Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Japara Coffs Harbour |
| **RACS ID:** | 2821 |
| **Name of approved provider:** | Japara Aged Care Services Pty Ltd |
| **Address details:** | 45 Victoria Street COFFS HARBOUR NSW 2450 |
| **Date of site audit:** | 08 October 2019 to 11 October 2019 |

**Summary of decision**

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| **Decision made on:** | 12 November 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 17 November 2019 to 17 November 2020 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Not Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Not Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Not Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Not Met |
| Requirement 2(3)(c) | | Not Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Not Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Not Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Not Met |
| Requirement 4(3)(c) | | Not Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Not Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Not Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Not Met |
| Requirement 8(3)(d) | | Not Met |
| Requirement 8(3)(e) | | Not Met |
| **Timetable for making improvements:** | By 12 February 2020 | |
| **Revised plan for continuous improvement due:** | By 27 November 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Japara Coffs Harbour (the Service) conducted from 8 October 2019 to 11 October 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 24 |
| Consumer representatives | 5 |
| Management | 4 |
| Clinical staff | 5 |
| Care staff | 14 |
| Hospitality and environmental services staff | 8 |
| Lifestyle staff | 2 |
| External contractors | - |
| Visiting service providers such as allied health professionals | 2 |
| Other | - |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### 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.

#### Summary of Assessment of Standard 1:

Of the 18 consumers and representatives randomly sampled about the consumer’s experience and asked if staff treat the consumer with respect, 89% said always and 11% said most of the time. One in five respondents have provided feedback to the service via a survey that the consumer is treated with respect more infrequently than ‘most of the time’. Information gathered by the Assessment Team through documentation review, interviews with staff and observations, shows some consumers are treated with dignity and respect and have their identity, culture and diversity valued, but others do not. Management did not demonstrate effective monitoring and review processes.

The organisation has developed a diversity and inclusion framework and has amended key documents and processes to implement culturally safe care and services. Management and staff demonstrated an understanding of cultural safety. However, interviews with a consumer and representatives, review of care and services records, and follow-up with staff shows that culturally safe care and services is not being provided to all consumers. Management did not demonstrate effective monitoring and review processes.

The organisation has reviewed and amended key documents and processes to enhance the provision of consumer choice and independence. While some consumers and representatives interviewed provided information indicating the consumer is supported to make decisions relating to the way their care and services are delivered, others said this does not occur. Other information gathered shows there are gaps in relation to consumer input into care planning, choice being compromised due to the behaviours of other consumers, and informed consent not being obtained in relation to use of psychotropic medication. Management did not demonstrate effective monitoring and review processes.

Of the 18 consumers and representatives randomly sampled about the consumer’s experience and asked if the consumer is encouraged to do as much as possible for them self, 89% said always and 11% said most of the time they are. The organisation’s policy, and interviews with management and staff, show there is an understanding of dignity of risk. There are examples of consumers being supported to take risks to enhance their quality of life. However, a risk mitigation strategy has been ineffective for one consumer and this has not resulted in review for provision of safe care and services. No gaps in monitoring and review processes were identified for this requirement.

Of the 18 consumers and representatives randomly sampled about the consumer’s experience and asked if staff explain things to the consumer, 50% said always, 39% said most of the time and 11% said some of the time they do so. The organisation and the service provide some information to consumers that is current, accurate, timely, clear, easy to understand and which enables choice. Other information provided is not consistent with those criteria, including about the ‘cultural environment’ at the service, the benefits and risks of psychotropic medication, and the opportunities for input into consumer assessment and care planning. Management did not demonstrate effective monitoring and review processes.

Most consumers and representatives interviewed provided feedback that the consumer’s privacy is respected and their personal and sensitive information is kept confidential, however some said the consumer’s privacy is not maintained as other consumers intrude on the consumer in their room. As well as impacting their privacy the feedback was the consumer is fearful and/or anxious about this. Interviews with management and staff, observations made, review of consumers’ care and services and review of complaints records shows the privacy of some consumers is being compromised due to the intrusive behaviours of other consumers. Management did not demonstrate effective monitoring and review processes.

#### Requirements:

##### **Standard 1 Requirement 3(a) Not Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Not Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Not Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Not Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(f) Not Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

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

#### Organisation statement:

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.

#### Summary of Assessment of Standard 2:

Management and registered nurses described processes for initial and ongoing assessment and care planning and had some understanding of risks to the consumer’s health and well-being. Review of documentation shows while assessments and care plans are routinely being completed, they are not consistently reviewed and updated on an as needs basis. While care plans include some consideration of risks to the consumer’s health and well-being, some lack personalised and effective strategies and the care plans do not consistently inform the delivery of safe and effective care and services for the consumer. When risks emerge they are not always being investigated and appropriate action is not always taken to prevent reoccurrence, including further meaningful review of the care plan.

While assessment and care planning identifies and addresses advance care planning and end of life planning, it does not consistently identify and address other current needs, goals and preferences of the consumer.

Consumers are not being enabled to be a partner in their assessment and care planning, including as they are not recognised by staff as a partner and as communication with some consumers is not being facilitated.

While some consumers and representatives interviewed are aware of what is in the consumer’s care plan, other consumers and representatives provided feedback they are not aware and have not been involved in the consumer’s assessment and care planning. It was not demonstrated the care plan is being made available to the consumer or their representative.

Care and services are reviewed regularly, however the processes for this are not effective. There are significant gaps in the assessment, planning and delivery of care and services with impact on consumers. This includes gaps occurring when the consumer’s circumstances change and when incidents impact their needs, goals or preferences.

Management did not demonstrate effective monitoring and review processes for Standard 2.

#### Requirements:

##### **Standard 2 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Not Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(c) Not Met**

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.

##### **Standard 2 Requirement 3(d) Not Met**

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

##### **Standard 2 Requirement 3(e) Not Met**

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3: Personal care and clinical care Not Met

#### 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.

#### Summary of Assessment of Standard 3:

Of consumers and representatives randomly sampled and:

* Asked if the consumer thinks they get the care they need, 61% said most of the time and 39% said some of the time.
* Asked do you feel safe here, 72% said always, 17 % said most of the time and 11% said some of the time.

Some of these and other consumers and representatives interviewed provided information indicating the consumer does not get the care they need. Observations, review of consumers’ care and service records, and interviews with management and staff show consumers do not get safe and effective clinical care that is best practice, is tailored to their needs or that optimises their health and well-being. Management did not demonstrate effective monitoring and review processes.

While the management of high impact and high prevalence risks associated with medication management and skin injury are generally effective, the management of other high impact and high prevalence risks associated with the care of consumers are not. This includes risks relating to fluid restriction, behaviour management, falls, and pain. Interviews with consumers and representatives, observations made, discussions with management and staff, and review of care and services records show this. Management did not demonstrate effective monitoring and review processes.

Consumers and representatives interviewed and asked about palliative and end of life care confirmed they are being consulted regarding the consumer’s wishes. The care needs, goals and preferences of consumers who are at end of life are identified and are being met to maximise the consumer’s comfort and dignity. Management demonstrated application of the palliative care approach and that consumers and their representatives are being consulted about end of life wishes. No gaps in monitoring and review processes relating to palliation and end of life care were identified.

Consumers and representatives interviewed said consumers have access to their medical officer if they deteriorate or their condition changes; and most representatives said staff keep them informed when there is a change to the consumer’s health. Clinical staff described processes for identifying and actioning clinical deterioration of a consumer. However, recognition and responsiveness when there is a deterioration or change in mental health was not demonstrated for a consumer. Management did not demonstrate effective monitoring and review processes.

Information about the condition, needs and preferences of consumers is not documented and communicated within the organisation. This is having an impact, or has the potential to impact, on their condition and care delivery. Management did not demonstrate effective monitoring and review processes.

Timely and appropriate referral is being made to some providers of care and services for consumers as needed, such as to a dietitian, speech pathologist, podiatrist, behavioural specialists, physiotherapist and occupational therapists. No gaps in monitoring and review processes were identified.

There was no negative feedback from consumers relating to infection control or antibiotic prescribing and use. Observations and staff interviews show staff practices include precautions to prevent and control infection. No gaps in monitoring and review processes were identified.

#### Requirements:

##### **Standard 3 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(b) Not Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

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

##### **Standard 3 Requirement 3(d) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(e) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(f) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Met**

The organisation demonstrates 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: Services and supports for daily living Not Met

#### 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.

#### Summary of Assessment of Standard 4:

Of the 18 consumers and representatives randomly sampled about the consumer’s experience and asked if the consumer is encouraged to do as much as possible for them self, 89% said always and 11% said most of the time they are. Information gathered shows that some services and supports for daily living are not meeting some consumers’ needs, goals and preferences or optimising their well-being and quality of life. This relates to lifestyle services and the food service; and emotional and psychological supports. Management did not demonstrate effective monitoring and review processes.

Some consumers and representatives interviewed said the consumer’s emotional and psychological well-being is being supported by the staff, whereas other said this does not occur. This negative feedback relates the intrusive and aggressive behaviours of other consumers, and review of relevant records, observations made, and interviews with staff confirms impact on consumer emotional and psychological well-being due to these behaviours. It is not consistently documented that consumers who are subject to aggression by other consumers are provided with emotional support. Consumer and representative feedback, and other information gathered, shows services and supports provided relating to consumer spirituality. Management did not demonstrate effective monitoring and review processes.

Of the 18 consumers and representatives randomly sampled about the consumer’s experience and asked by the Assessment Team if the consumer has a say in their daily activities, 22% said always, 28% said most of the time, and 11% said some of the time. Other information gathered shows consumers are not being supported to participate in the community within and outside the organisation’s service environment; and/or to doing things of interest to the consumer. Management did not demonstrate effective monitoring and review processes. Other information gathered shows most consumers’ receive support to have social and personal relationships.

Communication within the organisation, and with others where responsibility for care is shared occurs about the consumer’s condition, needs and preferences relating to some services and supports for daily living. Communication is not effective in relation to consumers’ lifestyle support needs and the food service. Management did not demonstrate effective monitoring and review processes.

Feedback from consumers interviewed and information gathered from management and staff and through review of consumers’ care and service records show referrals to individuals, other organisations and providers of other care and services are timely and appropriate. No gaps in monitoring and review processes were identified.

Consumers and representatives randomly sampled about the consumer’s experience and asked if the consumer likes the food here, 28% said always, 22% said most of the time, 28% said some of the time and 22% said they never like the food. Consumer and representatives have given feedback about consumer dissatisfaction with the meals. There are processes for identifying consumers’ preferences and consulting them about the meals, however they have not been effective in ensuring meals are varied and of suitable quality for consumers. Management did not demonstrate effective monitoring and review processes.

Feedback from consumers and representatives interviewed, and information gathered from management and staff, through observations and review of relevant records shows equipment provideds safe, suitable, clean and well maintained. No gaps in monitoring and review processes were identified.

#### Requirements:

##### **Standard 4 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(b) Not Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Not Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(d) Not Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Not Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Not Met

#### 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.

#### Summary of Assessment of Standard 5:

Of the 18 consumers and representatives randomly sampled about the consumer’s experience and asked if the consumer feels at home here, 61% said always, 22% said most of the time, 6% said some of the time, and 11% said they never do. Observations, interviews with staff and review of care and service records show the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. No gaps in monitoring and review processes were identified.

From consumers and representatives randomly sampled about the consumer’s experience and asked if the consumer feels safe here, 72% said always, 17% said most of the time and 11% said some of the time they do. This and other feedback from representatives included that some consumers do not feel safe due to the behaviours of other consumers. Discussion with management and staff, observation made and review of relevant records, confirmed that some consumers have been assaulted by and/or are being intruded upon by other consumers and management has not adequately addressed this. Management did not demonstrate effective monitoring and review processes.

Consumers and representatives interviewed provided feedback that furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. Interviews with staff, observations made and review of relevant records confirms this. No gaps in monitoring and review processes were identified.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

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

##### **Standard 5 Requirement 3(b) Not Met**

The organisation demonstrates that the service environment:

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

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Not Met

#### 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.

#### Summary of Assessment of Standard 6:

Consumers and representatives interviewed are aware of ways they can provide feedback and make complaints. Of the 18 consumers and representatives randomly sampled about the consumer’s experience and asked if staff follow-up when the consumer raises something with them, 67% said always and 33% said most of the time.

Management and staff interviewed, review of documentation and observations made show consumers and their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. Advocacy and language services for support and assistance in raising and resolving complaints are promoted and available to consumers. There are some examples of feedback and complaints being reviewed and used to improve the quality of care and services for consumers, however improvement was not demonstrated in relation to some other complaints.

Management and staff interviewed had some understanding of complaint handling and open disclosure, but did not demonstrate application of that knowledge. Some consumers and representatives have raised concerns about their concerns and complaints not being followed up and addressed. Review of related care and services documentation, complaint documentation, and interviews with management and staff confirmed some concerns and complaints have not been appropriately acted upon and that open disclosure has not been applied.

No gaps in monitoring and review processes were identified for most requirements relating to feedback and complaints. However, management did not demonstrate effective monitoring and review processes in relation to appropriately actioning complaints and applying open disclosure.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Not Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### 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.

#### Summary of Assessment of Standard 7:

Of the 18 consumers and representatives randomly sampled about the consumer’s experience and asked if the consumer gets the care they need, 61% said always and 39% said most of the time they do. Feedback from some of these and other consumers and representatives interviewed is that there is not enough staff or staff are not available when needed to meet consumers’ needs. Information gathered shows there is insufficient staff to meet the needs of consumers who demonstrate behaviours, including intrusion and aggression; and to safeguard other consumers from physical and psychological harm. Management did not demonstrate effective monitoring and review processes.

Of the 18 consumers and representatives randomly sampled about the consumer’s experience and asked if the consumer thinks staff are kind and caring, 94% said always and 6% said most of the time they do. The Assessment Team’s observations confirm that staff are kind, caring and respectful in their interactions with consumers. No gaps in monitoring and review processes were identified.

Of the 18 consumers and representatives randomly sampled about the consumer’s experience and asked if the consumer thinks staff know what they are doing, 61% said always and 39% said most of the time they do. While information gathered shows staff have relevant qualifications, the Assessment Team’s performance assessment findings across other requirements show staff are not competent to effectively perform their roles. Management did not demonstrate effective monitoring and review processes.

While there are effective processes for staff recruitment, on-boarding and induction, staff are not being adequately trained, equipped and supported to deliver the outcomes required by these standards. Training for staff in some areas has occurred but has not improved their performance based on the Assessment Team’s performance assessment findings across other requirements. Training for staff has not occurred on some topics where the Assessment Team’s performance assessment findings show there are gaps. Management did not demonstrate effective monitoring and review processes.

While the organisation’s policy and procedure has not been amended accordingly, management has recently commenced regular performance assessment of its workforce. Information gathered showed a staff performance issue was addressed. No gaps in monitoring and review processes were identified.

#### Requirements:

##### **Standard 7 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Not Met**

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### **Standard 7 Requirement 3(d) Not Met**

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

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Not Met

#### 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.

#### Summary of Assessment of Standard 8:

While some consumers and representatives are not being engaged in the development and delivery of care and services for the individual consumer, there is engagement with consumers and representatives in the development, delivery and evaluation of care and services at service and organisational level. Management advised of, and interviews with consumers/representatives and review of documentation confirmed, involvement by consumers and representatives in a range of service development, delivery and evaluation initiatives. No gaps in monitoring and review processes were identified for this requirement.

While management did not effectively demonstrate that the organisation’s governing body promotes, and is accountable for, a culture of safe, inclusive and quality care, the Assessment Team was able to gather information about this. Some key documents of the organisation include information about the organisation’s commitment to a culture of safe, inclusive and quality care. The Assessment Team requested and was provided with some information about the organisation’s governing body seeking to understand and address organisational performance issues relating to a culture of safe, inclusive and quality care for consumers. No gaps in monitoring and review processes were identified for this requirement.

Of the 18 consumers and representatives randomly sampled about the consumer’s experience and asked if this place is well run, 67% said always and 33% said most of the time. The organisation has a draft governance policy, which is yet to be finalised and released to the service. Effective organisation wide governance systems were not demonstrated in relation to information management, continuous improvement, workforce governance, regulatory compliance, or feedback and complaints. Management did not demonstrate effective monitoring and review processes in these areas.

The organisation has an enterprise risk management framework, however effective organisational governance related risk management systems and practices have not been demonstrated. This is the case in relation to the management of high impact and high prevalence risks associated with the care of consumers; responding to abuse of consumers, and supporting consumers to live the best life they can by optimising their safety, health and well-being. Management did not demonstrate effective monitoring and review processes.

The organisation has a draft clinical governance framework, which is for external review and is yet to be finalised and released to the service. While there is information to show effective clinical governance in relation to antimicrobial stewardship and open disclosure, this is not the case is relation to minimising the use of restraint. Management and staff do not have an understanding of psychotropic medication and chemical restraint and have not applied this to minimise usage and optimise consumer safety, health and well-being. Management did not demonstrate effective monitoring and review processes in this area.

#### Requirements:

##### **Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

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

##### **Standard 8 Requirement 3(c) Not Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(d) Not Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Not Met**

The organisation demonstrates that 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.