Japara Coffs Harbour

Performance Report

45 Victoria Street   
COFFS HARBOUR NSW 2450  
Phone number: 02 6652 1494

**Commission ID:** 2821

**Provider name:** Japara Aged Care Services Pty Ltd

**Site Audit date:** 23 February 2021 to 25 February 2021

**Date of Performance Report:** 7 April 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-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) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 22 March 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall consumers interviewed by the Assessment Team indicated they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers interviewed said staff give them time, are kind, and know their needs. Consumers confirmed their dignity is respected with staff providing them personal time in their room and finding a quiet space for a chat if needed. Consumers interviewed confirmed they are encouraged to do things for themselves and staff know what is important to them, including their individual social and spiritual interests and the importance of family and friends.

Care planning documentation reviewed by the Assessment Team included comprehensive information about each consumer’s background, what is important to them and how they would prefer to have care and services delivered to support maintaining their identity and independence. Staff are educated to apply the requirements of this standard, are guided by relevant policies and procedures and have access to relevant written resources. The Assessment Team observed staff interactions with consumers to be kind, caring and respectful. Staff confirmed they know consumers individual preferences, support them to maintain personal relationships and assist them to live the best life they can.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall, sampled consumers interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed confirmed they are involved in assessment and care planning and are informed about the outcomes of assessment and planning. They said they have had the opportunity to make choices regarding advanced care planning.

The service has systems and processes to ensure assessment and planning occurs and includes consideration of risks to consumer well-being. The service consults consumers and their representatives when planning care needs and consumers have access to their care plans if they wish.

The service has a system of regular reassessment and incident recording however these processes are not used to determine the effectiveness of planned care. When incidents occur, they are not always recorded and reviewed to consider their impact on the needs, goals or preferences of the consumer. When circumstances change in a consumer’s condition care plans are not always reviewed and updated to reflect the current needs goals and preferences.

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

## Assessment of Standard 2 Requirements

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

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

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

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

The Assessment Team found that assessments and care plans reviewed generally reflected the consumer’s current needs, goals and preferences and recorded strategies to assist staff in meeting these preferences. Consumers and representatives have had the opportunity to make choices regarding advanced care planning and these choices were documented in care plans reviewed.

### 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.*

The Assessment Team found that consumers and representatives participate in the care assessment and planning process and the development of their care plan is done in partnership with the consumer and others the consumer wishes. Allied health and other providers of care contribute to the assessment and planning of consumer care.

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

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

### Requirement 2(3)(e) Non-compliant

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

The Assessment Team found that while the service has systems for regular reassessment and incident recording, these processes are not used to determine the effectiveness of planned care. Care documentation reviewed demonstrated that when incidents occur, they are not always investigated and reviewed to consider their impact on the care needs, goals or preferences of the consumer. When circumstances change in a consumer’s condition, care plans are not always reviewed and updated to reflect the current needs, goals and preferences.

The approved provider’s response outlines continuous improvement actions to ensure that care and services are reviewed for effectiveness when circumstances change or incidents impact consumer needs, goals or preferences. This includes training on incident review and investigation, and the commencement of meetings to identify and discuss the care needs of high risk consumers. The service is implementing a new electronic care planning system in April 2021 that aims to improve information management for the service and allow more robust care assessment and planning for consumers.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall, sampled consumers interviewed by the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. Consumers and representatives interviewed confirmed that they have access to a doctor or other health professional when they need it.

The service has procedures to guide staff practice in providing clinical and personal care and the service was able to demonstrate planned clinical care in relation to some consumer care needs. The service demonstrated staff have access to relevant consumer clinical information and they are able to share this information with other providers of care such as allied and medical health specialists. Consumer’s needs, goals and preferences regarding end of life care are recognised and respected, and care is provided to maximise their comfort and dignity. Referrals occur in a timely manner and consumers with changing conditions are recognised and responded to in a timely manner.

However, the service could not demonstrate safe and effective clinical care for all consumers. Registered and enrolled nurses could not demonstrate safe practice in the management and oversight of as required (PRN) medication. Best practice antimicrobial stewardship was not followed for one consumer when managing a wound infection. Changes in care or monitoring of care recommended by allied health professionals in order to tailor individual care and optimise consumer’s health and wellbeing does not always occur. The service was not able to demonstrate effective management of high-impact, high prevalence risks.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that the service did not demonstrate safe and effective clinical care for all consumers. The service did not demonstrate safe practice in the management and oversight of PRN medication. Best practice antimicrobial stewardship was not followed for one consumer when managing a wound infection. Changes in care or monitoring of care recommended by allied health professionals in order to tailor individual care and optimise consumers health and wellbeing did not occur for sampled consumers.

The approved provider’s response outlines continuous improvement actions to ensure consumers receive safe and effective personal care including medication audits, staff training, and clinical management oversight of consumer care documents. The response identified that following the Site Audit the service addressed the gaps in clinical care for consumers identified in the Assessment Team’s report.

The service requires time to ensure implemented actions are effective in ensuring clinical and personal care is best practice and optimises each consumer’s health and well-being.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that the service was not able to demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer. The service did not demonstrate effective investigation and management of a consumer’s falls risk. Incidents are not investigated to assist staff to identify high impact or high prevalent risks. The service continues to have a high number of falls and skin tears/bruises.

The approved provider’s response outlines continuous improvement actions to effectively manage high impact or high prevalence risks. This includes staff training and the commencement of monthly meetings to identify and discuss the care needs of high risk consumers.

The service requires time to ensure implemented actions are effective in identifying and managing the high impact or high prevalence risks associated with the care of consumers.

I find this requirement is Non-compliant.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

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

## Assessment of Standard 4

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

Overall, sampled consumers interviewed by the Assessment Team confirmed that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers interviewed indicated they are supported to keep in touch with people who are important to them through visits, telephone calls, and through social outings. Consumers interviewed indicated they feel supported to do the things they want to do; they said they have the freedom to choose what to do and when to do it.

For the consumers interviewed, most said they liked the food provided at the service and had options or alternatives. While some consumers interviewed provided negative feedback about the food, management was advised of this and the service’s chef contacted the consumers to address their concerns during the Site Audit.

All consumers and representatives interviewed by the Assessment Team indicated that they were very happy with the lifestyle program provided. Regarding laundry and cleaning services, consumers interviewed indicated that they were satisfied with the level of services provided.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed confirmed the service is always kept clean and well maintained. Consumers spoke positively about the staff and confirmed that they keep the environment in their room and in the communal areas clean and tidy. Consumers interviewed confirmed that they feel at home at the service, and that their visitors feel welcome when visiting them.

However, the Assessment Team identified that the call bell systems implemented at the service are not fit for purpose and are a potential risk for consumer’s health and well-being. Deep cleaning was not completed as per the service’s schedule.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

Consumers interviewed and observations by the Assessment Team generally indicated that the service environment was clean, safe and well maintained. Consumers were able to move freely indoors and outdoors of the service. However, the Assessment Team observed storage of continence aids in a manner that would allow airborne contaminants to soil the aid before it is used. A review of documentation and feedback received from staff indicated that some of the room’s deep cleaning is not being completed as per the service’s schedule.

In their response, the approved provider demonstrated they rectified the issues raised by the Assessment Team. The service purchased plastic tubs to assist with the safe storage of continence aids and additional cleaning staff have commenced at the service to assist with scheduled and as required cleaning.

While issues were identified by the Assessment Team with storage of consumer aids and the service’s deep cleaning not completed as scheduled, the service has worked quickly to rectify these issues. These issues did not indicate systemic gaps with the service environment’s safety, cleanliness or maintenance. Consumer feedback and observations by the Assessment Team were generally positive regarding this requirement.

I find this requirement is Compliant.

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

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

The Assessment Team found that the call bell systems at the service are not fit for purpose and are a potential risk to consumer’s health and well-being. Staff raised concerns that call bells are regularly delayed on annunciators and staff phones and this can negatively impact on consumers. Staff interviews identified that issues with the service’s call bell system have been ongoing since 2019.

In their response, the approved provider identified that a purchase order has been made to rectify the issues with the call bell. The service has organised an audit by the call bell providers to ensure the system of working effectively.

At the time of the Site Audit, the service’s call bell system was not safe and suitable for consumers and staff.

I find this requirement is Non-compliant.

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, sampled consumers interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives interviewed said they felt comfortable raising complaints and management takes appropriate action to improve care and services.

The assessment Team found the service provides a range of documents detailing how consumers can access advocacy and language services and external organisations to make a complaint. An open disclosure approach is used by the service, and staff are aware of what this means in relation to complaints.

Management were able to describe the main areas of current complaints and what has been done in these areas to improve care and services. However, there has been no analysis of trends in complaints by management since October 2020.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Non-compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

Most consumers and representatives interviewed by the Assessment Team said action was taken by the service after they provided feedback to improve the quality and care of services. However, there has been no analysis or trending of feedback and complaints by the service since October 2020. The organisation’s procedure identifies this should occur monthly.

The approved provider’s response acknowledges that trending or analysis of complaints and feedback to improve care and services had not occurred per the organisation’s procedures. The response identifies that training has been delivered and feedback and complaints will be reviewed in line with the organisation’s procedures.

I find this requirement is Non-compliant.

# 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, sampled consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable, capable, kind and caring. Consumers did not identify any areas that staff needed additional training in. Most consumers said they thought there were generally enough staff and staff respond as quickly as they can to call bells. However, one representative said there are not enough activity staff.

Staff provided feedback that they thought there were not enough staff to deliver safe and quality care and services to consumers, because shifts are not being filled when staff are on leave. The service’s mandatory training records indicate not all staff have completed their required training. Staff performance appraisals are not up to date.

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

## 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.*

Most consumers and representatives interviewed by the Assessment Team said there are generally enough staff at the service to provide the care consumers require. However, staff in all roles said there are not enough staff to deliver safe and quality care and services. Documents reviewed by the Assessment Team demonstrated that care, lifestyle, maintenance and hospitality staff shifts are not replaced when there is planned or unplanned leave. The service’s call bell system is not working effectively to ensure the workforce can enable the delivery and management of safe and quality care and services.

The approved provider’s response demonstrates that recruitment for a chef, and additional care, nursing and lifestyle staff has commenced. The approved provider identified that a purchase order has been made to rectify the issues with the call bell systems.

I find this requirement is Non-compliant.

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

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

### Requirement 7(3)(c) Compliant

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

Most consumers and representatives interviewed by the Assessment Team confirmed they feel confident that staff are competent and skilled to meet their care needs. The Assessment Team found that documents reviewed and interviews with management demonstrated the service has effective procedures and systems to ensure staff are competent and capable in their roles.

### Requirement 7(3)(d) Non-compliant

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

The Assessment Team found that all mandatory training as required by the organisation had not been completed by a large number staff. The service did not demonstrate that training on the Quality Standards has been provided to staff. While the service uses feedback from consumers and representatives to identify staff training needs, the service did not demonstrate other systems for staff input into training needs.

In their response, the approved provider demonstrated they are working towards ensuring all staff have completed the required mandatory training by May 2021. The service is planning to deliver training on the Quality Standards.

I find this requirement is Non-compliant.

### Requirement 7(3)(e) Non-compliant

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

The Assessment Team found that regular monitoring and review of the performance of each member of the workforce was not undertaken in accordance with the organisation’s procedure. The Assessment Team found there were a number of performance appraisals due from 2020 and early 2021 that had not been completed or scheduled.

The approved provider’s response identified that service management is undertaking the overdue performance appraisal in line with the organisation’s procedure.

I find this requirement is Non-compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall, sampled consumers interviewed by the Assessment Team considered that the organisation is well run.

The Assessment Team found that though there are different ways in which consumers and their representatives can provide feedback on the delivery and evaluation of care and services many of these processes are not fully established. While the organisation’s governing body has documented a commitment to a culture of safe, inclusive and quality care and services, it was not demonstrated that this has been promoted by the governing body to staff or that it is accountable for the delivery of safe, inclusive and quality care and services.

The Assessment Team found gaps in the service’s application of organisation wide governance systems relating to information management, workforce governance and feedback and complaints. The service demonstrated effective governance systems relating to continuous improvement, financial governance and regulatory compliance.

The Assessment Team found gaps in relation to managing high impact and high prevalence risks associated with the care of consumers, and documented risk management related to supporting consumers to live their best life.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Non-compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

The Assessment Team found that while the service is working towards engaging consumers in the development, delivery and evaluation of care and services, they have not yet demonstrated this is currently occurring. The service has identified different ways to engage consumers and representatives, however some of these are yet to be implemented or are not being used effectively to improve care and services.

The approved provider’s response demonstrates that the service is still working towards engaging consumers in the development, delivery and evaluation of care and services and plans to implement further strategies to support this engagement.

I find this requirement is Non-compliant.

### Requirement 8(3)(b) Non-compliant

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

The Assessment Team found that while the organisation’s governing body has documented commitment to a culture of safe, inclusive and quality care and services, it was not demonstrated that this had been promoted to the service. The Assessment Team found that data from the service has not been provided to the governing body’s committee meetings since October 2020. Management were unable to describe recent changes driven by the governing body as a result of consumer feedback and how the governing body satisfies itself the Quality Standards are being met within the service.

In their response, the approved provider identified further involvement planned from the governing body to help promote a culture of safe, inclusive and quality care and service.

I find this requirement is Non-compliant.

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team found gaps in the service’s application of organisation wide governance systems relating to information management, workforce governance and feedback and complaints. The Assessment Team found that policies and procedures were not able to be located quickly. The service demonstrated effective governance systems relating to continuous improvement, financial governance and regulatory compliance.

The approved provider’s response demonstrated governance systems were in place relating to information management, workforce governance and feedback and complaints. While the Assessment Team found that policies and procedures were not able to be located quickly, staff interviewed confirmed they have access to up to date information they need about consumers to provide safe and quality care and services. Paper-based files were observed to be stored securely. The approved provider’s response demonstrated training has been provided to staff on the location of policies and procedures and the approved provider has started the migration of policies and procedures to a single location.

I have considered the identified gaps in workforce governance and feedback and complaints in my assessment of Standards 6 and 7.

I find this requirement Compliant.

### 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 Assessment Team found the organisation has policies on the management of high impact or high prevalence risks and the abuse and neglect of consumers. The Assessment Team was unable to locate a policy regarding supporting consumers to live their best life. However, the Assessment Team did observe consumers with dignity of risk care plans in place and identified examples of how consumers are supported to live the best life they can.

The approved provider’s response demonstrated the organisation has a dignity of risk and informed decision making policy to guide staff in supporting consumers to live their best life. The approved provider’s response outlines continuous improvement actions to effectively manage high impact or high prevalence risks associated with the care of consumers.

While the Assessment Team identified gaps in the application of the organisation’s policies on the management of high impact or high prevalence risks associated with the care of consumers, I have considered this in my assessment of Standard 3. The approved provider demonstrated effective risk management practices relating to identifying and responding to abuse and neglect of consumers and supporting consumers to live their best life.

I find this requirement is Compliant.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The Assessment Team found the organisation had a clinical governance framework including antimicrobial stewardship, open disclosure, and minimising the use of restraint. Staff interviewed by the Assessment Team were educated about these polices and able to provide examples of their relevance to their work.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 2(3)(e)

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

The approved provider must demonstrate that:

* Consumer care and services are reviewed regularly for effectiveness.
* Incidents are investigated and reviewed to consider the impact on the needs, goals or preferences of consumers.
* When circumstances change, consumer care and services are reviewed to reflect the consumer’s current needs, goals and preferences.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 3(3)(a)

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

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

The approved provider must demonstrate that:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Staff knowledge and safe practice in the management and oversight of PRN medication.
* Post-falls management optimises consumer health and well-being.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 3(3)(b)

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

The approved provider must demonstrate that:

* The high impact or high prevalent risks associated with the care of consumers are effectively managed.
* Effective investigation and management of consumer risk of falls.
* Incident data is utilised to identify and assist in the management of high impact of high prevalence risks.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 5(3)(c)

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

The approved provider must demonstrate that:

* Furniture, fittings and equipment are suitable and work effectively to meet consumer needs. This includes call bell systems.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 6(3)(d)

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The approved provider must demonstrate that:

* The service trends and analyses feedback and complaints to improve the quality of care and services.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 7(3)(a)

*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 approved provider must demonstrate that:

* The service has effective processes in place to manage staff leave, without compromising consumer care and services.
* The services has effective resources in place such as call bells to ensure consumers are able to access staff in a timely manner for safe and quality care.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 7(3)(d)

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

The approved provider must demonstrate that:

* The workforce is trained to deliver the outcomes required by the Quality Standards.
* Staff mandatory training is completed in line with the organisation’s policies and procedures.
* The service has policies and procedures to feed identified staff training needs into the training schedule.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 7(3)(e)

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

The approved provider must demonstrate that:

* Regular assessment, monitoring and review of the performance of all staff occurs, in line with the organisation’s performance appraisal process.
* Overdue performance appraisals are completed as identified in the plan for continuous improvement, submitted in their response.

### Requirement 8(3)(a)

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

The approved provider must demonstrate that:

* The service engages consumers in the development, delivery and evaluation of care and services.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 8(3)(b)

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

The approved provider must demonstrate that:

* The governing body promotes a culture of safe, inclusive and quality care and services to the service.
* The governing body is informed of the consumer experience, and relevant feedback and incidents to drive improvements.
* The governing body have processes to satisfy itself that the Quality Standards are being met within the service.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.