Halls Creek Peoples Church Frail Aged Hostel

Performance Report

440 Neighbour Street   
HALLS CREEK WA 6770  
Phone number: 08 9168 6524

**Commission ID:** 7178

**Provider name:** Halls Creek Peoples Church Incorporated

**Site Audit date:** 15 September 2020 to 17 September 2020

**Date of Performance Report:** 5 November 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** | **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** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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) | Non-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 8 October 2020.
* the Assessment Team’s report and Performance report for assessment contact conducted on 29 to 30 October 2019.

# 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

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

The service was found non-compliant in Requirement (3)(b) in relation to Standard 1 Consumer dignity and choice following an assessment contact conducted in October 2019. The finding of non-compliance was in relation to the service not delivering personal care to consumers in line with consumers’ cultural preferences and needs. The service has implemented improvements to address the deficits identified and the Assessment Team have recommended the service now meets this Requirement. I agree with the Assessment Team and have provided detailed reasons below in the relevant Requirement.

The service is located in a remote Aboriginal community and caters to consumers with a variety of Aboriginal backgrounds, languages and cultures. The service strives to provide staff who have an understanding of consumers’ Aboriginal cultural needs or who speak or understand languages spoken by consumers.

Consumers at the service confirmed they are treated with kindness and respect and stated staff know what is important to them. The consumers’ indigenous cultures are supported and valued by the service and consumers confirm the service supports their cultural preferences. Observations showed staff interacting with consumers in a respectful manner and ensuring the consumers’ privacy and dignity were supported. Consumers are supported to continue to do things important to them including where risks are involved, and the service implements strategies to mitigate the risks.

Documentation viewed showed consumers’ choices, needs and preferences including in relation to their cultural needs are identified and clearly recorded to inform staff on how to ensure consumer privacy and dignity are supported and consumer choices are valued. Staff confirmed they have been provided training on supporting consumer privacy and provided examples of how consumer information is maintained in a confidential manner.

## 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.*

The service was found non-compliant in this Requirement following an assessment contact in October 2019 as the service did not demonstrate it was providing personal care to consumers in a manner that was culturally safe or in line with their cultural preferences. The service implemented a review of the roster to ensure appropriate male and female staff were available to provide consumer care in line with the consumers’ cultural preferences and needs.

The Assessment Team found at the time of the site audit the service demonstrated consumers’ cultural care needs and preferences including backgrounds, language, connection to Aboriginal communities and families are identified and consumers are supported to maintain their cultural connection to family and community outside the service. Consumers’ cultural preferences including culturally appropriate staff to attend to personal care is identified and recorded on the consumers’ care plans. Staff confirmed they had an understanding and knowledge of individual consumer’s cultural needs and preferences and provided examples of how they support consumers’ cultural needs. Observations and review of the current roster showed appropriate mix of staff were available to provide personal care in line with consumers’ cultural preferences during the site audit.

Based on the summarised evidence above, I find the service at the time of the Site Audit, Compliant in this Requirement.

### 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

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

The service was found non-compliant in Requirements (3)(a), (3)(b) and (3)(e) in relation to Standard 2 Ongoing assessment and planning with consumers following an assessment contact conducted in October 2019. The finding of non-compliance was in relation to the service not assessing and identifying consumers’ current needs including where risks are involved, or deterioration or change occurs, and care plans are not updated to reflect consumers’ current needs. The service has implemented improvements to address the deficits identified and the Assessment Team have recommended the service now meets these Requirements. I agree with the Assessment Team and have provided detailed reasons below in the relevant Requirements.

The service has an assessment process to identify and record consumers’ current needs and preferences. The care plan is reflective of the consumer’s assessed needs and informs staff on the delivery of care and services in line with the consumer’s preferences including where risks have been identified. Consumers confirmed staff involve them in planning their care.

Documentation shows the service reviews consumers’ needs including consideration of risks when incidents or changes occur. Consumers with clinical needs are assessed and delivery of care is planned in consultation with clinical staff, medical officers and specialists and directives are communicated to staff. The clinical staff confirmed they regularly review consumers’ assessments and care plans. Consumers’ end of life needs are recorded after consultation with consumers and are reviewed when consumers deteriorate.

## Assessment of Standard 2 Requirements

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

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

The service was found non-compliant in this Requirement following an assessment contact in October 2019 as the service did not demonstrate assessments and care plans were effective in identifying consumers’ current needs including risks associated with clinical care. The service implemented a review of all consumers’ current assessments and plans and updated risk assessments to ensure strategies were in place to inform staff on managing risks including for consumers who smoke, have bedrails, are at risk of weight loss and are at risk of seizures. The service has implemented increased access to specialist services including dietitians, speech pathologists and physiotherapists to be involved in assessments and the development of care plans.

The Assessment Team found at the time of the site audit the service demonstrated improvements implemented have been effective and consumers’ assessments and care plans viewed were current and reflective of consumers’ needs and there were clear documented strategies in relation to managing consumers where risks had been identified. Staff demonstrated they involve consumers in assessing and identifying consumers’ needs and preferences and consumers confirmed staff are aware of their needs and preferences when delivering care.

Based on the summarised evidence above, I find the service at the time of the Site Audit, Compliant in this Requirement.

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

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

The service was found non-compliant in this Requirement following an assessment contact in October 2019 as the service did not demonstrate consumers’ current needs are identified through assessments and reflected in the care plan. The service implemented a review and update of all consumers’ assessments and care plans to ensure the consumer’s current needs were identified and documented on the assessment and care plan.

The Assessment Team found at the time of the site audit the review and update of consumers assessments and plans had been effective. The service has monitored and implemented regular reviews of all consumers assessments and plans to ensure the care plans are current and reflective of consumers needs. All consumer files viewed are reflective of consumers’ current needs, the goals and preferences of the consumers are clearly recorded.

Based on the summarised evidence above, I find the service at the time of the Site Audit, Compliant in this Requirement.

### 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.*

The service was found non-compliant in this Requirement following an assessment contact in October 2019 as the service did not demonstrate consumers’ clinical needs including in relation to diabetes, medications changes and weight variations are reviewed when changes occur or that staff inform medical officers when changes occur in consumers’ clinical condition. The service implemented improvements including review and update of consumers’ assessments and care plans and increased monitoring and regularly scheduled reviews and evaluations of consumers’ clinical care by the clinical leader.

The Assessment Team found at the time of the site audit the service demonstrated regular reviews and evaluations of consumers’ care and services including following incidents or when changes occur have occurred and been effective at identifying and updating changes in assessments and plans. Changes in consumers’ needs are identified including consumers who have become unwell or have had weight loss and clinical staff in consultation with specialists review the effectiveness of current care plans and implement appropriate changes.

Based on the summarised evidence above, I find the service at the time of the Site Audit, Compliant in this Requirement.

# 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

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

The service was found non-compliant in Requirement (3)(b) in relation to Standard 3 Personal care and clinical care following an assessment contact conducted in October 2019. The finding of non-compliance was in relation to the service not effectively managing the high impact and high prevalence risks associated with consumer care including; diabetic management, medication management, behaviour management, falls management and risk of malnutrition and dehydration. The service has implemented improvements to address the deficits identified and the Assessment Team have recommended the service now meets this Requirement. I agree with the Assessment Team and have provided detailed reasons below in the relevant Requirement.

The service has assessment and planning processes based on best practice and appropriate clinical staff to assess, implement and deliver consumers’ clinical care needs including medications and wound care. Documentation shows incident reports, assessment processes and regular reviews of consumers’ personal and clinical care needs are effective at identifying changes in consumers’ needs and lead to appropriate changes in the delivery of care. Appropriate referrals to medical officers, allied health professionals and specialists occur and are effective at leading to new strategies being implemented to manage consumers’ care.

Consumers confirmed they receive personal care including toileting and hygiene assistance in line with their needs and preferences. Staff interviewed demonstrated they had knowledge of consumers’ individual needs including current strategies to manage consumers identified with risks associated with their care. Staff confirmed they were informed when consumers’ needs changed and how they report changes and incidents to the clinical lead for review. Documentation and staff interviews confirmed where consumer’s condition has deteriorated it had been identified, reported, reviewed and staff are then informed of any changes to manage the consumer including where end of life care is required.

### 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.*

The service was found non-compliant in this Requirement following an assessment contact in October 2019 as the service did not demonstrate it effectively managed high impact and high prevalence risks associated with the care of consumers. The deficits identified were in relation to management of risks associated with diabetes, medications, aggressive behaviours, mobility and nutrition and hydration. The service implemented improvements including reviews of specific consumers identified in the previous report, processes have been reviewed and updated including assessment, review, referrals and monitoring of consumers at risk of falls, behaviours and weight loss. Referrals to appropriate specialists are now utilised to assist in the management of consumers’ high impact risks and documentation including a nutritional supplement list and menu plan have been implemented.

The Assessment Team found at the time of the site audit the service demonstrated the improvements implemented have been effective at managing the risks of the consumers identified in the previous report and their health and well-being outcomes had improved. Documentation shows incident reports are completed, reviewed and appropriate actions taken following consumer incidents of falls, medications and behaviours. The service demonstrated processes to monitor consumers, review effectiveness of care and improved staff practice and attendance, have been effective at ensuring all consumers with high impact risks are identified and managed effectively.

Based on the summarised evidence above, I find the service at the time of the Site Audit, Compliant in this Requirement.

### 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 NON-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

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

The Non-compliance was in relation to Requirement (3)(c) which the Assessment Team found the service did not meet as consumers’ leisure, lifestyle and activities of interest to them were not being identified and consumers were not supported to engage in activities of interest to them. I agree with the Assessment Team’s recommendation and have provided detailed reasons below in the relevant Requirement.

The service supports and assists consumers in participating in their community outside the service including supporting consumers to leave the service to spend time with family and their aboriginal community including for cultural events. However, the service did not demonstrate it has implemented supports and resources to ensure consumers at the service have access and support to participate in activities of interest to them within the service.

Consumers interviewed confirmed they service provides safe and quality services in relation to their daily living needs, cultural needs and supports for independence and their spiritual and emotional needs are respected. Consumers were satisfied they have access to appropriate equipment and are satisfied with the meals and drinks provided.

The service demonstrated it refers, consults and has access to other services and people to support consumers’ daily living needs including cultural, psychological and spiritual. Documentation shows consumers’ needs and preferences are assessed and identified in consultation with consumers including consideration of consumers’ preferences in relation to culture, religion, emotional needs and connections with community. Equipment and supports are provided to encourage and support consumer independence.

## 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) Non-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.*

The Assessment Team found the service supports and assists consumers in participating in their community outside the service including supporting consumers to leave the service to spend time with family and their aboriginal community including for cultural events. However, the service did not demonstrate it has implemented supports to ensure consumers at the service have access and support to participate in activities of interest to them within the service. Evidence included:

* The service has assessed and identified on consumers’ lifestyle plans activities of interest to consumers which the consumers would like support to participate in at the service. However, the service could not demonstrate consumers were provided activities in line with their assessed needs.
* Five of five consumer lifestyle plans, and attendance records show consumer are not supported to attend or participate in their preferred activities. There was no evidence activities listed such as concerts, hand massage, reminiscing, art, barbeques and one to one social support had been provided.
* Attendance records to monitor consumers’ participation in activities had not been implemented.
* Observations throughout the site audit show the five consumers were not assisted or provided supports to engage in activities during the audit.
* The service does not have a planned approach to ensure staff are allocated responsibility or time to assist and support consumers in activities of interest to them. There is a volunteer who supports the service two days a week for two hours in the afternoon. The volunteer stated not many consumers attend the activity in the afternoon as they prefer to rest at that time. Previously the volunteer attended in the morning and more consumers attended and were engaged, however the timing and hours were reduced due to COVID-19 restrictions.
* Staff confirmed they have access to puzzles which they provide to consumers. However, this activity is not in line with the consumers’ assessed needs or preferences and consumers were observed not to engage in the activity.
* One consumer was not satisfied there was enough to do, and they would return to bed.
* A consumer survey conducted shows the four consumers who participated indicated they are not satisfied they are engaged with activities as there are no activities and there are not enough outings.

The approved provider’s response acknowledged the deficits identified by the Assessment Team and have implemented improvements including recruitment of an administration officer/lifestyle coordinator in October 2020, to be responsible for the planning and delivery of the lifestyle activity program and monitoring. Implementation of a formal lifestyle program with planned activities based on consumer preferences and interests commenced in October 2020. The service acknowledges there are still barriers to delivering activities including bus outings and intergenerational activities with the community due to COVID-19 restrictions.

I acknowledge the service is committed to implementing improvements to address the deficits identified by The Assessment Team. However, at the time of the site audit the service did not demonstrate it was providing sufficient and appropriate resources, staff assistance and support to consumers to ensure they participate in the community within the service or engage in activities of interest to them. The service did not provide evidence the improvements planned have been implemented and ongoing monitoring will be required to ensure the effectiveness of the improvements.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

### 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

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

The service was found non-compliant in Requirements (3)(b) and (3)(c) in relation to Standard 5 Organisation’s service environment following an assessment contact conducted in October 2019. The finding of non-compliance was in relation to the service not providing a safe and clean environment or equipment to consumers. The service received a grant and financial support to address the environmental and equipment issues identified and has implemented improvements to the ongoing cleaning of the environment to address the deficits identified and the Assessment Team have recommended the service now meets these Requirements. I agree with the Assessment Team and have provided detailed reasons below in the relevant Requirements.

Consumers interviewed confirmed they are satisfied with the environment and confirmed the service is now clean and well maintained. Consumers demonstrated the living environment was in line with their needs including access to outdoors and provision of a fire pit.

Documentation and staff interviews confirmed required maintenance to fix the plumbing and environmental issues has been completed. The service has completed installation of a functioning call bell system. Equipment has been purchased including mattresses, beds, privacy screening and furnishings to improve the comfort of the environment. There are processes in place to ensure equipment is maintained and the environment is regularly cleaned.

## 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.*

The service was found non-compliant in this Requirement following an assessment contact in October 2019 as the service did not demonstrate it provided a safe, clean and well maintained environment. Plumbing was not suitable and bathroom repairs not attended to, grease traps were blocked, the call bell system not functioning, and walls and floors not cleaned or maintained, and doors were not secured to areas such as chemical storage.

The service was provided a financial grant to assist them in rectifying the environmental maintenance deficits identified. The Assessment Team found the service has completed actions to repair the plumbing, drainage issues, grease trap blockage, repair of bathroom fittings and industrial cleaning of floors to remove grime. A call bell system has been installed and is now functioning. However, one consumer is awaiting specialised equipment to be able to use the call bell. Locks have been secured to all doors leading to storage areas to ensure safety of consumers.

The service has commenced and is half way through completing painting and refurbishment of all consumer rooms including painting, furnishings and installation of privacy curtains.

Consumers interviewed confirmed the improvements to their rooms and the environment. Staff confirmed the processes for reporting and requesting maintenance for equipment and environmental issues are now effective and the maintenance officer completes regular walk arounds to monitor and identify areas requiring maintenance. Training for staff on cleaning was implemented and cleaning processes now ensure the consumer rooms are clean and free from malodour.

Based on the summarised evidence above, I find the service at the time of the Site Audit, Compliant in this Requirement.

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

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

The service was found non-compliant in this Requirement following an assessment contact in October 2019 as the service did not demonstrate it provided consumers with equipment that was safe, clean or well maintained. Consumers were not provided beds suitable to their needs and equipment and furnishings such as mattresses, pillows, bed rails and safety mats were not well maintained, cleaned or replaced when no longer suitable.

The service was provided a financial grant to assist them in replacing unsuitable furniture and equipment. The Assessment Team found the service has purchased new equipment including beds, mattresses, pillows and safety equipment such as bed rail protectors and safety mats. Consumers interviewed confirmed they are satisfied with the equipment provided and observations showed the equipment and furnishings are cleaned and well maintained. Documentation shows the service has implemented training for staff and new processes to ensure furniture and equipment is regularly cleaned, maintained and monitored for safety.

Based on the summarised evidence above, I find the service at the time of the Site Audit, Compliant in this Requirement.

# 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

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

The service was found non-compliant in Requirement (3)(a) in relation to Standard 6 Feedback and complaints following an assessment contact conducted in October 2019. The finding of non-compliance was in relation to the service not supporting and encouraging consumers to provide feedback or make complaints and one consumer did not feel safe raising complaints without retribution. The service has implemented improvements to address the deficits identified and the Assessment Team have recommended the service now meets this Requirement. I agree with the Assessment Team and have provided detailed reasons below in the relevant Requirement.

Consumers interviewed confirmed they feel comfortable making complaints to staff and the manager. Consumers said they can provide feedback at meetings and directly to management. Consumers said feedback about food has been actioned and one consumer said they have a current complaint which management are following up on and trying to resolve.

Staff interviewed confirmed they support consumers who raise complaints or feedback by raising the concerns with management or the clinical leader. Management stated, and documentation confirmed all complaints, suggestions and feedback are now logged to ensure they are monitored, and actions taken. Management said while feedback forms are available majority of consumers prefer to provide feedback verbally to staff or management and management now complete rounds to actively seek feedback from consumers.

## 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.*

The service was found non-compliant in this Requirement following an assessment contact in October 2019 as the service did not demonstrate it supported and encouraged consumers to raise complaints and provide feedback. Consumers reported feeling unsafe in raising complaints and feared retribution from staff and management. The service’s system for recording, actioning and monitoring complaints was not effective and not implemented.

The Assessment Team found the service has implemented improvements to address the issues identified including; staff involved in making consumers feel unsafe in making complaints no longer work at the service, management make regular rounds to encourage consumers to raise complaints and feedback, complaints are recorded, actioned and monitored until resolved and staff have received training on how to appropriately support consumers when complaints are raised.

Consumers interviewed confirmed they feel supported to raise complaints and feedback and are provided opportunities through meetings and discussions with management and staff. Documentation and staff interviews confirmed complaints are now reported to management, recorded appropriately and actions are taken in consultation with consumers to resolve complaints.

Based on the summarised evidence above, I find the service at the time of the Site Audit, Compliant in this Requirement.

### 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 NON-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

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

The service was found non-compliant in Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) in relation to Standard 7 Human resources following an assessment contact conducted in October 2019. The finding of non-compliance was in relation to the service having effective workforce governance systems to ensure sufficient numbers and mix of staff, ensure staff were competent at their role, ensure appropriate staff training and performance monitoring occurred, and it was identified interactions between staff and consumers were not always kind, caring and respectful.

The service implemented improvements including staff training, performance management and recruitment and review of rostering systems. The Assessment Team have recommended the service now meets four of the five Requirements. However, the Assessment Team found the improvements have not been effective at ensuring there are sufficient numbers and mix of staff to provide safe and effective care. I agree with the Assessment Team and have provided detailed reasons below in the relevant Requirements.

All staff have had recent training relevant to their role and management have completed staff performance reviews with all staff. The service has access to online and face to face training from a local training provider.

Consumers interviewed confirmed staff treat them with respect when providing care and observations of staff interactions with consumers confirm staff are kind and caring.

The current service manager’s contract finishes in October 2020, there is no current recruitment or confirmation a suitable replacement manager has been sourced.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 service was found non-compliant in this Requirement following an assessment contact in October 2019 as the service did not demonstrate sufficient staff numbers and suitable mix of staff were provided to ensure safe and quality care and services. The service implemented improvements and actions including review of current rosters and allocations and recruitment of new staff. However, the Assessment Team found the improvements have not been effective at ensuring sufficient numbers of staff at the service and have recommended the service do not meet this Requirement.

The Assessment Team found the service has a planned roster in place and staff are allocated to shifts and areas to ensure consumers are delivered safe and effective care. However, staff continue to not turn up to their allocated shifts and the service is unable to find replacement staff when vacant shifts occur. The service does not have a planned approach to allocating staff time or responsibility for providing activities, social support or engagement for consumers. The service has challenges recruiting appropriate skilled staff to fill key roles. Evidence included:

* One consumer reported staff do not attend to them when they call out, specifically over night and there are not always sufficient numbers of female staff to assist them with a shower and they have gone up to three days without showering.
* One consumer reported there are not always enough staff and they observed other consumers being left in their rooms and beds as a result.
* Staff attendance records show in the 17 days prior to the site audit there were approximately 20 care staff shifts where staff did not turn up for their shift, the vacant shift was not filled and there were insufficient staff to provide care in line with consumers’ needs.
* The manager stated care staff are unreliable and filling the shifts is challenging. The roster shows clinical staff including the clinical lead, the registered nurse and enrolled nurse shifts are consistently filled. However, due to care staff shifts not filled the clinical staff are required to assist with consumer personal care and other needs on top of their clinical responsibilities.
* Staff confirmed the impacts to the consumers of care staff shifts not being filled include; consumers not receiving showers or hygiene in line with their needs, consumers not going to the toilet and having to use continence aids, consumers having to remain in bed longer or at times all day and less time to assist consumers with meals and social supports.
* Staff reported care staff on night duty regularly sleep while on shift and do not attend to consumer needs. Management confirmed they are aware of current concerns raised by other staff and consumers of this practice and spoke with the care staff involved.
* The service does not have staff hours or allocated responsibility to provide support and services to consumers for activities, social engagement or emotional support. Management confirmed there is no current plan in place and it is difficult to recruit someone with an appropriate skill set. There is a volunteer two days a week for two hours to provide some social supports.
* The service is currently recruiting for an appropriate person to provide services including gardening and driving the bus for consumers on social and medical outings.
* Management confirmed there is no contingency plan in place for filling planned or unplanned leave.
* The current manager’s contract finishes on 16 October 2020 and the Board have yet to recruit or find a suitable replacement.

The approved provider’s response acknowledges the deficits identified by the Assessment Team and have implemented a plan for improvement and planned actions to address. The service has recruited an administration officer/lifestyle coordinator to assist with planning activities and completing administrative duties including rostering. However, other planned actions including recruitment of additional care staff or a new manager have not occurred.

I acknowledge the service has ongoing challenges due to its remote location in recruiting staff and ensuring vacant staff shifts are filled. The service has a planned approach to developing a roster and allocating staff based on consumers’ needs, preferences and acuity. However, the service is unable to demonstrate it provides sufficient numbers of staff, specifically direct care staff to provide consumers with care and services in line with these Standards or in line with consumers’ needs. The service is unable to demonstrate it has a planned approach or contingency plan to fill key personnel including management when planned or unplanned leave or resignations occur.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

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

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

The service was found non-compliant in this Requirement following an assessment contact in October 2019 as the service did not demonstrate it workforce interactions with consumers were kind, caring and respectful of each consumer’s identity, culture and diversity. Particularly the non-compliance was in relation to one consumer who reported staff being disrespectful and threatening towards them and staff not providing care which was respectful of consumers’ cultural preference resulting in male care staff providing care to female aboriginal consumers.

The Assessment Team found the service implemented improvements including investigation and review of staff treatment towards one consumer, training for all staff and review of staffing mix and directives in relation to providing culturally respectful care to consumers.

Consumers interviewed confirmed they are satisfied staff interact with them in a respectful and kind manner and staff interactions are respectful and delivered in consideration of the consumers’ cultural needs. Observations during the site audit show staff interacting respectfully and treating consumers with kindness and demonstrating an understanding of each consumer’s unique identity and culture.

Based on the summarised evidence above, I find the service at the time of the Site Audit, Compliant in this Requirement.

### 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.*

The service was found non-compliant in this Requirement following an assessment contact in October 2019 as the service did not demonstrate the workforce was competent or had the qualifications required to perform their roles. Outcomes in other Standards show the workforce is not competently performing their roles including in the assessment and delivery of personal and clinical care. Care staff providing care do not all have a certificate three in aged care and the service did not provide evidence of monitoring the competence of staff.

The Assessment Team found the service has implemented improvements to address the deficits including training for all staff which is relevant for their roles including clinical competencies, to improve the outcomes for consumers in the care and services delivered. Training also includes face to face training from a local training provider.

Staff interviewed confirmed they have received training and demonstrated improvements in care and services provided. Outcomes in other Standards including Standard 2 and Standard 3 show at the time of the site audit staff were competently performing their roles to ensure outcomes in line with the Standards.

Based on the summarised evidence above, I find the service at the time of the Site Audit, Compliant in this Requirement.

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

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

The service was found non-compliant in this Requirement following an assessment contact in October 2019 as the service did not demonstrate the workforce was appropriately recruited, trained, equipped or supported to deliver the outcomes required by these Standards. The service did not demonstrate a planned approach to training and staff had not been provided recent training relevant to their roles. Recruitment processes were not effective at ensuring there are sufficient staff to provide care or fill required shifts or that all staff have the qualifications or regulatory police history records required for their role.

The service has implemented improvements to address the deficits including training for all staff relevant to their roles including clinical training and upskilling of clinical staff to ensure ongoing clinical care during periods of leave. Staff identified as not having qualifications have been supported into appropriate training and police history records have been obtained for all staff. Review of staff orientation and recruitment processes has occurred, and the service is actively recruiting more care staff.

Staff files viewed, and staff interviews confirmed staff training has been completed, new staff have been recruited and orientated and an ongoing staff training program is being implemented. While the service continues to have deficits in filling vacant staff shifts, recruitment is ongoing, and this issue has been addressed in Standard 7 Requirement (3)(a).

Based on the summarised evidence above, I find the service at the time of the Site Audit, Compliant in this Requirement.

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

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

The service was found non-compliant in this Requirement following an assessment contact in October 2019 as the service did not demonstrate it actively reviews, assesses and monitors the performance of each member of the workforce. There was no evidence of monitoring staff practice and no evidence of actions taken when poor staff practice, or performance was reported.

The service has implemented improvements to address the deficits identified including one to one discussion between management and staff to complete a performance review. Staff where performance issues and poor practice were identified have had more formal performance actions taken.

Staff files viewed, and staff interviews confirmed management have reviewed staff performance and have processes in place for management to monitor the ongoing performance of staff.

Based on the summarised evidence above, I find the service at the time of the Site Audit, Compliant in this Requirement.

# 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

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

The service was found non-compliant in Requirements (3)(b), (3)(c) and (3)(d) in relation to Standard 8 Organisational governance following an assessment contact conducted in October 2019. The finding of non-compliance was in relation to the service not having an effective governance structure and systems in place to ensure accountability and delivery of safe and quality care and services.

The service implemented improvements including training for the Board and staff, review and updates to the workforce governance, regulatory compliance, complaints management and risk management systems. The Assessment Team have recommended the service now meets Requirement (3)(d) as improvements have been effective at ensuring consumers’ risks associated with care are managed effectively. However, the Assessment Team found the improvements have not been effective at ensuring the Board has the appropriate skills to effectively govern the service and workforce governance, financial governance and regulatory compliance systems are still not effective. I agree with the Assessment Team and have provided detailed reasons below in the relevant Requirements.

The service has engaged with consumers through a recent survey and through regular meetings and one on one consultation with management to ensure consumers are involved in the development and delivery of care.

The service has processes in place to manage risks, respond to elder abuse and neglect and ensure consumers live the best life they can. The service has implemented an appropriate infection control program including in response to COVID-19 requirements. The service uses minimal restraints and where used it is in consultation with the consumer and the least restrictive measure after all alternatives have been trialled.

## 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 service was found non-compliant in this Requirement following an assessment contact in October 2019 as the service did not demonstrate the governing body, the Board, promotes a culture of safe, inclusive and quality care or is accountable for the delivery of care and services. The service implemented improvements and actions including commencement of training with an external consultant. However, the Assessment Team found the improvements have not been effective and have recommended the service do not meet this Requirement.

The Assessment Team found the Board consists of four main members who have acknowledged to the manager they do not have the knowledge and skills required to meet the accountabilities and responsibilities required to govern the service or ensure the service meets its regulatory responsibilities. Evidence included:

* The Board has not yet set out, communicated or documented the roles and responsibilities of the service manager.
* The service manager’s contract finishes on 16 October 2020. However, the Board have not taken any steps to recruit or source a suitable replacement.
* The Board have had regular meetings in the last six months at the request of the service management and have been informed at meetings and through monthly reports of ongoing issues and improvements required to address. However, the Board have not provided any direction or taken any action to address the issues raised by the service manager at the meetings.
* The Board agreed for the service manager to commence processes and discussions to transfer the service to another approved provider to ensure appropriate governance systems and oversight are in place. The Board has set some conditions if the service is to be transferred including; the new provider continue to provide care at the current service location, prioritise recruitment of local Aboriginal people where possible, the owners of the service (the Church) continue to provide pastoral care services to the consumers and two current Board members continue to be involved in the clinical and management recruitment. While initial discussions have occurred with the Department of Health and another approved provider, no agreement has been made for the transfer of governance responsibilities.

The approved provider’s response acknowledges the deficits identified in the governance of the service including the current Board not having the skills and knowledge to be accountable and responsible for governing the service. The response indicates the Board is in the process of actively recruiting for a new manager. However, no other actions have occurred.

The Board continues not to demonstrate it is accountable for the delivery of safe and effective care and services and recent improvements at the service have been driven and implemented by the current manager. The Board has not taken any actions to implement improved management systems or ensure a long-term plan is in place to address the systemic deficits in the management and governance of the service including ensuring appropriate key personnel and staff are in place.

Based on the summarised evidence above, I find the service at the time of the Site Audit, Non-compliant in this Requirement.

### Requirement 8(3)(c) Non-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.*

The service was found non-compliant in this Requirement following an assessment contact in October 2019 as the service did not demonstrate effective governance systems. The service implemented improvements and actions to effectively address the issues identified in information management, continuous improvement, financial governance and feedback systems. The service implemented education and training to ensure staff and management meet the regulatory responsibilities in relation to mandatory reporting. However, the Assessment Team found the improvements have not been effective in ensuring the service regulatory compliance responsibilities or workforce governance deficits. The Assessment Team recommended the service do not meet this Requirement.

The Assessment Team found the following ongoing deficits in relation to the service not understanding or meeting regulatory compliance responsibilities:

* The service did not demonstrate an understanding or application of its regulatory requirements in relation to consumers’ security of tenure. The service terminated a consumer’s tenure at the service without providing consultation, communications and assistance in line with security of tenure regulations.
* The service did not demonstrate all Board or staff have current police history checks in line with legislative requirements.

The service while implementing improvements in relation to workforce governance, the improvements have not been effective at ensuring staff attend to allocated shifts or that there are effective processes to fill vacant shifts.

The approved provider’s response acknowledges the deficits identified in the Assessment Team’s report and have implemented refresher information for management in relation to security of tenure and have commenced application for police history checks for staff and Board members.

I acknowledge the service have made a commitment and taken action to address the issues identified. However, at the time of the site audit the service did not demonstrate it understood or applied relevant legislative and regulatory actions to meet their responsibilities. The deficits identified show ongoing systemic failures in the services monitoring and understanding of responsibilities under relevant legislation.

Based on the summarised evidence above, I find the service at the time of the Site Audit, Non-compliant in this Requirement.

### 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.*

The service was found non-compliant in this Requirement following an assessment contact in October 2019 as the service did not demonstrate it had an effective risk management system to ensure clinical risks associated with consumer care were managed or to effectively identify and respond to abuse and neglect of consumers.

The service implemented staff training and new processes to ensure risks associated with clinical care are identified, assessed and staff are provided with strategies to manage them effectively. The service has improved its consultation with consumers in relation to risks. The service has improved risk management processes in relation to the environment and equipment. The service has implemented training and improved reporting systems for the identifying, reporting and response to elder abuse and neglect.

Staff interviewed confirmed the improvements implemented and demonstrated knowledge on incident reporting, responding to elder abuse and strategies to manage risks associated with consumer care. Management demonstrated, and documentation confirmed risks are identified through incidents, meetings, consultation and monitoring and risks are recorded and reported on monthly to monitor and ensure appropriate actions are implemented.

Based on the summarised evidence above, I find the service at the time of the Site Audit, Compliant 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 4 Requirement (3)(c): Ensure consumers are provided supports to engage in social events and activities of interest to them within the service, including the provision of appropriate resources and staff.

Standard 7 Requirement (3)(a): Ensure there are sufficient staff and appropriate mix of staff to provide care to consumers that is safe and right for them. Ensure planning of staff rosters includes forward planning and consideration of replacing vacant staff shifts and key personnel when planned and unplanned leave occurs.

Standard 8 Requirement (3)(b): Ensure the Board have appropriate skills and knowledge to effectively govern and manage the service including being accountable for implementing required improvements and delivering safe and quality care and services to consumers.

Standard 8 Requirement (3)(c): Ensure the service has effective governance systems in place including processes to ensure it understands and meets its responsibilities under relevant legislation. Ensure workforce governance systems include effective management of the workforce in relation to staff not attending to allocated shifts and ensuring a workforce contingency plan is in place for recruitment and replacement of staff and managing leave.