Old Timers

Performance Report

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**Commission ID:** 6983

**Provider name:** Australian Regional and Remote Community Services Limited

**Site Audit date:** 9 February 2021 to 11 February 2021

**Date of Performance Report:** 18 June 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** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Site Audit report received 16 March 2021
* the Performance Report dated 12 November 2020 for the Assessment Contact conducted 1 September 2020 to 2 September 2020.

# STANDARD 1 NON-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 Non-compliant as one of the six specific Requirements have been assessed as Non-compliant.

The Assessment Team have recommended Requirement (3)(d) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(d). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers sampled considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* staff treat consumers respectfully and they feel their culture and values are respected.
* consumer preferences are known by staff and they are supported to do things independently.
* satisfied personal privacy is respected and personal information is kept confidential.
* can make choices regarding the care and services provided and consumers can maintain relationships of choice.

Care planning documentation includes consumers’ life story and a clear summary of consumers’ cultural preferences. Staff sampled were familiar with consumers’ backgrounds, provided details of their cultural and spiritual needs and preferences and spoke in a respectful manner when addressing consumers. Additionally, staff stated they refer to the consumers’ life story to understand how to provide care which is culturally safe and right for the individual consumer. The organisation’s Strategic plan outlines what it means to treat consumers with dignity and respect and how this is fostered.

Consumers sampled described ways they participate in discussions related to care and services provided, including through meeting forums. Staff described how they support consumers on a daily basis to make informed choices regarding their care and services. Additionally, consumers are involved in regular care plan review processes where they are encouraged to discuss and make decisions relating to their needs and preferences for care.

Consumers and representatives sampled were satisfied they receive information in a timely manner and the type of information provided assists them to make decisions about the care and services consumers receive. Staff described practical ways of upholding consumer privacy; this was confirmed through observations of staff practice made by the Assessment Team.

The Assessment Team found the organisation has monitoring processes to ensure a culture of inclusion and respect for consumers; supports for consumers to exercise choice and independence and consumers’ privacy is respected.

Based on the evidence documented above, I find Australian Regional and Remote Community Services Limited, in relation to Old Timers, to be Compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(f) in Standard 1 Consumer dignity and choice.

## 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) Non-compliant

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

The Assessment Team were not satisfied the service adequately demonstrated risks related to each consumer were identified and considered. This was evidenced by the following:

* One consumer (Consumer A) partakes in an activity which involves an element of risk and keeps a piece of equipment with them always. The consumer displays verbal and physical behaviours and indiscriminately uses the equipment towards other consumers.
* The consumer was observed with the equipment on their lap and under their arm whist undertaking the activity.
* Management were aware of the consumer having the equipment and using it whilst undertaking the activity, however, risks to the consumer and others had not been considered.
* Following discussions with the Assessment Team, management met with Consumer A to discuss risks associated with the equipment, however, the consumer was unwilling to hand the equipment over until a substitute was provided.
* Management worked on finding a substitute for the equipment throughout the Site Audit in consultation with the consumer and the representative.
* The Assessment Team’s report indicates risks associated with the activity which involves an element of risk have been discussed with the consumer and mitigation strategies are in place. However, there was no risk assessment associated with the equipment.

The provider’s response provided information directly addressing information in the Assessment Team’s report. The provider’s response also included information relating to actions implemented by the service in response to the Assessment Team’s report. Information provided included, but was not limited to:

* Concede the full extent of the risk had not been identified and, therefore, not acted upon. Acknowledge a formal risk assessment relating to the equipment was not documented.
* Note, there have never been any incidents relating to the activity Consumer A’s partakes in and the equipment. The consumer is usually under incidental observation by staff when they undertake the activity.
* The potential seriousness of the risk was escalated to the General manager at the end of day one of the Site Audit and actions put in place to address the issues identified.
* An alternative to the equipment has been implemented and Consumer A hands the equipment to staff prior to undertaking the activity. The risk assessment has been updated and was included as part of the provider’s response.
* Potential risks relating to the equipment and the actions undertaken have been discussed at an organisational meeting forum.

I acknowledge the provider’s response and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, risks related to activities consumers choose to partake were not consistently identified and considered.

I acknowledge risks related to the activity Consumer A partakes in had been identified and risk mitigation strategies implemented in consultation with the consumer. However, risks associated with a piece of equipment had not been considered or appropriate risk mitigation strategies implemented. Actions in relation to use of the equipment, including consultation with the consumer and representative and completion of a risk assessment were only undertaken subsequent to feedback provided to management by the Assessment Team during the Site Audit.

For the reasons detailed above, I find the Australian Regional and Remote Community Services Limited, in relation to Old Timers, Non-compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

### 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

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

The Assessment Team have recommended Requirement (3)(b) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-Compliant with Requirement (3)(b). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, most consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* satisfied care planning and assessment informs delivery of safe and effective care and services.
* confirmed involvement in care plan reviews and described the process as a positive experience.
* satisfied they are informed of changes to consumer care plans and confirmed involvement of others in consumers’ care, including Medical officers and allied health professionals.
* are provided with a copy of the care plan on request.
* consumers’ care and services are regularly reviewed, including when circumstances change or when incidents occur.

A range of assessments, including consideration of risks to consumers’ health and well-being are completed on entry and on an ongoing basis, including when a change in consumers’ health and well-being is identified. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop care plans which incorporate each consumer’s care and service needs and preferences. Staff sampled confirmed consumer care plans are the primary source of knowledge regarding the delivery of care and services for each consumer.

Care planning documents sampled demonstrated consumers and/or representatives are involved in assessment and care planning processes. Consumers and representatives also stated they are aware of care planning documents and are contacted by clinical staff or management if there are any changes with consumers’ circumstances. The Assessment Team observed care planning documents to be readily available to staff to assist with provision of care and services to consumers.

Care files sampled demonstrated care and services are regularly reviewed, including where consumers’ circumstances change or when incidents occur. Additionally, care files demonstrated regular input from Medical officers and allied health professionals occurs. Whilst there are processes to review care files on a scheduled basis, 13 reviews were noted to be overdue, dating back to December 2020.

The Assessment Team found the organisation has monitoring processes to ensure initial and ongoing assessment and planning is conducted in partnership with consumers and has a focus on optimising health and well-being in accordance with consumers’ needs, goals and preferences.

Based on the evidence documented above, I find Australian Regional and Remote Community Services Limited, in relation to Old Timers, to be Compliant with Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

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

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

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

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

The service has assessment and planning processes to identify and address consumers’ preferences. However, the Assessment Team were not satisfied assessment processes identified and addressed consumers’ goals for care or advance care planning and end of life planning. This was evidenced by the following:

* Advance care planning and end of life planning wishes had not been completed for 26 of 64 consumers.
* Consumer A is identified as requiring protection from insects and bugs when undertaking an activity which includes an element of risk, however, there are no documented goals in how to achieve this and no strategies in the care plan to ensure they are protected from insect bites.
* A senior clinical staff member stated some consumers have not had goals addressed with them as new nursing staff are still learning the assessment and planning process.

The provider’s response provided information directly addressing information in the Assessment Team’s report. The provider’s response also included information relating to actions implemented in response to the Assessment Team’s report. Information provided included, but was not limited to:

* In 2019, weekly visits by the Palliative care team were implemented. At this time, it was identified that of the many consumers under the care of the Public Guardian did not have current advance care directives and the Guardian indicated they could not make such plans on behalf of consumers. The Guardian proposed they be contacted only when the consumer required end of life decisions made.
* The six consumers under the care of the Public Guardian now have a statement recorded in their file indicating to contact the Guardian in the event end of life discussions are to be made.
* Due to COVID-19 visitor restrictions, completion of advance care plans fell behind.
* Clinical staff are undertaking training in advance care planning processes and an advance care planning toolbox session is being implemented.
* Where possible, consumers without documented advance care plans will have these completed as part of the ongoing care planning process.
* Five consumers identified as not wanting to discuss wishes will have this documented in their care file.
* Consumer A’s care plan has been updated.

I acknowledge the provider’s response and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, consumers’ advance care planning and end of life planning wishes had not been consistently identified or addressed. In coming to my finding, I have placed weight on information documented in the Assessment Team’s report indicating 26 consumers did not have their current needs, goals and preferences relating to advance and end of life planning documented.

In relation to Consumer A, I have considered this information in my finding for Standard 1 Requirement (3)(d) which has been found Non-compliant.

For the reasons detailed above, I find the Australian Regional and Remote Community Services Limited, in relation to Old Timers, Non-compliant with Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team have recommended Requirements (3)(a) and (3)(g) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Compliant with Requirements (3)(a) and (3)(g). I have provided reasons for my findings in the specific Requirements below.

Requirement (3)(b) was found Non-compliant following an Assessment Contact conducted 1 September 2020 to 2 September 2020. While actions had been implemented for the consumers identified in the Assessment Contact report, the Assessment Team found these actions have not been effective and have recommended Requirement (3)(b) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Compliant with Requirement (3)(b). I have provided reasons for my findings in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, most consumers sampled considered they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* feel consumers’ needs and preferences are effectively communicated between staff.
* confirmed staff listen to consumer needs and information is shared with those involved in consumers’ care.
* have access to doctors and other relevant health professionals when consumers need it.

Consumer care files sampled demonstrated the needs, goals and preferences of consumers nearing the end of life had been recognised and addressed. Additionally, consumer files demonstrated consultation occurs with the consumer and representatives and with Medical officers and Palliative care specialists in relation to management of consumers’ deteriorating health and end of life care. Staff interviewed described strategies for maximising consumer comfort and dignity during the palliative care phase.

Documentation viewed by the Assessment Team demonstrated deterioration and changes to a consumer’s health and/or condition had been recognised and responded to in a timely manner. Where changes to consumers’ condition, needs and preferences occur, additional monitoring processes are commenced, assessments completed, referrals to Medical officers and/or allied health professionals initiated and care plans updated.

The service has processes to ensure information about consumers’ condition needs and preferences is documented and communicated within the organisation and with others where responsibility of care is shared. Clinical staff described processes for referring consumers to Medical officers and allied health professionals. Clinical and care staff described how they are kept informed of consumers’ changing care and service needs.

The Assessment Team found the organisation has monitoring processes to ensure delivery of safe and effective clinical care and personal care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

Based on the evidence documented above, I find Australian Regional and Remote Community Services Limited, in relation to Old Timers, to be Compliant with all Requirements in Standard 3 Personal and clinical care.

### 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.*

The Assessment Team were not satisfied the service effectively demonstrated personal care is tailored to each consumer’s needs. This was evidenced by the following:

* A consumer (consumer A) does not like to be attended by female staff, however, they are frequently attended by female staff due to staffing issues.
* A male carer has been rostered, however, care staff sampled stated two female staff often attend to Consumer A. The consumer gets agitated and refuses care.
* Consumer A’s care plan indicates male staff are required to attend their needs.
* Behaviour charts over a 42 day period indicate on 15 of 17 occasions where the consumer was resistive and refused care, they were attended by female staff.
* A consumer (Consumer B) stated they were concerned with the current practices in place and that their infections would be transmitted to staff. Consumer B stated on occasions, they would refuse care to minimise risks.
* Care staff confirmed the consumer has ongoing wounds. The Assessment Team noted these were not reflected on the wound chart.
* Clinical staff stated wounds are reviewed by them every two weeks. They did not know if the consumer was still infectious and could not locate previous test results.
* Wound management for four other consumers was noted to be appropriate and ongoing.

The provider respectfully disagreed with the Assessment Team’s recommendation of not met. The provider’s response provided information directly addressing information in the Assessment Team’s report, including, but not limited to:

In relation to Consumer A

* While Consumer A has behaviour triggers relating to hygiene, this has not been attributed to staff gender. The comment from staff to the Assessment Team that Consumer A does not like female care staff attending them could easily have been that the consumer does not like any staff attending to them.
* Male staff have been rostered as often as possible to attend Consumer A’s needs, however, this is not always possible and not always successful as a strategy.
* Seven of 17 occasions where Consumer A was noted to be resistive, a male carer was present to assist. On one of these occasions, Consumer A became aggressive towards the male staff member.
* Rosters relating to incident data were not requested by the Assessment Team to validate behaviours were related to female staff.
* Consumer A is more likely to be compliant with hygiene care when attended by a lifestyle staff member who is female.
* A structured toileting regime and other behavioural management strategies implemented in response to a specialist review have minimised episodes of resistiveness to care.

In relation to Consumer B

* In late 2020, advice relating to Consumer B’s infections was sought from the Centre for Disease Control. Additionally, care relating to the consumer’s skin lesions was identified as low risk, requiring standard precautions only. A fact sheet was issued to staff.
* Education and reassurance has been provided to staff, however, they continue to voice concerns, including to the consumer.
* In August 2020, reassurance was provided to the consumer about the safety of care staff in providing care using standard precautions as staff had made the consumer nervous that they might transmit some infection to them.
* Consumer B’s current wounds were escalated to senior clinical staff and dressing plans implemented prior to the Site Audit. Wound dressings are changed and wounds reviewed daily by clinical staff. Documents to support this was included in the provider’s response.
* A negative infection test was on file and included as part of the provider’s response.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement.

In coming to my finding, I have placed weight on information included in the provider’s response which provided further clarification relating to issues highlighted for Consumer A and Consumer B.

In relation to Consumer A, I have considered that the consumer’s behaviours are known to staff and appropriate management strategies, in line with specialist recommendations, are in place. Behaviour management strategies to minimise incidents of behaviours have been considered and implemented, including rostering of male staff and support provided by a lifestyle staff member, a female, who the consumer has been shown to be less resistive to care when they assist. I have also considered that whilst the consumer may not like female staff to attend them, the incidence of behaviours has been known to occur despite the gender of staff attending to care needs and this has been considered by the service.

In relation to Consumer B, I have considered that supporting information included in the provider’s response demonstrates wounds had been reported in the month prior to the Site Audit and treatment plans implemented. Additionally, wounds are reviewed on a daily basis. There is documented evidence to demonstrate the consumer’s infectious status was known and information had been provided to staff in relation to precautionary measures to implement to minimise the spread of infection.

I have considered information relating to Consumer B’s infection status and management and the provider’s response further in my finding for Requirement (3)(g) in this Standard.

For the reasons detailed above, I find the Australian Regional and Remote Community Services Limited, in relation to Old Timers, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

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

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

Requirement (3)(b) was found Non-compliant following an Assessment Contact conducted 1 September 2020 to 2 September 2020. While actions had been implemented for consumers identified in the Assessment Contact report, the Assessment Team found these actions have not been effective. The Assessment Team were not satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team’s report highlighted issues relating to management of pain and weight loss of two consumers. This was evidenced by the following:

Consumer A

* Consumer A developed increased behavioural issues, including towards consumers and staff. Five incidents over a five month period were noted to have occurred with other consumers. The consumer was assessed by specialist support services who stated pain may be a contributing factor. The consumer’s narcotic pain analgesic had been ceased prior to entering the service.
* Documentation showed pain and behaviours were assessed and specialist referrals initiated. A specialist recommendation suggested review of pain management.
* Four pain charts conducted over a period of 70 days were not consistently completed correctly. A pain tool used was not suitable for consumers with a cognitive impairment. Pain assessments indicated:
* Staff had not considered directions in the tool prompting staff to assess and score physical changes. A score of zero was recorded on all occasions despite contributing health conditions.
* An assessment used by clinical staff includes questions suitable for consumers with no cognitive impairment.
* A pain summary indicates for all four assessments, ‘as per pain chart, the consumer did not complain of pain or pain was managed effectively with current interventions’.
* Pain charting has not been conducted in January 2021 despite the consumer displaying unsettled behaviours.
* Behaviour charts in the five months preceding the Site Audit indicated escalating behaviours. The Assessment Team’s report indicates 17 episodes recorded in September, 38 in December 2020 and 14 in January 2021.
* The consumer was reviewed by the Medical officer in November and December 2020 and medication changes initiated to assist behaviour management.

Consumer B

* Consumer B lost a total of 5.2kg over a four month period.
* A nutritional assessment completed in January 2021 does not mention weight loss or review. A care plan review in the same month indicated the consumer has lost less than 1kg.
* Oral intake was not charted or monitored.
* No action was taken in response to the weight loss until January 2021.

The provider respectfully disagreed with the Assessment Team’s recommendation of not met. The provider’s response provided supporting documentation and information directly addressing information in the Assessment Team’s report, including, but not limited to:

In relation to Consumer A

* Acknowledge escalation of behaviours in the period outlined in the Assessment Team’s report. In consultation with specialist services, a number of strategies had been implemented which have been effective to varying degrees. Pain as a trigger has been raised and explored.
* A three day pain assessment was commenced following cessation of a narcotic pain medication. Documentation included in the provider’s response indicates pain was well managed.
* An Abbey pain scale was used by clinical staff to measure the consumer’s pain on 27 occasions over a 39 day period.
* Acknowledge the response to one question cannot be zero, however, this has only occurred occasionally and pain ratings for the other five pain domains are consistently rated. Additionally, commentary relating to the consumer’s demeanour at the time of the rating is noted. The information demonstrates the consumer’s pain is being effectively managed with the current strategies.
* Pain has not been linked to any of the episodes of behaviour.
* Acknowledge an assessment tool used for Consumer A is inappropriate for consumers with a cognitive impairment.

In relation to Consumer B

* The consumer initially put on weight following entry to the service in 2018. A Nutritional assessment in 2019 noted the consumer was trying to lose weight which they began to do so gradually. The Medical officer deemed the weight loss acceptable in August 2019.
* In 2020, a suitable weight range was initiated. Weight and the consumer’s deteriorating health continued to be monitored by the Medical officer.
* Weight monitoring continued monthly and when weight fell below the desired weight range, in consultation with the Medical officer, a nutritional assessment was triggered and referral to a Dietitian initiated.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. In coming to my finding, I have placed weight on information included in the provider’s response which provided further clarification relating to issues highlighted for Consumer A and Consumer B.

In relation to Consumer A, I have considered that information provided in the Assessment Team’s report and the provider’s response demonstrates the consumer’s pain was monitored. Pain charting had been initiated in response to cessation of a narcotic analgesic and in response to increased episodes of behaviour. Pain charting included in the provider’s response indicates the consumer’s pain was well managed. While the provider acknowledges one assessment used for Consumer A was not appropriate for consumers with cognitive impairment, I have considered that this has not impacted Consumer A’s clinical care needs. I have also considered that in response to the consumer’s increased behaviours, referrals to specialist services were initiated and management strategies implemented. While the Assessment Team’s report indicated behaviours escalated over a five month period, data from behaviour charts included in the Assessment Team’s report demonstrated a reduction in behavioural episodes from 38 in December 2020 to 14 in January 2021.

In relation to Consumer B, I have considered that the consumer had chosen to lose weight which was done so gradually and monitored by the service and the consumer’s Medical officer. I have also considered that when the consumer’s weight fell below the desired weight range, the service implemented appropriate actions in response.

For the reasons detailed above, I find the Australian Regional and Remote Community Services Limited, in relation to Old Timers, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

### 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.*

The Assessment Team were satisfied the service demonstrated it implements practices to promote appropriate antibiotic prescribing and use. However, the Assessment Team were not satisfied the service demonstrated minimisation of infection related risks through standard and transmission-based precautions. This was evidenced by the following:

* A consumer (Consumer A) was concerned with current practices in place and that their infections would be transmitted to staff. Consumer A stated on occasions, they would refuse care to minimise this risk.
* Consumer A was worried staff do not have proper personal protective equipment.
* Staff have asked management to provide them with proper personal protective equipment, such as long sleeved gowns. Staff have been provided with sleeveless plastic aprons and gloves as previous management stated there was no requirement for anything extra.
* Monitoring of the consumer’s infectious status has not occurred since entry to the service.
* Infectious waste bags were not being used for Consumer A.

The provider respectfully disagreed with the Assessment Team’s recommendation of not met. The provider’s response provided supporting documentation and information directly addressing information in the Assessment Team’s report, including, but not limited to:

* A diagnostic pathology test to determine Consumer A’s infectious status was conducted post the Site Audit indicating a negative result.
* Confirmation received from the Centre for Disease Control post the Site Audit confirmed Consumer A’s care should be carried out using standard precautions only.
* The Centre for Disease Control confirmed an infectious waste bin is not required for Consumer A.

Information included as part of the provider’s response for Standard 3 Requirement (3)(a) has also been considered, including:

* In late 2020, advice relating to the consumer’s infections was sought from the Centre for Disease Control. Additionally, care relating to the consumer’s skin lesions was identified as low risk and requiring standard precautions only. A fact sheet was issued to staff.
* Education and reassurance has been provided to staff, however, they continue to voice concerns, including to the consumer.
* In August 2020, reassurance was provided to the consumer about the safety of care staff in providing care using standard precautions as staff had made the consumer nervous that they might transmit some infection to them.
* A negative infection test was on file at the time of the Site Audit. This was included as part of the provider’s response.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement.

In coming to my finding, I have considered that there is documented evidence to demonstrate the consumer’s infectious status was known to the service and appropriate infection control measures were in place. Whilst staff had voiced concerns relating to infection control practices while providing care to the consumer, the service had liaised with the Centre for Disease Control and guidance on managing Consumer A’s care was sought prior to and following the Site Audit. Information had been provided to staff in relation to precautionary measures to implement, including required standard precautions, to minimise the spread of infection. I acknowledge that since the Site Audit, the service has initiated further education for staff relating to appropriate infection control measures for Consumer A’s care. I would encourage the service to continue to provide support to both Consumer A and staff with implementation of these measures on an ongoing basis.

For the reasons detailed above, I find the Australian Regional and Remote Community Services Limited, in relation to Old Timers, Compliant with Requirement (3)(g) in Standard 3 Personal care and clinical care.

# 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

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

The Assessment Team found overall, consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* are supported to do things they want to do.
* enjoy attending church services fortnightly and felt comfortable to pray at the service.
* are provided with activities and spoke about activities they enjoy participating in.
* felt their condition, needs and preferences are effectively communicated within and between organisations.
* most were satisfied with the quality of the food.

Initial and ongoing assessment processes assist to identify each consumer’s background, needs and preferences, including life story, interests, cultural and spiritual preferences and lifestyle activities. Individualised care plans are developed from information gathered are reviewed on a regular basis to ensure they remain reflective of consumers’ current needs and preferences. For sampled consumers, staff could explain what was important to consumers and what they liked to do in line with the consumers’ documented care plan.

The lifestyle program includes a variety of activities, including holiday celebrations and themed activities. The calendar is flexible with the activities changing in response to consumer preferences and weather conditions. Consumer participation is monitored on a daily basis and lifestyle staff described activities provided to consumers who are not able to actively participate in the program.

Care planning documents sampled included information about consumers’ emotional, spiritual and psychological well-being and support strategies. Staff sampled provided examples of how they support consumers’ emotional, spiritual and psychological well-being, including one-to-one conversations, aromatherapy and music.

Consumers sampled described how they keep in touch with their community outside the service environment as well as activities they enjoy participating in within the service. Consumer files sampled demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared. Consumer information on the electronic care system is accessed by all staff as well as Medical officers and allied health professionals. Staff described referral processes, including to the Aboriginal liaison officer and specific indigenous and religious services.

Most consumers and representatives were generally satisfied with the quality of the food. Care planning documents included information relating to each consumer’s nutrition and hydration needs and preferences. Catering staff described how they are made aware of consumers’ specific dietary needs and preferences. Consumer satisfaction with meals was also demonstrated through the results of a recent food survey.

The Assessment Team observed equipment provided to consumers to be safe, suitable, clean and well maintained. Staff described how equipment is cleaned and maintained, including through preventative and reactive maintenance processes.

The Assessment Team found the service has monitoring processes to ensure safe and effective services and supports for daily living that optimise consumers’ independence, health, well-being and quality of life.

Based on the evidence documented above, I find Australian Regional and Remote Community Services Limited, in relation to Old Timers, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 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 Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* feel safe and the service is cleaned and maintained appropriately.
* able to access outdoor areas.
* have everything they need in their room, including their own furniture they brought from home and personal items.
* have working call bells within reach.

The Assessment Team observed the service environment was welcoming and easy to understand enhancing consumers’ ability to move freely within the service environment, interact with others, support independence and feel safe.

The environment was observed to be bright and airy as well as safe, clean, well maintained and comfortable. Consumers are accommodated in single and shared rooms; privacy screens are available to promote consumer’s privacy. Consumer rooms were also observed to be individualised and decorated with personal belongings. The service’s environment is decorated with items of relevance to consumers’ culture, including Aboriginal artwork. Consumers are able to move freely both indoors and outdoors. Each wing has access to garden areas which consumers are free to access. Consumers were seen sitting in the outdoor areas throughout the Site Audit.

Consumer safety is ensured through a range of security measures, including closed circuit television cameras. There are processes to ensure all areas of the environment are cleaned on a regular basis. Preventative and reactive maintenance processes are in place and staff sampled were familiar with processes to report maintenance issues.

Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for consumers.

Based on the evidence documented above, I find Australian Regional and Remote Community Services Limited, in relation to Old Timers, to be Compliant with all Requirements in Standard 5 Organisation’s living environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 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 Assessment Team found that overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* most indicated they had no need to raise concerns.
* a representative stated they advocate on behalf of a consumer. They stated they feel comfortable raising issues and concerns have been addressed.
* a representative stated they advocate on behalf of the consumer.

Consumers and representatives are provided with information in relation to internal and external feedback and complaints avenues and advocacy services on entry. Feedback forms and information in relation to internal and external feedback mechanisms was also noted to be displayed throughout the service. Consumers are supported with language services through the organisation’s Liaison officer and external interpreting services are arranged where required.

Staff described how they support consumers to raise concerns, including assisting consumers to lodge feedback. Management demonstrated an awareness of open disclosure principles and practices and policy and procedure documents are available to guide open disclosure processes. However, an example of where this process had been used was not provided.

A complaints register is maintained and documentation viewed by the Assessment Team demonstrated complaints are addressed. The Assessment Team were satisfied the service has processes to ensure feedback and complaints are reviewed and used to improve the quality of care and services. The Continuous improvement plan included examples of improvement initiatives in response to consumer feedback.

Based on the evidence documented above, I find Australian Regional and Remote Community Services Limited, in relation to Old Timers, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

### Requirement 6(3)(d) Compliant

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team have recommended Requirement (3)(d) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Compliant with Requirement (3)(d). I have provided reasons for my findings in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, most consumers were satisfied they receive quality care and services when they need them from people who are knowledgeable, capable and caring. Additionally, the Assessment Team observed staff interactions with consumers to be kind, caring and respectful. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* there are generally enough staff to provide care and services.
* staff are kind, caring and respectful.
* staff attend to consumers’ care and service needs and know what they are doing.

There are processes to ensure the workforce is planned and the number and mix of staff deployed enables delivery of quality care and services. There are processes to manage planned and unplanned leave. Staff sampled generally indicated they have enough time to complete their work and staffing shortfalls are managed most of the time. Where staff indicated they did not have enough time, this generally did not impact their ability to provide care to consumers. Issues with ongoing staff recruitment and retention has been recognised as a high risk area. In response, the organisation has implemented a Workforce plan.

The service demonstrated processes relating to staff recruitment, onboarding and ongoing training programs. Staff are recruited based on having the appropriate qualifications and/or experience for the role. Induction processes include orientation and induction, buddy shifts and competency assessments. An annual training calendar is in place which includes ongoing, role-specific competency assessments. Staff competency is monitored through a range of avenues, including audits, incident data, feedback and care plan review processes. A staff performance appraisal and development process is in place, including probationary and annual reviews. A Staff performance review calendar is maintained which demonstrated appraisals were up-to-date.

The Assessment Team found the organisation has monitoring processes in place to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

Based on the evidence documented above, I find Australian Regional and Remote Community Services Limited, in relation to Old Timers, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

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

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

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

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

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

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

The Assessment Team were not satisfied the service demonstrated clinical and care staff are consistently supported and trained to effectively carry out their role. This was evidenced by the following:

* One representative stated, “they bring in untrained people and now (the consumer) has bruises”.
* Staff and management did not identify the risk of a consumer (Consumer A) in relation to use of a piece of equipment whilst undertaking an activity involving an element of risk as noted in Standard 1 Requirement (3)(d).
* Training to staff relating to risk management and risks associated with the activity had been provided in 2020. However, evaluation and/or effectiveness of the training to support staff with management and identification and/or mitigating risks associated with the activity could not be demonstrated.
* Clinical staff have not consistently recognised a consumer’s (Consumer B) needs in relation to behaviour and pain as noted in Standard 3 Requirement (3)(b).
* Staff have not been provided training or education on how to attend a consumer’s (Consumer C) personal care to ensure effective infection control and risk management related to the consumer’s medical condition. This included appropriate use of personal protective equipment as noted in Standard 3 Requirement (3)(g).
* Most of the Registered nurses do not have aged care experience. Management stated attempts to recruit and retain experienced nursing staff have been unsuccessful. Newly graduated Registered nurses are employed and are provided on the job training.
* The organisation has recognised additional support is required and have introduced a new Regional manager position who will provide support and training to newly employed/graduated registered staff and equip them with the skills to provide care to consumers.
* Senior clinical staff are not supported to effectively carry out their duties, for example:
* Thirteen consumer care reviews are not up-to-date.
* Twenty-six consumer advance care and end of life planning wishes have not been completed.
* Wound and pressure injuries should be reviewed weekly, however, senior clinical staff review them second weekly. This was noted to be in response to Consumer C’s wound management.

The provider respectfully disagreed with the Assessment Team’s recommendation of not met. The provider’s response provided supporting documentation and information directly addressing information in the Assessment Team’s report, including, but not limited to:

* All nursing staff have current registration with the Australian Health Practitioner Registration Agency. Although some are inexperienced in aged care, even those who are relatively new graduates have several years’ experience as personal care workers in an aged care setting.
* Support and guidance is provided to new graduates through a hierarchy of senior staff who are assigned at the site.
* Most personal care workers hold a Certificate III in individual support or are working towards this.
* In response to feedback from the representative, the organisation does not roster untrained staff on the floor unsupervised.
* The consumer is known to bruise easily and incident reports relating to bruising do not attribute this to manual handling or staffing issues.
* In relation to Consumer A, a formal risk assessment relating to use of the equipment has now been undertaken. Furthermore, no incident has ever occurred related to the equipment.
* In relation to Consumer B, the pain assessment was used appropriately by most Registered staff to assess pain and the consumer’s behaviours were not found to be linked to pain.
* In relation to Consumer C, care staff have been provided with appropriate personal protective equipment training. However, they remained nervous about the level of personal protective equipment prescribed and shared this with the consumer. Additional education relating to Consumer C’s medical condition and personal protective equipment has since been provided and counselling regarding their concerns undertaken.
* The Clinical manager who would usually support clinical staff with care reviews had left the week prior to the Site Audit and the backlog of care plan reviews had been identified.
* Supernumery staff have since assisted to clear the backlog.
* COVID-19 impacted ability to complete advance and end of life planning. A program to assist completion has since been re-instated.
* In relation to review of wounds, these are reviewed and documented daily or in line with the wound care plan.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. In coming to my finding, I have placed weight on supporting information included in the provider’s response as well as information in the Assessment Team’s report against related Requirements in Standards 1, 2 and 3.

In relation to Consumer A, I have considered that whilst risks related to use of the equipment had not been considered, risks relating to an activity the consumer chooses to partake had been assessed and mitigating strategies implemented. I have also considered information included in the Assessment Team’s report in relation to Standard 1 Requirement (3)(d) which demonstrates clinical staffs’ knowledge of the risk identification processes. Additionally, examples of completed risk forms were noted for other consumers sampled demonstrating appropriate implementation of the service’s processes.

In relation to Consumer B, this information has been considered in my finding for Standard 3 Requirement (3)(b) which has been found Compliant. Whilst inconsistencies were identified with the use of validated pain assessment tools, this was not found to have impacted the consumer’s clinical care. Pain charting had been initiated in response to changes in the consumer’s care needs with pain found to be well managed. Additionally, the consumer’s behaviour was noted to be monitored and appropriate management strategies implemented.

In relation to Consumer C, this information has been considered in my finding for Standard 3 Requirements (3)(a) and (3)(g) which have been found Compliant. The provider’s response demonstrates information and education had been provided to staff in relation to appropriate infection control measures prior to the Site Audit. Wound management charts for Consumer C included in the provider’s response demonstrated wounds are managed in line with the management plan. Additionally, the Assessment Team’s report for Standard 3 Requirement (3)(a) indicates wound management for four other consumers was noted to be appropriate and ongoing.

Whilst I acknowledge not all consumers had completed advance care planning or end of life planning in place, I do not find that this can be attributed to lack of staff training. I have considered information relating to advance care planning and end of life planning in my finding for Standard 2 Requirement (3)(b) which has been found Non-compliant.

Whilst I acknowledge consumer care plan reviews are not up-to-date, I do not find that this can be attributed to lack of staff training. Information provided by the Assessment Team in relation to Standard 2 Requirement (3)(e) indicates that while not all care plan reviews are up-to-date, progress notes and care plans generally demonstrate consumers are reviewed on a regular basis and when circumstances change, or incidents occur.

For the reasons detailed above, I find the Australian Regional and Remote Community Services Limited, in relation to Old Timers, Compliant with Requirement (3)(d) in Standard 7 Human resources.

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

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

# STANDARD 8 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 Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team have recommended Requirement (3)(d) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Compliant with Requirement (3)(d). I have provided reasons for my findings in the specific Requirements below.

Requirement (3)(c) was found Non-compliant following an Assessment Contact conducted 1 September 2020 to 2 September 2020. The Assessment Team’s report for the Site Audit included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers sampled were satisfied the organisation is well run. There are processes to ensure consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Documentation viewed demonstrated consumers engage in development and delivery of care and services through meeting forums, surveys, focus groups, care plan review processes and feedback processes.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The governing body comprises of a Board which is supported by a General manager and an Executive team. Monthly reports relating to the service are provided to the Board and discussed at Board meetings.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and described how they implement these within the scope of their roles.

The Assessment Team found the organisation has monitoring processes to ensure the organisation’s governing body is accountable for the delivery of safe and quality care and services.

Based on the evidence documented above, I find Australian Regional and Remote Community Services Limited, in relation to Old Timers, to be Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

### Requirement 8(3)(b) Compliant

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

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

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

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

The service was found Non-compliant with Requirement (3)(c) following an Assessment Contact conducted 1 September 2020 to 2 September 2020 where it was found the service could not demonstrate effective management and monitoring systems for adhering to legislative requirements and organisational policy when exercising ‘Discretion Not to Report’ requirements following an allegation or suspicion of assault. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed reporting processes and updated the Compulsory reporting procedure.
* Provided additional education to staff in relation to Compulsory reporting; Elder abuse, including clinical assessment and documentation and reporting requirements; and Behaviour management.
* Updated the Compulsory reporting checklist to prompt staff to review consumers within 24 hours of an incident and document the review.
* Implemented a new electronic incident management system enabling staff to report incidents and generate alerts to the relevant manager.

Information provided to the Assessment Team by consumers and staff through interviews and observations and documentation sampled demonstrated:

The organisation demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported at various service and organisational meeting forums and to the Board.

For the reasons detailed above, I find the Australian Regional and Remote Community Services Limited, in relation to Old Timers, Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

### 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 were satisfied the organisation demonstrated effective risk management systems relating to identifying and responding to abuse and neglect and supporting consumers to live their best life. However, the Assessment Team were not satisfied the organisation demonstrated management of some risks. This was evidenced by the following:

* Effective and consistent risk management systems relating to managing high impact or high prevalence risks associated with the care of consumers was not identified.
* A consumer’s (Consumer A) risk and use of a piece of equipment whilst undertaking an activity involving an element of risk was not identified or the risk of the consumer undertaking the activity independently following a medical episode assessed.
* A consumer’s (Consumer B) infectious condition was not considered or assessed to ensure effective infection control and risk management.
* The service did not demonstrate effective and consistent monitoring of individual consumers’ clinical condition trends to identify risk and inform risk management relating to behaviours, infections, pain and weight loss.
* During site Clinical governance meetings, management stated the clinical team refers to the electronic care system to review and discuss individual consumer trends of incidents and risks. However, this is not documented in the meeting minutes and the minutes did not provide evidence of the discussions.
* The Assessment Team’s report indicated Clinical governance meeting minutes for December 2020 demonstrated consumers’ clinical incidents and/or risks were discussed.
* Individual consumer clinical trends and risks are monitored and discussed with clinical staff and management at monthly meetings. However, evidence of these discussions during site Clinical governance meetings was not provided.
* The service did not demonstrate effective trending and/or documentation of consumers’ individual risks in relation to behaviours, infections, pain and weight loss.
* Risks related to the activity Consumer A partakes and/or strategies to manage the risk were not documented.
* Consumer B was documented in relation to wounds/pressure areas and infectious condition, however, the document did not identify strategies to manage the risks were discussed or reviewed.
* An incident report indicating Consumer C slapped another consumer demonstrated a behaviour charting was commenced, a pain assessment completed and referral to the Medical officer initiated. However, Consumer C was not discussed during the meeting in relation to behaviours and/or pain management.
* Consumer D was noted as having a weight loss over a three month period, however, strategies to manage the weight loss were not documented and the consumer was not added to the monitoring list.

The provider respectfully disagreed with the Assessment Team’s recommendation of not met. The provider’s response provided supporting documentation and information directly addressing information in the Assessment Team’s report, including, but not limited to:

* An informal assessment undertaken at the Site Audit indicated Consumer A was at low risk given the consumer could not undertake the activity and use the equipment at the same time. A risk assessment relating to the equipment is now in place.
* Appropriate management of Consumer B’s care, including infection control strategies were being provided under the advice of the Centre for Disease Control. Additionally, staff training had been provided and adequate provision of personal protective equipment had occurred. Further advice from the Centre for Disease Control and additional staff training has been provided since the Site Audit.
* In relation to local clinical governance, a comprehensive handover sheet is maintained daily to ensure individual consumers’ clinical concerns are raised, documented and followed up. This document was included as part of the provider’s response.
* Future development of the local governance meetings will ensure appropriate documentation of individual and systemic issues for each consumer and the service.
* Clinical Governance meetings are in their infancy and the minutes do not reflect the level of discussion about each consumer.
* Discussions do, however, inform commentary provided at the organisational Clinical governance meeting where trends and potential interventions are discussed. These documents were included as part of the provider’s response.

In coming to my finding, I have considered information in the Assessment Team’s report, including information in Standard 1 Requirement (3)(d) and Standard 3 Requirements (3)(a), (3)(b) and (3)(g). Additionally, I have considered supporting information included in the provider’s response for these Requirements.

In coming to my finding, I have considered that the information in the Assessment Team’s report does not indicate systemic issues associated with the service’s risk management system. Issues relating to Consumers A, B, C and D have been considered in my findings for Standard 1 Requirement (3)(d) which has been found Non-compliant and Standard 3 Requirements (3)(a), (3)(b) and (3)(g) which have been found Compliant. I have also considered that documentation included in the provider’s response demonstrated high impact or high prevalence risks associated with the care of consumers are considered through local and organisational meeting forums.

For the reasons detailed above, I find the Australian Regional and Remote Community Services Limited, in relation to Old Timers, Compliant with Requirement (3)(d) in Standard 8 Organisational governance.

### 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 1 Requirement 3(d)**

* Ensure risks relating to activities consumers wish to partake are identified, assessed, monitored and reviewed.

**Standard 2 Requirement 3(b)**

* Ensure consumers’ end of life and advance care planning wishes, needs and preferences are identified, documented and known by staff.
* Implement processes to review end of life and advance care planning needs and preferences to ensure they remain current and reflective of consumers’ wishes.