Old Timers

Performance Report

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**Commission ID:** 6983

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

**Assessment Contact - Site date:** 13 July 2021 to 14 July 2021

**Date of Performance Report:** 22 September 2021

# Publication of report

This Performance Report **will 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

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| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 11 August 2021.
* information received by the Commission

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as one Requirement has been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(a) in this Standard as not met. The Assessment Team found the service was unable to demonstrate each consumer gets safe and effective personal and/or clinical care that was best practice, tailored to their needs or optimised their health and well-being.

Based on the Assessment Team’s report and the Approved Provider’s response, I find this Requirement to be Non-Compliant. I have provided reasons for my findings in the specific Requirement below.

### 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 service was unable to demonstrate each consumer gets safe and effective personal and/or clinical care that was best practice, tailored to their needs or optimised their health and well-being. The Assessment Team provided the following information and evidence relevant to my finding:

* Two representatives were not satisfied their family members were assisted out of bed to access interaction opportunities and add interest to their lives. Both raised concerns regarding the psychological wellbeing of the consumer reporting them as having low moods. Furthermore, representatives were not satisfied clinical and personal care optimised the health and wellbeing of their family member and were concerned about the risk of pressure injuries.
* Thirteen consumers (who were dependent on staff for assistance) were identified as occasionally assisted out of bed to sit in comfort chairs or wheelchairs. Eight of these consumers were identified on the unresolved wound report as having pressure injuries. Care staff said they did not have time to get all immobile consumers out of bed and did not have sufficient mobile comfort chairs. Furthermore, staff were not able to confirm there was an effective system for communicating when consumers got out of bed.
* The service’s wound care clinical guidelines policy outlined wounds to be assessed through taking measurements. Although photographs were taken, wounds were not classified and did not report on the dimensions or measurements including the clinical appearance of each wound to demonstrate the wound healing status. The service’s electronic system also identified limitations to alter changes to wound classifications to reflect their current status.
* Documentation sampled for four consumers, identified a lack of early identification of pressure areas including a lack of comprehensive assessments and clinical evaluation of individual wounds. Directives for repositioning were not consistently updated in the consumer’s care plan and staff did not consistently record pressure area care as being completed as directed. Specifically, the Assessment Team noted:

For Consumer A with pressure injuries to their feet:

* A wound (on the ankle) was identified by an allied health assistant in July 2021, with partial thickness skin loss. It was unclear why staff had not identified the wound earlier and the consumer was provided with protective boots and education about repositioning following its identification.
* Repositioning directives and records were noted to be conflicting and were not documented as occurring as frequently as required. The consumer was noted to be able to reposition themselves but had difficulty in doing this with preventive boots in place.

For Consumer B with sacral pressure injury:

* The pressure injury was identified in January 2021. Between May to July 2021, records showed the wound continued to alternate between improving and breaking down. The wound management care plan did not identify information about the wound including the measurements, appearance and percentage of tissue type.
* Furthermore, a sample of records for July 2021 showed repositioning did not occur as per repositioning directives.

For Consumer C, with a sacral pressure area:

* Progress notes documented, staff reported the pressure area in June 2021. Although the consumer required assistance with hygiene, staff said they did not notice it before it became a wound.
* The care plan did not reflect updated directives and staff were not aware of the change in frequency. Daily repositioning charts continued to reflect the previous repositioning directives and sampled records for July 2021 did not show repositioning had occurred in accordance with updated directives.
* The representative said they lacked confidence in staff ability to manage the consumer’s skin and although their wishes were for the consumer to be out of bed, they had not observed this had occurred for a period of time.

For Consumer D, with a sacral pressure injury:

* Clinical staff had advised the wound had healed but this was inconsistent with information recorded in the consumer’s notes. Documentation reviewed for 30 June 2021 noted the consumer’s pressure injury was healed, however two days later, notes identified the wound was healing well with no infection.
* The representative reported family were distressed following the notification of the pressure injury, considered the consumer still had a pressure injury and attributed the cause to staff not attending to the consumer frequently.

The Assessment Team further identified the organisation did not demonstrate personal and clinical care was best practice, tailored to consumers’ needs or optimised their health and wellbeing in relation to weight loss, assistance with and provision of meals to support intake as well as the delivery of appropriate eye care.

For Consumer C, they experienced unplanned weight loss over a six-month period:

* Although they had been reviewed by a dietician, staff had not analysed and completed an evaluation of the data collected to review and update weight management strategies. Representative feedback identified concerns with meal temperatures and preferences were not adhered to and staff did not support the consumer to eat their meals.
* The representative raised the consumer also experienced discharge from their eye which caused them distress and eyes were not cleaned before administering drops. The care plan identified chronic conjunctivitis, however, did not provide direction to staff in relation to cleaning and comfort interventions.

Consumer E was observed to be unsettled (non-verbal and calling out) and known to experience pain. Some staff were not consistently observed to be responsive to the consumer’s needs in a timely manner. When raised with staff, both identified the consumer was requiring pain relief. However, the Assessment Team observed the administration of strong pain relief was delayed and the second staff member did not identify what follow up would be undertaken.

The Approved Provider’s response did not refute the Assessment Team’s findings. Although it considered wounds were being monitored weekly, the Approved Provider agreed wounds/pressure injuries had been photographed, but not measured in accordance with best practice or as required by the organisation’s wound protocol.

The Approved Provider reported it was committed to partnering with all consumers and representatives. Its response included a written submission along with further evidence to clarify the Assessment Team’s information and an action plan to address the identified deficiencies. Furthermore, it outlined the organisation had acted quickly to complete the following actions for all consumers including those seven consumers at the service. An additional consumer who was in hospital, was expecting to relocate to independent accommodation and the service had responded to concerns regarding their care.

Actions that have been or were being implemented for the identified consumers included:

* All consumers have had their pressure injury risk reassessed and care plan updated to reflect appropriate strategies in accordance with the assessed risk. All outcomes documented and supported with photographs and measurements to ensure wound healing could be effectively monitored moving forward. Further information provided about the above seven consumers, subsequent to the visit, outlined consumers’ wounds have been assessed as either stage 1 or stage 2 and in some cases pressure injuries had healed.
* For Consumer A, following changes in their wounds, had been provided with antibiotics and referred to a wound specialist in August 2021.
* For Consumer B, their stage 2 pressure injury was healing.
* For Consumer C, their general practitioner (GP) had reviewed the consumer’s eye and staff were now providing eye care. A nutritional review had been completed and intake monitored. Due to ongoing weight loss, strategies revised with increased access to refrigerated snacks. Follow up contact to occur with the representative to discuss concerns and provide further information about care/lifestyle management strategies. In relation to the consumer’s pressure injury, three days following the visit it had changed classification to a stage 2 and referral made to an external wound specialist.
* For Consumer D, follow up would occur with their representatives to offer an urgent case conference and opportunity to discuss concerns as well as apologise in relation to matters raised. In relation to their pressure injury, this was categorised as a stage 2 and healing was evident.
* For Consumer E, their pain and behaviour assessment had been commenced and a review would be instigated by nursing staff in partnership with the consumer, GP and their representative. In relation to their pressure injuries, these had now been reported as healed.

In relation to pressure injury care and wound care, the Approved Provider reported it had identified and/or were actioning the following:

* Three consumers have been referred to a Nurse Practitioner specialising in wound management to inform any potential changes in wound management.
* An exclusive skin risk assessment tool had been implemented in April 2021. Evidence based strategies have been identified and reflected in a resource for staff, to ensure a consistent approach to the prescription of strategies, depending on pressure injury risk.
* It acknowledged case conferencing for some families has been insufficient and for identified consumers with wounds and pressure injuries, the service would now offer a conference to discuss status and management plans.
* Care staff would also receive additional training in supporting effective pressure injury prevention and management within their scope and a more detail hygiene form has been implemented to ensure the reason for not attending was documented.
* The service identified staff knowledge around documenting repositioning was found to be inconsistent, documentation guidelines for care staff were currently being drafted and staff have received education on the appropriate completion of repositioning charts. This would be reviewed daily by the RN at handover.
* Potential gaps in aids and equipment had existed and a series of items had been ordered which included the delivery of 10 beds with pressure relieving mattresses during the visit. A further audit had commenced for pressure relieving aids and equipment to ensure sufficient stock is available.
* A company has been engaged to provide education and advice to ensure compliance with best practice wound management. Education had been delayed and this would now occur remotely. Furthermore, the wound management strategy would be further updated with inclusion of further input of a wound company
* A wound champion has been identified and education would be provided.

In relation to pain management

* The organisation had engaged with the new Commonwealth sponsored ‘pain check’ program, with the new procedure implemented in July 2021. Delays in compliance with the new program had been noted and additional education and monitoring scheduled.
* A Nurse Practitioner has been engaged to review pain management strategies for consumers.

In relation to weight loss

* Consumers have been re-weighed and those with continued weight loss, meals and staffing levels adjusted to ensure care staff are available to assist and encourage meals.
* Dietician recommendations have been updated in care plans and an audit undertaken to ensure implementation of strategies by staff at meal times.
* Meal services were reviewed to ensure the quality of meals provided.

Based on the Assessment Team’s report and the Approved Provider’s response, I have come to a view and find the service Non-Compliant in this Requirement. The reasons for my decision are based on the service was not able to demonstrate the effective identification and management of consumers’ pressure injuries and wound care. Assessments and review of wounds were not consistently undertaken to demonstrate changes or improvements in wound healing and the status of the wound was not always known. Pressure injuries were not consistently identified until after the skin integrity had been comprised and preventive strategies were noted to be implemented following the wound deteriorating. Staff did not report being able to assist consumers out of bed due to resource implications and repositioning strategies were not recorded as being implemented as prescribed.

Furthermore, there were other incidences were care provided was not optimising consumers’ health or wellbeing relating to weight loss, eye care and responsive to individual care needs such as pain.

The Approved Provider’s response had not refuted the Assessment Team’s findings and had commenced action to review individual consumers as well as it had developed an action plan to address these deficiencies. This included improvements to its clinical and governance systems, review of consumers’ care and equipment needs as well as provision of further training and support for staff. While I acknowledge, the improvements being made by the Approved Provider, improvement actions have not yet been fully implemented and it will require a period of time for the service to demonstrate the effectiveness of its systems.

For the reasons detailed above, I find Australian Regional and Remote Community Services Limited, in relation to Old Timers, to be Non-compliant with Requirement (3)(a) in Standard 3 Clinical care.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Quality Standard is assessed as Non-compliant as two Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(a) and Requirements (3)(b) in this Standard as not met. The Assessment Team found the service was unable to demonstrate the number and mix of members of the workforce deployed enabled the delivery and management of safe and quality care and services. In addition, the Assessment Team also found the workforce interactions with consumers were not consistently kind, caring and respectful of each consumer’s identity, culture and diversity.

Based on the Assessment Team’s report and the Approved Provider’s response, I find these Requirements to be Non-Compliant. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found the service was unable to demonstrate the workforce is planned to ensure the delivery and management of safe and quality care and services. While the organisation had a system for planning and reviewing the workforce model and could describe current and planned strategies and processes for monitoring, recruiting and retaining members of the workforce these were not effective. The Assessment Team provided the following information and evidence relevant to my finding:

Whilst consumers interviewed reported satisfaction with the number of staff, two representatives and all staff interviewed reported the number and mix of the workforce was insufficient and was impacting on care and services.

In relation to personal care

* One representative reported the consumer had not been out of their room for months as there were not enough staff to assist them. This was reported to have contributed to the consumer’s low mood.
* Two staff members reported were not enough staff to get consumers out of bed each day, with one reporting that some consumers were not changed into new clothes each day.
* Two staff reported they were not able to provide showers on alternative days and instead consumers were either bathed or wiped. Staff described hygiene care was sometimes either rushed or limited.
* An additional two staff reported they had observed consumers were not all assisted to get dressed, showered or taken out of their rooms in the mornings.
	+ The Assessment Team found thirteen consumers were identified as not being mobile and required staff assistance to get them out of bed. Management were not aware some consumers were not assisted out of bed and said they would investigate further.
	+ Of the 13 consumers on site, the Assessment Team noted eight consumers (seven currently onsite) were identified as having pressure injuries refer to Standard 3 Requirement (3) (a). One representative attributed the cause of the pressure injury was due to staff not attending to the consumer frequently.

In relation to meal, laundry and cleaning services

* One representative stated their relative was not provided adequate support and encouragement at meals which was contributing to continual weight loss.
	+ The Assessment Team found the consumer had lost 13.5 kgs over a six-month period.
* One visiting health professional said there was a constant staff turnover and shortage of staff and had observed consumers being left alone at mealtimes to feed themselves whilst staff were busy elsewhere.
* Two staff confirmed meals were frequently delayed due to care and kitchen shortages and sometimes kitchen staff helped distribute and assist consumers with their meals. Staff said they had not received formal training for this role were directed by care staff in relation to who needs assistance.
* One staff member reported they did not have sufficient time to undertake the laundry duties, resulting in laundry being left until the next day and not having sufficient time to follow up lost laundry items.
	+ The Assessment Team noted two representatives reported ongoing concerns with missing personal items for the consumer.
* Three staff reported concerns with cleaning not being adequately undertaken and one reporting sometimes rooms had not been clean for period up to two days.
	+ The Assessment Team observed food stains, dust and crumbs in the communal areas of the service.

In relation to social interaction

* One representative said staff do not initiate social interactions to provide interest for the consumer. They reported staff do not call in, chat to them or spend time with the consumer outside of delivering meals and providing care.
	+ The Assessment Team viewed the consumer’s care plan and noted the directive to encourage the consumer to participate in meaningful activities to prevent social isolation and stated they were lonely sometimes.

Shift replacement, rostering and coverage

* Staff raised concerns about the sufficiency of staff and expressed concern regarding working long hours and being exhausted. Examples included working excessive hours in a fortnight and double/extended shifts.
	+ The Assessment Team reviewed call bell data and requested a record of unfilled shifts. Call bell data demonstrated calls were answered under 5 minutes, however the service did not routinely collect, monitor and analyse unfilled shifts. Although management conducted an audit during the visit of unfilled shifts, information provided identified only a few shifts had not been consistently filled.
* The Assessment Team also reviewed complaints and meeting minutes and noted concerns with staffing had been tabled and three complaints raised. Although these were reported to be actioned, representative feedback indicated staffing concerns were ongoing.
* Management were aware of staffing issues and had provided feedback regarding the service’s processes and challenges experienced in relation to staffing. A workforce strategy plan had been developed as a proposal to the Board. Due to workforce shortages some of the strategies used included new admissions were on hold, there had been an increase in the number of care staff shifts, the service was actively interviewing and recruiting more staff, shifts were being extended and the night duty registered nurse was responsible for filling shifts. Until positions were filled, agency staff were employed, and workforce initiatives had been planned to include the implementation of a primary care nursing model.

The Approved Provider’s response outlined that its workforce was planned to enable the safety and quality delivery of care and services and it was a key priority for leadership. However, it outlined the additional staffing challenges in a remote area and were working to manage these to avoid impact on consumer care.

Furthermore, its response outlined the following actions are being or have been implemented in addition to the actions reported on under Standard 3 Requirement (3) (a):

* A review of all consumers’ grooming preferences including personal care, hygiene, dressing, oral and dental care to ensure these were reflected in each care plan.
* Review of staffing and staff management practices to ensure appropriate staffing numbers and mix to enable assessed care needs, preferences and goals of the consumer to be met.
* Clarified information reported by the Assessment Team in relation to staff coverage and percentage of unfilled shifts and number of hours worked by staff. Whilst the Approved Provider noted some differences in the initial data reported, it did identify an improvement to reduce the number of shifts staff worked in order to reduce staff fatigue.
* It confirmed there were multiple number of cleaners, laundry, catering and lifestyle staff employed and have added staffing management as an ongoing agenda item at the consumer and representative and staff meetings.
* Staff breaks have been reviewed to ensure these were planned and occurred at intervals to minimise disruption to care and service delivery.
* Recruitment and retention of staff continues to be a priority and the current staffing review would further inform these priorities.
* It also outlined it was excited about implementing a primary care nursing model across the service and confident this would assist with many issues raised by the Assessment Team.

I acknowledge there are additional challenges in remote communities in relation the workforce and the organisation had developed strategies to support these being addressed. While some of these strategies had already been identified or implemented at the time of the visit, such as the recruitment of additional staff, development of a primary care nursing model and extending shifts, in coming to a view about compliance, I have considered feedback from representatives and staff and the impact on this on care and services including wellbeing as outlined in Standard 3 Requirement (3) (a).

I am particularly concerned that consumers were not regularly assisted out of bed and for over half of these consumers they had been identified with at least one pressure injury. Whilst I accept that pressure injuries can developed for arrange of reasons, staff identified they did not have sufficient time to assist consumers out of bed and other aspects of care had not been consistently provided or were limited. Furthermore, I note consumers had not been adequately assisted with meals by staff and some staff assisting with consumers’ meals reported they had not been adequately trained.

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

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

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

The organisation was unable to demonstrate workforce interactions with consumers were consistently kind, caring and respectful of each consumer’s identity, culture and diversity. The Assessment Team noted staff interactions with consumers were not always kind or responsiveness to their needs and consumers and representatives reported consumers were being left for extended periods of time, rough handled and not adequately assisted and cared for. Furthermore, the service did not demonstrate they had consistently sought to understand each consumers’ identity, culture and diversity. The Assessment Team relevantly found:

* The organisational values and staff code of conduct directs staff to provide care which is respectful, kind and caring and requirement for the reporting of neglect and abuse. However, as demonstrated in observations and feedback from consumers, representatives and staff, these have been ineffective as staff have not consistently acted in accordance with the code of conduct.
* Although six consumers were satisfied with the workforce, three consumers and representatives as well as an advocate, visiting health professional and two staff described some members of staff did not consistently demonstrate kindness, care or respect. Examples included:
	+ A consumer with multiple pressure injuries stated one staff member can be rough when touching their foot and it hurts.
	+ One representative said they felt the consumer was neglected by staff as they were is left lying in bed day and night. The representative also raised the consumer was inappropriately dressed and was concerned about their modesty. A second representative of the consumer reported staff can be unintentionally rough when dressing due to rushing and staff interactions were short and not warm. The representative also reported the consumer did not often have their teeth in; staff did not support them adequately to eat, the consumer was frequently dressed in other people’s clothing and management had been dismissive of their complaint.
	+ Another consumer’s representative reported staff only attend to consumer during mealtimes, they do not spend time or interact with the consumer or ensure food is cut up and encouraged to eat. The representative also stated staff do not take note of what the consumer loves and have not sought to understand or respect their individual preferences.

The Assessment Team viewed the consumer’s care plan which directed staff to encourage the consumer to participate in meaningful activities to prevent social isolation and stated they were sometimes found lonely.

* + One visiting health professional said sometimes staff were not patient and relayed occasions when staff did not spend time assisting consumers with their meals or interacting with them.
	+ Two staff reported some staff were not respectful and provided examples, such as consumers requiring assistance with meals were frequently handed a spoon and not assisted and some staff will ignore consumers when they cry out.

The Assessment Team observed two staff (registered nurse and care staff) on separate occasions, who did not show they were kind or caring in relation to a consumer who was immobile and non-verbal. On both occasions, the consumer was noted to be crying out and was not attended to in a timely manner. Both staff identified the consumer experienced pain and usually settled with pain relief. Although one staff member had followed up and administered strong pain relief, this was delayed by approximately 35 minutes. The second staff member proceeded to close the consumer’s door and did not indicate what follow up would occur.

During the two days of the visit, the Assessment Team observed minimal interaction from five care staff assisting multiple consumers with meals.

* + An advocate reported they observed a consumer face down on the floor of their room and calling out. Staff who attended the consumer did not reassure the consumer and were focused on the falls process.

The Assessment Team viewed care documentation and noted staff documented the falls procedure was followed. However, staff did not identify the consumer’s emotional needs.

* In relation to consumers’ identity and culture, care plans contained minimal information to identify each consumer’s identity, culture and diversity, or matters of importance to them and the service could not demonstrate they had utilised translation or interpreting services for consumers who do not speak English.
	+ The Assessment Team identified for one consumer, the service was unable to identify what language the consumer spoke and had not demonstrated attempts that had been made to understand their identity, culture and diversity.
	+ One care staff reported they cannot consistently understand consumers speaking in their own language and use body language to convey messages. The staff member did not know if interpreters were available and had not considered this. Management acknowledged the service had not routinely utilise interpreters or Aboriginal Liaison Officers to understand consumers’ identity, culture and diversity.
* The Assessment Team reviewed incident forms and noted there had been six documented incidents in which staff were alleged to have shown disrespect to consumers between February and July 2021, four incidents were reported in March 2021. Although management reported all allegations and incidents had been investigated to identify trends and actioned taken to dismiss staff, they had not been made aware of further instances. Management did not provide information regarding the strategies implemented to protect consumers or enhance supervision in the interim. Management recognised there was a ‘cultural problem’ and were aiming to introduce a primary care nursing model, however this was yet to be implemented.

The Approved Provider’s response outlined its expectation that staff are to consistently interact with consumers in a kind, caring and respectful way and for most did not refute the Assessment Team findings. It confirmed all consumers have a resident story documented in its electronic system and provided evidence for the consumer identified by the Assessment Team. It also reported the organisation had recently employed an Aboriginal Liaison Officer at a nearby service and this would be accessed as required. Its response also included an action plan to address the identified deficiencies and outlined the following actions had been undertaken:

* The service had met with the consumer where rough handling had been reported and would follow up to ensure appropriate investigation and reporting as required.
* Training for staff in relation to the incident response, supporting consumers’ cultural identify and diversity including awareness of resources and supports available.
* Training on strategies to optimise each care moment, training on documentation and language used, in relation to organisation’s shared values, code of conduct and Charter of Resident Rights.
* Implementation of a pain check program.
* Consideration of varied communication tools to support communication between staff and consumers who do not share a common language.
* Updating contact lists for Aboriginal Liaison Officers and interpreters based on current need and ensure these are accessed.
* Continuing to obtain each consumer’s story on or prior to entering the service and commencement of formal surveys to ascertain feedback about consumers’ experience living at the service.
* In relation to two representatives’ feedback, I have considered the Approved Provider’s response in relation to Standard 3 Requirement (3) (a) and the follow up consultation planned.
* It confirmed the six documented incidents where staff had been alleged to have been disrespectful, were investigated and managed as reportable incidents.
* Ongoing performance management of staff would occur for staff who deviate from the organisational values.

Based on the Assessment Team’s findings and Approved Provider’s response, I find the service Non-Compliant in this Requirement. The reasons for my decision are based on feedback from staff, consumers and representatives as well as other visitors to the service which identified concerns with the manner in which consumers were treated. This was supported by observations by the Assessment Team on the interaction and engagement of two staff with one consumer as well as five care staff towards multiple consumers.

Although incidents of allegations against staff were noted to be investigated and reported, the Approved Provider did not adequately respond to the strategies implemented to protect consumers or enhance supervision in the interim. However, it did acknowledge the emotional wellbeing was just as important as the physical response.

In addition, I note that management acknowledged concerns with the culture within the service and had developed a primary care nursing model that would be implemented to improve this. I acknowledge that following the visit, the service has implemented a number of improvement actions such as staff training and follow up with identified consumers and their representatives. However, I find at the time of the Assessment Contact the service was not able to demonstrate staff interactions with consumers was consistently kind, caring or respectful and consistently considered their identity and culture. Furthermore, I note the service will require a period of time to fully implement improvement actions and to demonstrate the effectiveness of its

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as two requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(c) and (3) (d) in this Standard as not met. The Assessment Team found the service was unable to demonstrate there were effective risk management and governance systems in place.

Based on the Assessment Team’s report and the Approved Provider’s response, I find these Requirements to be Non-Compliant. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 8 Requirements

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

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

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

The Assessment Team found the organisation demonstrated effective organisation wide governance systems in relation to information management, financial governance and regulatory compliance. However, it did not consistently demonstrate effective governance systems in relation to feedback and complaints, continuous improvement and workforce governance.The Assessment Team provided the following information and evidence relevant to my finding:

In relation to feedback and complaints

The organisation did not demonstrate consumers, representatives and staff were encouraged or had mechanisms for providing anonymous or non-verbal feedback.

* The organisation’s ‘resident handbook’ outlined the processes for raising complaints which included discussion with key staff or management. There was no mechanism for providing written or anonymous feedback other than via the external complaint mechanisms. The handbook was not available in other languages and this was not routinely discussed with consumers on entry to the service.
* A new initiative to seek feedback via new QR Code was recently implemented. Users were required to scan the QR code using their smartphone and submit feedback. However, neither consumers, representatives or staff had been informed of the new feedback initiative nor trained in its use. The service anticipated this would be piloted first, however it would not be available to staff and staff would need to complete a paper-based form. The service was unable to locate the paper forms and there were no further provisions for users who do not have a smartphone.

Consumers, representatives and staff interviewed were only aware of verbal feedback mechanisms, such as talking to the RN or raising matters at ‘Resident meetings’ or staff meetings and did not all express satisfaction with the outcome of the complaint process.

* Two staff said they have provided feedback to management on staffing numbers at the staff meeting, however reported nothing happens.
* Two representatives had reported they had raised concerns regarding neglect and infrequent repositioning, missing clothing and food was never hot enough. Both representatives identified these issues had not been resolved.
* While other opportunities for providing feedback included the organisational wide survey and resident meetings, the last documented resident meeting was in February 2021 and did not evidence feedback being sought or encouraged.

The organisation could not demonstrate they had engaged consumers who did not speak English or provided opportunities and mechanisms for receiving feedback. Although an Aboriginal Liaison Officer had been employed at a nearby service, this was not being utilised at the service.

Management self-identified the service receives minimal feedback and complaints and said there was a tendency for consumers, representatives and staff to go straight to the Commission. Management could not, however, describe how they planned to encourage feedback or install trust and confidence in the feedback and complaints process.

In relation to continuous improvement

* The Assessment Team noted there was only one entry in the plan for continuous improvement (PCI) for 2021.
* The PCI did not include complaints and feedback from consumers, representatives or staff.
* Although incidents had been analysed and discussed at governance meetings, incidents had not been incorporated into the PCI or used to improve care and services.
* There had been multiple allegations of staff misconduct and elder abuse in 2021. Whilst the Assessment Team observed such incidents had been discussed at staff meetings, a staff member dismissed, and staff had been requested to complete elder abuse and mandatory training online, these incidents were not incorporated into the PCI and the organisation could not demonstrate staff behaviour and conduct was being effectively monitored or re-assessed.

In relation to workforce governance

* Workforce governance processes were not effective in ensuring adequate numbers of staff were always available to provide quality care and services. As identified through consumer, representative and staff interviews, documentation review and observations, consumers were not consistently receiving adequate personal care, including repositioning and assistance with meals. Whilst management was not aware of the impact on consumers, they were knowledgeable of staffing shortages and demonstrated strategies being implemented to address this.
* As evidenced in complaints data, incident reports, representative and staff feedback and observations by the Assessment Team, the organisation was unable to demonstrate staff performance monitoring processes were effective at identifying concerns with staff interactions with consumers. Management identified there was a ‘cultural problem’ at the service and have proposed a new primary care nursing model, however it was noted this new model was not currently implemented to support and improve staff practice.

The Approved Provider’s response reported it was committed to ensuring it organisational governance systems were effective to ensure safe, quality care and services, including in the areas of continuous improvements, feedback and complaints and workforce governance. Its response did not refute the Assessment Team’s findings, it had however developed an action plan and advised the following actions had commenced:

* In relation to feedback and complaints, communication would be provided to all consumers and representatives in a format they can understand, reiterating the ways feedback and improvements can be provided. This included opportunities to provide anonymous and non-verbal feedback and consumers offered a translation service on entry and ongoing basis.
* A review of the governance processes relating to feedback and continuous improvement processes. The review would also include ensuring feedback tools and procedures supported feedback to the initiator. It reported it would review those consumers and representatives who have provided feedback in order to ensure they were engaged and that they were satisfied with the outcome.
* The service’s PCI had been reviewed and updated to ensure it was reflective of service’s continuous improvement activities and incident data since January 2021.
* QR Feedback Code has been expanded to include link to a questionnaire and an additional paper-based feedback would be included with appropriate communication.
* In relation to workforce governance, I have considered the Approved Provider’s response which has been detailed under Standard 7.

Based on the Assessment Team’s findings and the Approved Provider’s response, I find the service Non-Compliant in this Requirement. My reasons include:

In relation to feedback and complaints, I find that the organisation has not demonstrated there were effective systems for enabling written and anonymous feedback and a process for communicating complaints mechanism in the consumer’s language. Feedback raised by representatives and staff identified the complaints system was not effective as concerns had not been addressed or improvements made. Although verbal systems were in place and a new initiative to capture feedback was being implemented, access to the system was limited and was still to be piloted. At the time of the visit, I consider the system had significant deficits and whilst improvements were being implemented these were not fully in place.

In relation the continuous improvement system, although the service was able to demonstrate a continuous improvement system, I note the service had not effectively incorporated feedback and complaints information from consumers, representatives and staff and had not identified broader improvements from monitoring and incident reporting to drive improvements in consumer care and service outcomes. I have considered the failures in other Requirements which did not support that there were effective monitoring processes to understand consumer outcomes and opportunities for improvement. However, I do acknowledge that since the visit, the service had developed a comprehensive action plan which aims to address the identified deficiencies.

In relation to workforce governance, I note management was working to address the workforce challenges through a workforce strategy. However, this strategy included the implementation of a new staffing model, which was yet to be implemented. Feedback from staff, consumers and representatives reported concerns with staffing levels and practices which had impacted on care and services for consumers. These included staff performing tasks without adequate training, insufficient coverage and assistance with care and meal delivery as well as staff engagement issues that had not been identified. Therefore, I find there were not effective governance in relation to the workforce, but acknowledge the extensive actions being undertaken to address this.

In addition, the service will also require a period of time to fully implement and demonstrate the effectiveness of its systems.

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

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

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found the service was unable to demonstrate effective risk management systems and practices. The Assessment Team provided the following information and evidence relevant to my finding:

* The organisation had a clinical risk register containing standardised high impact and high prevalence risks which were discussed broadly at the clinical governance meetings. While trends were identified, the organisation did not demonstrate appropriate action was taken to manage, prevent or reduce risk for consumers especially in relation to areas such as pressure injuries.
* At a service level, there was no risk register in place and the service was unable to demonstrate risks for consumers were effectively identified, assessed, reported and escalated. As demonstrated in Standard 3 Requirement (3)(a), the service was not effectively managing pressure injuries for four consumers sampled and the service’s risk management systems did not correlate staff practice, documentation processes (in relation to wound care), workforce numbers and insufficient equipment with trends in pressure injuries and wounds.
* The organisation had policies and processes to guide staff in identifying and responding to abuse and neglect of consumers and staff reported they had completed elder abuse training online.
	+ However, none of eight staff interviewed expressed knowledge of the Serious Incident Response Scheme implemented from 1 April 2021 and only four staff had attended training in May 2021.
	+ The Assessment Team observed staff were not consistently treating consumers with dignity or respect as outlined in Standard 7 and complaints and incident data documented multiple allegations of abuse and neglect. The organisation did not demonstrate monitoring processes were effective at identifying concerns with staff behaviours or action taken to prevent further incidents.

One representative felt staff were alleged to withhold personal hygiene and the consumer was neglected and isolated in their room. Although investigated and no concerns with care provision were identified, the service had not proposed strategies for rectifying the concerns raised by the representative despite the representative reporting these issues were ongoing.

* The organisation had identified chronic and acute staffing shortages, however monitoring processes were ineffective at identifying the risk and impact on consumers. The Assessment Team were informed inadequate numbers of care staff impacted on care delivery, consumers’ wellbeing (low mood), including the frequency with which consumers were assisted out of bed. Management reported they had not been aware of the issues raised in relation to consumers not being assisted out of bed and would investigate further.
* The Assessment Team observed internal doors to courtyard areas in the secure unit were locked, preventing a consumer from accessing outdoor areas. At the time of the visit, construction work was occurring in one of the three areas and the Assessment Team was provided with conflicting information from management and staff as to whether the doors should be unlocked/locked to enable consumers to freely access the courtyards.

The Approved Provider’s response did not refute the Assessment Team’s findings. Its response clarified that local clinical governance meetings had been occurring, however documentation of these meetings had not been undertaken with rigour and clinical staff had been requested to ensure all consumers with high risks were discussed and appropriately documented. Furthermore, it had asserted that incidents had been appropriately reported and where allegations had been made during the visit such as rough handling, management had met with the consumer and next steps to be considered.

In addition, its response focused on actions being instigated to address the identified deficiencies. These included:

* Each month the service is required to provide information on adverse events prior to the organisation’s clinical governance meeting.
* The creation of a local risk register reflecting a consolidated record of consumers’ specific high prevalence/high impact risks to complement the organisational risk register.
* The addition of high-risk/high prevalence risks included as an agenda item at local meetings to ensure discussion of these critical risks. Discussions will include steps taken to manage, prevent or reduce risk to consumers and others as well as to drive continuous improvement.
* Engagement of an external audit system has been finalised and will ensure adequate evaluation of clinical indicator data.
* Further training to be provided to staff on their responsibilities for reporting including reportable incidents that require notification. Posters have been placed in staff rooms and consumer areas to encourage reporting.
* During the visit, renovation works were ongoing, and the internal courtyards were locked as work was incomplete and posed a hazard. Works in courtyards have since been completed and areas now accessible for consumers.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I have found that while the organisation has a risk management system, this system has not been effective in relation to managing high impact or high prevalence risks associated with the care of consumers, especially in relation to the management of pressure injuries. Monitoring processes were not effective in identifying staff behaviours toward consumers and strategies to increase supervision and support (via a new model of care) have not yet been implemented. Limited staff had received training in SIRS and eight staff were not knowledgeable of the Serious Incident Response Scheme.

In relation to consumers living the best life, I note the Assessment Team had identified concerns that a consumer was not able to access an outdoor area. Whilst I am concerned about the conflicting information and how consumers were consistently supported to access these areas, I note there was work being undertaken at the time and this has since been completed. Management report these areas were now accessible. Whilst I am satisfied that consumers now have access, the service should continue to monitor the environment to ensure consumers are able to move freely between indoors and outdoors areas (Standard 5).

While I acknowledge the Approved Provider has commenced undertaking a range of improvements to strengthen its risk management and governance systems including but not limited to the implementation of risk registers, further training for staff on their responsibilities for reporting incidents, increased reporting and escalation by the service to the organisation about consumer care and implementation of an external audit system, I have considered that at the time of the visit, the organisation did not have effective risk management systems and practices in place. The service will require a period of time to ensure practices are embedded and the effectiveness of its systems.

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

# 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.

* **In relation to Standard 3 Requirements (3)(a)**
	+ Ensure best practice monitoring processes are used for consumers in relation to but not limited to weight loss, pressure area and wound care.
	+ Consult and engage consumers and staff in relation to preferences for personal care to devise strategies to support consumer preferences.
	+ Ensure staff are adequately trained and supported to deliver appropriate care.
	+ Effective monitoring of care and service delivery to ensure these are being delivered consistent with consumers’ needs, goals and preferences and care outcomes support consumers’ wellbeing.
* **In relation to Standard 7 Requirements (3)(a) and (3)(b):**
	+ Staffing levels are sufficient to ensure consumers’ needs and preferences are met, including monitoring processes to understand consumer, representative and staff satisfaction and staff work practices.
	+ Ensure appropriate workforce strategies are implemented and supports the safe and effective delivery of care and services.
	+ Staff engagement with consumers is kind, caring and respectful, including consumers have access to appropriate supports where language barriers are identified.
	+ Effective systems are implemented to ensure staff are respectful of consumers’ culture and identity and have access to information to guide them.
* **In relation to Standard 8 Requirements (3)(c) and (3)(d):**
	+ Effective governance systems associated with continuous improvement, workforce governance and feedback and complaints.
	+ Effective risk management systems and practices associated with managing consumers’ high impact or high prevalence risks associated with their care, including risk registers and governance mechanisms to support the identification, monitoring and evaluation of these risks.
	+ Effective risk systems and practices for responding and preventing incidents of abuse and neglect and supporting consumers to live the best life they can through appropriate education and monitoring of staff practices.

# Other relevant matters

The service was found Non-compliant with Standard 1 Requirement (3)(d) and Standard 2 Requirement (3)(b) following a Site Audit conducted 09 February 2021 to 11 February 2021. These Requirements were not assessed at the Assessment Contact conducted 13 July to 14 July 2021.