives were satisfied that they were receiving good care and services, the Assessment Team identified consumer high impact, high prevalence risks were not always being effectively managed, particularly in relation to falls and post falls care.

The Assessment Team found that the service has made progress in reducing the volume of psychotropic medication used in general and used as restraint (without relevant clinical diagnosis).

The Assessment Team’s general observation was that staff were delivering care in partnership with consumers which was appropriate to their day to day needs, and preferences. Consumers were clean, dressed appropriately, seated comfortably or moving around the service freely with appropriate aids. Consumers that were immobile and fully reliant on staff were positioned and repositioned to maximise comfort and were observed to have food, drink and a method to call out to staff in easy reach. Consumers appeared to be engaged in activities of interest periodically throughout the day, between meals. Staff recognised this was important for consumer well-being, maintaining mental health, lifestyle and as a behaviour management technique.

Effective management of high impact or high prevalence risks, such as falls and pain was not sufficiently evidenced by the Assessment Team. Immediate post falls management was not evidenced over multiple (weekend) shifts, where a consumer known to be a high falls risk, fell on two occasions.

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

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

The service has not demonstrated effective management of high impact or high prevalence risk associated with the care of each consumer, particularly in relation to falls risk assessments and post falls management of pain.

While the service identifies falls as one of its highest clinical risks and it is the highest incident type recorded in the monthly quality project report, the Assessment Team found inconsistent recording of falls risk, and post falls care, noting that consumers are generally reviewed by a doctor post-fall in a timely manner. For example, despite frequent falls, incident reports do not reflect review of interventions, contributing factors and actions to prevent reoccurrence of falls and falls risk assessments are not always completed for consumers identified as high falls risk. This shows a lack of consideration of factors which could be contributing to the consumer’s falls risk and development of interventions to prevent future falls. This was also reflected in the Assessment Team’s review of the service during the Assessment Contact visit, with some consumer’s care and services records not reflecting interventions for consumers at high falls risk.

While the approved provider has outlined a number of actions that have since been implemented to address these matters, these actions have occurred after the audit concluded.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and 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 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 they are supported to do the things they want to do and are encouraged to maintain their independence. They say the staff are kind and supportive.
* They confirmed they are supported to participate in the community, have social and personal relationships and do thing of interest to them.
* Consumers interviewed were generally satisfied with the meals provided at the service. They confirmed they are given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they are given enough to eat.
* The service was able to demonstrate how the residents are able to participate in their community within and outside of the service. Consumers are able to continue the social and personal relationships formed prior to moving into the service and the consumer is enabled to participate in activities that interest them.

The Quality Standard is assessed as Compliant as all 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 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, sampled consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment.

For example:

* The consumers sampled told the Assessment Team they feel safe and comfortable in the service. They value being able to live in the community they have lived in most of their lives and maintaining connections with the community.
* Consumers sampled told the Assessment Team they have been able to personalise their rooms and they can enter and exit the building when they wish, independently or in the company of staff or family members. Three consumers interviewed own cars and can leave the service as they wish. Representatives confirmed they feel welcome when they visit.
* Consumers sampled described the service as clean and well maintained, with regular schedules for maintaining their rooms.

The Assessment Team observed, and consumers confirmed, the environment is welcoming, easy to understand, and optimises a sense of belonging, independence, interaction and function for consumers. Consumers said it is important for them to be able to live in the community where they have strong social connections.

The Assessment Team observed, and consumers, confirmed the service is safe, clean, well maintained and comfortable. Maintenance staff explained the system for reactive and preventative maintenance. The Assessment Team observed, and consumers confirmed, they can move around the service and enter and exit the building when they wish, independently or in the company of staff or family members.

The Assessment Team observed, and consumers confirmed, furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Furniture, fittings and equipment promote independence for consumers and reactive and preventative maintenance is undertaken.

The Quality Standard is assessed as Compliant as all 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 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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, most sampled consumers and representatives felt comfortable and felt supported by staff and management to give feedback and make complaints, and they had a confidence that appropriate action is taken. The service encourages consumers and others to provide feedback such as approaching staff or managers directly, through surveys, consumer and representative meetings, comments, complaints and compliment forms and anonymous feedback mechanisms.

For example:

* Consumers said management had an open door policy and due to this any problem is resolved quickly.
* Some consumers said they preferred to speak directly with staff or the facility services manager about a problem or to email the facility services manager directly.
* Other consumers said they preferred to raise issues and discuss them at the consumer and representative meetings.
* The service has consumer representatives who advocate on behalf of consumers who prefer them to do so.

The service addresses complaints in a timely and efficient manner to foster a positive and cooperative attitude with consumers and representatives. Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Feedback and complaints inform the improvement of quality of care and services.

The Quality Standard is assessed as Compliant as all 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 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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

For example:

* All consumers interviewed confirmed staff are kind and caring.
* Consumers said they felt staff knew what they were doing.
* Consumers indicated they understood new staff needed time to get to know the consumers and their role at the facility.
* Consumers interviewed confirmed they felt there were adequate staff.

The service has experienced significant recruitment issues as a result of being in a remote location. The service is utilising the support of agency staff were needed and this has been budgeted for. Rosters are managed by head office. The workforce is planned to enable the delivery of safe and quality care and services.

The Quality Standard is assessed as Compliant as all 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-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).

All sampled consumers felt the service is well run and that they can partner in improving the delivery of care and services.

However, the Assessment Team found this Standard is not met because despite falls being identified as a high risk and pain being a high impact and/or high prevalence risk, there was insufficient oversight to ensure these risks were being managed. For example:

* The service did not demonstrate effective management of high impact or high prevalence risk associated with the care of each consumer, particularly in relation to falls risk assessments, post falls management and pain monitoring, where it is high impact, high prevalence for the consumer.
* While the service identifies falls as one of its highest clinical risk and it is the highest incident type recorded in the monthly quality project report, the Assessment Team found inconsistent recording of falls risk, and post falls care.

All consumers and representatives interviewed said the service’s management are approachable and listen to their suggestions and other feedback.

Three consumers are consumer representatives at the service and they enjoy the opportunity offered by management to act as advocates for other consumers. They are involved in the consumer and representative meetings and there are plans for the consumer representatives to become more involved at the service.

The organisation’s governing body has governance systems including a clinical governance framework to ensure accountability. It has a reporting system to and from the chief executive and the Board to the service level. A new software system is currently being implemented organisationally to support risk, compliance and policy management.

The organisation is currently reporting to the Department of Health weekly regarding their progress against non-compliance.

The Quality Standard is assessed as Non-compliant as one 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) 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) 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.*

While it is acknowledged that planning has been occurring at the board level to improve systems that identify risk organisationally as a result of consumer feedback, incidents and non-compliance, there is insufficient oversight to ensure high prevalence; high impact risks are being managed. Refer to Standard 3, Requirement 3(3)(b).

Critical incidents are reported monthly by all facility services managers to the chief executive officer and the board and they are discussed at all business services management and board meetings monthly. These incidents are also examined more closely by quality governance staff and at clinical governance meetings and action plans are formulated and implemented and policy is adjusted accordingly. While document review and staff interviews during the site audit highlighted some improvements in staff identification, monitoring and assessment of risk, further improvement is required.

The organisation is still in a transitional phase, with some organisational risk, compliance and policy frameworks in place and policies addressing high impact or high prevalence risks, identifying and responding to the abuse and neglect of consumers and supporting consumers to live the best life they can being updated as part of the transition to the new electronic risk, compliance and policy system. Staff had been educated about policies relating to the abuse of consumers and supporting consumers to live the best life they can. Further education and guidance will be provided as these policies and systems are imbedded and as policies and systems relating to effective risk management are finalised.

The approved provider continues to implement strategies to address the matters outlined in this requirement.

### 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.

Standard 2, Requirement 3(b) and (e)

* ensure processes are put in place to document changes in consumer care, such as when they return from hospital to ensure that information about their care is effective, correct and consistent.
* you must put a system or process in place to ensure that staff understand when and how to reassess the effectiveness and currency of consumers’ needs, goals and preferences

Standard 3, Requirement 3(b)

* ensure that staff practices are adjusted to reflect high risk areas identified for consumers at the service and test staff understanding to ensure this knowledge is implemented
* review all consumers with high impact and/or high prevalence risks to ensure their care plans have considered and documented factors that may contribute to the identified risks and interventions

Standard 8, Requirement 3(d) –

* ensure that risk management systems are imbedded within the organisation and tested to determine if they are assisting service management and executive to effectively identify, manage and respond to risk.
* ensure that risk management systems and frameworks are reviewed, evaluated and continually improved and adjusted to maintain effectiveness