St John's Retirement Village

Performance Report

138 Williams Road   
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**Commission ID:** 4481

**Provider name:** Respect Group Limited

**Site Audit date:** 12 January 2021 to 14 January 2021

**Date of Performance Report:** 5 March 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 5 February 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall sampled consumers and representatives felt 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.

Most consumers sampled said they were treated with respect and described staff knowing their interests and care needs. Consumers felt they were supported to take risks and maintain relationships illustrating this with examples. Consumers and representatives were satisfied with the level of communication from staff. Consumers and representatives are satisfied that consumer’s personal privacy is respected, and their personal information is kept confidential.

Staff provided examples how they assist consumers take risks and life the best life they can. Staff described strategies used to communicate with those consumers with language or cognitive barrier. Staff described ways in which they respected consumer privacy and confidentiality.

Minutes of monthly consumer meetings showing regular updates on important issues being discussed. The service demonstrated a privacy policy and procedures designed to keep personal information confidential.

Staff were observed throughout the visit interacting with consumers in a respectful manner. Staff were observed assisting consumers consistent with the consumer’s care plan.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Consumers and their representatives discussed how staff consult with them during the assessment and care planning of the consumer’s care and services. Consumers and representatives said they are consulted when there is an incident or changes to a consumer’s care needs. Most consumers and their representatives are satisfied they have access to plans of care.

The service’s electronic care planning system demonstrated assessments, including risk-based assessments, inform care planning of consumers. Care plans include needs, goals and preferences for each area of care. Care planning documentation for a recently deceased consumer showed palliative care wishes and palliative pathways are implemented. Documentation demonstrates care planning is communicated to consumers and their representatives, and plans of care are readily available to them. Review of consumer files demonstrated that incidents are documented, reviewed and used to help identify changes to consumer needs. Identification of risk resulted in changes to documented care needs and referrals to specialists.

Staff interviewed described how care needs are identified, review processes and how they support consumers’ involvement in the assessment and care planning. Clinical staff demonstrated how they access care plans and discuss advanced care directives. Clinical staff discussed the monthly consumer review process and how it contributes to the monitoring of consumers and identification of changes in consumer condition or care needs.

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

## Assessment of Standard 2 Requirements

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

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

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

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

### 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 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Most consumers and representatives expressed their satisfaction with the care provided and they feel the service is meeting their needs. Representatives said consumer’s end of life wishes had been discussed. Most consumers were satisfied there are timely interventions and follow up by medical practitioners and said consumers have access to visiting medical officers, allied health staff and other specialists.

Clinical staff described how information is shared when changes occur. Clinical staff described recent referrals of consumers to individuals and other organisations.

A sample of consumer files in relation to personal and clinical care demonstrated individualised needs and preferences are identified and documented. There are policies and procedures relating to assessment and review of consumer’s care and service needs.

However, the service was not able to demonstrate that high impact and high prevalence risks are managed effectively and that appropriate monitoring occurs.

The service did not demonstrate compliance with COVID-19 outbreak preparedness.

The provider has developed a plan of continuous improvment to address matters identified by the Assessment Team.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

The Assessment Team recommended this requirement as non-compliant and set out evidence about the service’s management of wounds; post falls incident monitoring and review; post medication incident monitoring and management; and, assessment of risk for consumers using motorised scooters.

The provider’s response provided additional information addressing the Assessment Team’s evidence. This included information and evidence on wound dressing changes, commencement dates for wound charts, quoted progress note entries, responses to and administration of medication for pain, post-fall neurological observations, including dignity of choice, and post-fall reassessments for the sampled consumers, as relevant.

However the provider’s response also acknowledges instances of wound management that does not reflect best practice, and education would be provided to staff. The provider’s response acknowledges documentation of post fall observations requires improvement. The provider’s response acknowledges the seriousness of medication errors and will review oppportunites for improvement in relation to individual errors.

The provider provided a plan for continuous improvement that includes a number of actions taken, and in progress, since the audit in relation to management of wounds, pain, post fall observations, medication errors, and, review of the psychotropic register. The provider also noted an improvement activity where a wound clinic had been engaged in December 2020 to review consumers with complex/chronic wounds.

While the additional information in the provider’s response provided context to, and corrected, some of the Assessment Team’s evidence in relation to consumers sampled, the provider also acknowledges deficits that require addressing. I note evidence the provider does not contest.

While the provider has taken steps to address deficits identified, action implemented is in various stages of completion. As the service was non-compliant at the time of the audit, I find the service is Non-compliant in this requirement.

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

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

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

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

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

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

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

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

### Requirement 3(3)(g) Non-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 recommended this requirement as non-compliant based on information gathered assessing the service’s COVID-19 preparedness. The Assessment Team identified staff practice not aligned with infection control guidelines; an outbreak management plan lacking some recommended information; personal protective equipment not readily available; and, lack of cleaning supplies and signage at high touch surfaces.

The provider’s response includes a plan for continuous improvement that sets out action taken and in the process of being taken to address the concerns identified. This includes, reinforcing requirements with staff at handover, observational audits by senior staff, review of donning/doffing stations, display of signage, planned education for nurses and updates to the outbreak management plan.

While I acknowledge the action taken by management to address the deficits, at the time of the audit the service’s processes and practices were not consistent of that required. Thus, I find the service Non-compliant with this requirement.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers provided examples of how the service supported them in participating in activities of interest, maintaining community connections and social relationships. Most consumers sampled stated that they enjoy the food and that the food was of sufficient quantity and good quality.

Staff described ways they support consumers in their interests, relationships or community participation and demonstrated specific knowledge of the consumer as an individual. Lifestyle staff described how consumers are supported in spiritual and emotional wellbeing. Staff said they are advised of a change in care at handover, speaking with the consumer and through care documentation. While limited referral took place during pandemic restrictions, lifestyle staff described organisation regularly engages to provide services to the consumers.

Care planning documentation reflected consumer needs, goals and preferences and the support required to optimise quality of life and wellbeing. This included detail of what is important to consumer’s emotional and spiritual wellbeing. All consumer plans of care have been recently updated and reflect current consumer needs.

A range of resouces is available to support staff. Equipment was observed to be clean and well maintained.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* Most sampled consumers considered they feel they belong in the service and feel safe and comfortable in the service environment.
* Most consumers interviewed reported that they felt safe within the service environment.
* Consumers in the main building could describe ways they utilised communal spaces indoors and outdoors.

The main buildings of the service were observed to be welcoming and easy to understand and allowed for freedom of movement within the service and outdoors. However, the older unit of four buildings was not observed to be welcoming, easy to understand or well lit.

While consumers from the main buildings were able to move freely outside, consumers in the older wing were observed to be discouraged, and that outside spaces were not safe.

The service was observed to be clean and well maintained. While equipment was found to be clean and well maintained, a review of documentation showed risk assessments are not always completed.

The provider has developed a plan of continuous improvment to address matters identified by the Assessment Team.

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

## Assessment of Standard 5 Requirements

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

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

The Assessment Team recommended this requirement as non-compliant drawing on evidence relating to one of the service’s older unit comprising of four buildings.

The Assessment Team observed the the unit as lacking indoor signage or aids to assist consumers navigate the building of the unit and lacking decorations, plants and pictures, that was evident in the other buildings of the service. The Assessment Team observed three of the unit’s four building as poorly lit and lacking in comfortable indoor space to accommodate consumer recreation or socialisation. Management are aware the environment does not support consumers, especially those living with cognitive impairment, and informed the Assessment Team that building works are planned.

The provider’s response includes a plan for continuous improvement that sets a March 2021 timeline for improvements to the aesthetics of the above mentioned buildings and includes improved lighting and navigation signage. The plan for continuous improvement also includes an item for decommissioning the building and constructing purpose built accommodation as part of the serrvie’s main building with a two year time horizon.

I am satisfied that parts of the service is not welcoming and easy to understand or optimises a sense of belonging, independence, interaction and function for consumers. Thus I find the service is Non-compliant with this requirement.

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

*The service environment:*

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

The Assessment Team recommended this requirement as non-compliant drawing on evidence relating to the service’s older unit comprising of four buildings. The Assessment Team observed consumers are not able to freely move outdoors. Obervations included consumers being redirected indoors and staff not able to provide appropriate supervision for consumers to freely use the outdoor area. Outdoor areas were observed not to have shade and seating provided positioned on uneven grass areas inaccessible from the path.

The provider’s response includes a plan for continuous improvement that includes plans to purchase of new outdoor furniture, introduce shaded areas and points of interest, and review the uneven terrain. The providers response does not address consumer’s freedom of movement to outside areas.

I am satisfied the service has not met the intent of this requirement in terms of consumers not being able to freely access outside areas and that outdoors areas are not safe. Thus I find the service is Non-compliant with this requirement.

### 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

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

Overall consumers felt encouraged and supported to give feedback and make complaints, and in general, they were confident that appropriate action would be taken.

Consumers and representatives interviewed indicated they felt comfortable and safe raising concerns about care and services. Consumers and representatives described examples of concerns that were addressed to their satisfaction and lead to improvement in the quality of care and services. A consumer described an example of management using an open disclosure approach in response to their complaint.

Staff described how they respond to an issue of concern for a consumer and support them to complete feedback forms. Staff are satisfied management deals with the processing and resolution of complaints.

Internal complaints forms, feedback boxes and brochures for advocacy and language services brochures were observed within the service. Information is available in a variety of languages.

Complaint statistics and trend analysis is discussed during monthly meetings between management and the Board. Management described staffing as the main issue which led to complaints and advised they are assessing staff levels at the service.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall consumers considered they get care and services from people who are kind, caring, knowledgable and capable.

For example:

* Most consumers reported staff are kind and respectful to them. Staff were observed during the audit to interact with consumers in a kind, caring, encouraging and respectful way.
* Consumers are satisfied staff have the knowledge to perform their roles, although one consumer said replacement staff were not as competent using lifting equipment.

Feedback from consumers also highlighted staff are rushed and stressed.

Staff report feeling confident and supported in their roles and that they can seek help from senior clinical staff and management when needed. Staff said they feel confident in their ability to perform their roles. However, staff across care and services spoke of insufficient staffing and the impact this has on performing their role.

Roster documentation in the fortnight prior to the audit shows unplanned leave for care and clinical staff is not able to be replaced. Management highlighted the difficulty recruiting during COVID-19 restrictions and in the rural area the service in located and that recruiting continues.

Position descriptions outline competencies required for each role. Records show most staff have completed required mandatory training. While training records were inaccessible during the audit, additional information provided by the provider supports training occurs in response to monitoring and staff needs.

Management described the processes used to monitor staff performance. Staff confirmed performance appraisal occurs.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team recommended this requirement as non-compliant and presented evidence that included feedback from consumers of staff being rushed and stressed; feedback from care and services staff about insufficient staff or time for duties to be performed; roster documentation showing unfilled shifts, including clinical staff; and, call bell records indicating delays in responding to calls for assistance. The Assessment Team also presented evidence management acknowledged during the audit workforce planning as an item on the service’s plan continuous improvement and said filling shifts in the area of the service’s location was difficult.

The provider’s response states there were difficulties recruiting staff and accessing agency staff during COVID-19 restrictions and the service’s rural location, however 24 staff have been recruited since 1 October 2020 as part of a plan for continuous improvement initiated on 7 October 2020, and the service is still building a pool of staff to fill unplanned leave. Recommencing student placements is listed as a recruitment strategy. The response includes evidence the average call bell response time for the last two months of December 2020 was 5 minutes and 13 seconds and the evidence in the report of delays longer than 20 minutes represented three percent of all call bell response times. The response included evidence additional hours were provided to cleaning and laundry in response to requests during 2020.

While I acknowledge the steps taken by the organisation and service to address the workforce needs, I have placed weight on the Assessment Team’s evidence on the number of unfilled shifts, particularly clinical shifts, in the two weeks leading up to the audit. I have also placed weight on the feedback from consumers and staff, while noting the provider’s response highlighting that all staff could not have been interviewed as suggested in the report.

Thus, I have decided based on the evidence presented the service did not comply with the requirement at the time of the audit. Thus, I find this requirement Non-compliant.

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

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

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

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

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

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

The Assessment Team recommended this requirement as non-compliant and presented evidence that included staff feedback in relation to identifying training specific to their role; that management did not demonstrate education delivered in response to need; how performance reviews inform training need; unaccessible training records; and staff not implementing care in line with organisation’s wound management policies and procedures.

The provider’s response acknowledges training records were not available at time of the site audit but provided evidence of training records for staff that occurred during 2020. The provider also provided evidence of needs driven education, including in relation to monitoring of staff performance. The provider noted planned wound management education was cancelled due to pandemic restrictions.

Taking all the evidence into consideration, including the positive feedback from both consumers about staff knowledge and competency and staff reporting they feel confident and supported in their roles, on balance I have formed a view the service meets this requirement.

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall consumers and representatives indicated that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services through meetings and their involvement in care planning reviews, survey and feedback processes.

Management described ways consumers can be involved in the development, delivery and evaluation of care and services.

Management described how organisation’s the governing body promotes a culture of safe, inclusive and quality care. This is achieved through organisational and reporting structures, an auditing program and incident reporting system.

There are effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance.

The service’s risk management systems ensure management of abuse and neglect of consumers and supports consumers to live the best life they can, however monitoring and review of high impact or high prevalence risks does not identify whether these risks are managed effectively and practice is consistent with polices and procedures.

The organisation has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and application of open disclosure.

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

## 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.*

### 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.*

The Assessment Team’s evidence identified while the organisation has policies and procedures to ensure safe and effective care for consumers living with high impact high prevalence, staff practices in relation to risks such as pressure injuries, falls and medication management are inconsistent with these polices. Risk for use of motorised mobility equipment is inconsistently assessed. The organisation’s processes to monitor and review staff practice in relation to these areas do not identify deficits in staff practice in these areas.

The provider’s response explains the organisation’s monthly reporting process for high impact high prevalence risks, which includes trending and benchmarking with other services in the group. Operational management meet with the service’s management to discuss deficits which inform the service’s plan for continuous improvement.

While the service has a process of governance for high impact high prevalence risk, the monthly meeting report provided as evidence in the response does not identify deficts in practice inconsistent with policies/procedures as identified by the Assessment Team. I find the service does not meet this requirement.

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

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

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

# Areas for improvement

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

**Requirement 3(3)(b)**

* Ensure staff practice meets best practice management of wounds.
* Ensure effective falls incident monitoring and review.
* Ensure effective medication incident monitoring and management.
* Ensure assessment of risk for consumers using motorised scooters.

**Requirement 3(3)(g)**

* Ensure the service is COVID-19 outbreak prepared.

**Requirement 5(3)(a)**

* Ensure wayfinders and adequate lighting are in place in all building to assist consumers navigate the service.
* Ensure all buildings are welcoming and homely.

**Requirement 5(3)(b)**

* Ensure consumers are able to move freely, both indoors and outdoors.
* Ensure outside areas are safe and comfortable.

**Requirement 7(3)(a)**

* Recruit to roster sufficient staff to meet the needs of consumers.

**Requirement 8(3)(d)**

* Ensure the organisation’s monitoring and review of high impact or high prevalence risks ensures practice is consistent with polices and procedures.