St John's

Performance Report

138 Williams Road
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**Commission ID:** 4481

**Provider name:** Respect Group Limited

**Assessment Contact - Desk date:** 15 September 2021 to 5 October 2021

**Date of Performance Report:** 10 November 2021

# Performance report prepared by

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# 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 - Desk; the Assessment Contact - Desk report was informed by a site assessment, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Desk report received 22 October 2021.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The focus of this Assessment Contact – Desk was to assess the service’s progress in relation to previously identified non-compliance in Standard 3 Requirements (3)(b) and (3)(g).

The service has demonstrated improvement in management of high impact high prevalence risks, in particular the management of wounds, falls, medication incidents and risk assessments for consumers using motorised vehicles.

The service has also demonstrated improvement in minimisation of infection related risks through implementation of standard and transmission-based precautions to prevent and control infection, and practices to promote appropriate use of antibiotics.

The two requirements are assessed as compliant as described below.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

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

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

The Assessment Team found:

* Management demonstrated actions taken to improve identification, assessment, monitoring and prevention of high impact highprevalence risk to consumers.
* Staff were able to describe relevant risks to each consumer’s care and staff provided examples of how they manage risk while respecting consumer choice.
* Consumers/representatives are satisfied with the way risk is identified and managed at the service.
* Care documentation reviewed showed effective management of high impact high prevalence risks including following of wound care management plan,
post falls incident monitoring and review, post medication incident management and review and detailed and current risk assessment for consumers using an electric mobility device.
* However, the Assessment Team found that no guidelines regarding frequency or duration of completing neurological observations post fall were referenced in the service’s policy. Deficits were also identified in consistency and clarity of wound photographs taken to monitor the progress of the wounds.

The provider’s response included an action plan to address deficits identified by the Assessment Team.

While I note the deficits identified, taking all the available evidence into consideration I am satisfied the service Complies with this requirement.

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

*Minimisation of infection related risks through implementing:*

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

Management described actions taken since the last audit to prevent the transmission of COVID-19 infection and improve staff compliance with PPE use. This included additional staff training, monitoring of staff practice, review of donning/doffing set up processes and practices and implementation of additional density signage. There are processes to encourage and monitor consumer and staff vaccinations. Staff explained how they identify and respond to infection, including COVID-19, and how the use of antibiotics is minimised. Representatives provided positive feedback in relation to the service’s infection prevention and control practices.

Based on the available evidence, I find the service Complies with this requirement.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The focus of this Assessment Contact – Desk was to assess the service’s progress in relation to previously identified non-compliance in Standard 5 Requirements (3)(a) and (3)(b).

The service demonstrated that actions have been taken to make the service environment, especially the service’s older unit to be welcoming, easy to understand and well-defined, promoting a sense of belonging for consumers.

The service demonstrated safe, clean and well-maintained environment and works completed to the external communal areas of the service’s older wing enables consumers to move freely both indoors and outdoors.

The two requirements are assessed as compliant as described below.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 5 Requirements

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

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

Management described and demonstrated actions taken to improve the living environment of the older wing of the service including installation of well-defined signage and additional lightning, levelling of pathways and provision of new outdoor furniture for consumers. Staff describe the recent upgrades and refurbishment to the service environment. Consumers and representatives are satisfied the service is welcoming and easy to navigate.

I am satisfied the service is Compliant with this requirement.

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

*The service environment:*

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

Management described and demonstrated actions taken to improve the living environment of the older wing of the service including installation of additional lightning, painting of internal walls in corridors and communal areas, levelling of pathways and terrain, and provision of shaded areas and new outdoor furniture.

Consumer representatives are satisfied the service’s environment is clean and well maintained and consumers have access to indoor and outdoor areas, including the courtyard and garden. Staff described maintenance and cleaning processes and spoke positively about improvements implemented at the service.

The provider’s response included an action plan for further education to address staff practice in relation to call bell faults and sensor mat damage.

Taking all the evidence into consideration, I am satisfied the service is Compliant with this requirement.

# STANDARD 7 Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The focus of this Assessment Contact – Desk was to assess the service’s progress in relation to previously identified non-compliance in Standard 7 Requirement (3)(a).

Management have implemented a number of strategies to enable sufficient staff to meet the needs of consumers. While consumer representative feedback indicated dissatisfaction in relation to staffing, staff feedback and documentation shows staff are mostly assigned to shifts and that requests for assistance are addressed in a timely manner.

The requirement is assessed as compliant as described below.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements*.*

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

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

The Assessment Team’s evidence included consumer representative dissatisfaction including comments about insufficient staff over weekends, time taken to serve lunch, not enough activities and unfamiliar staff.

Management described actions taken to implement staffing improvements at the service, including ongoing recruitment and incentives to attract staff to this regional location. Management described strategies used to respond to unplanned leave and documentation demonstrated gaps on the roster are mostly reassigned, except for lifestyle staff and maintenance shifts. Care and services staff are generally satisfied they do not work short.

Documentation, supported by clinical staff interviews, indicate requests for assistance are responded to in a timely manner, and management monitor call bells and sensor mat alarms.

The provider’s response included the appointment of a corporate role to assist with the recruitment of staff in remote locations.

I have taken a holistic view of the evidence in forming a view of compliance for this requirement. I have considered the consumer representative feedback and while I do not wish to diminish this feedback, I note only some feedback relates to workflow or sufficiency of staff. I have considered the actions taken by management to attract and recruit staff to the service. While the unassigned lifestyle shifts is consistent with some representative feedback about lack of activities, roster documentation and staff feedback shows the service is mostly meeting the planned roster. I have also placed weight on the response times to requests for assistance.

On balance I agree with the Assessment Team’s recommendation and find the service is Compliant with this requirement.

# STANDARD 8 Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The focus of this Assessment Contact – Desk was to assess the service’s progress in relation to previously identified non-compliance in Standard 8 Requirement (3)(d).

The service was able to demonstrate effective risk management systems ensure effective management of high impact high prevalence risks associated with the care of consumers, management of abuse and neglect of consumers, management and prevention of incidents and supporting consumers to live the best life they can.

The requirement is assessed as compliant as described below.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

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

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

The Assessment Team found the service has implemented actions to address the previously raised issues including developing of a new ‘managing high impact high prevalence risk’ policy, inauguration of clinical governance meetings, development of tools to improve clinical monitoring of consumers and completion of audits to ensure staff practice is consistent with the service’s policies and procedures. Staff interviewed described what these policies meant for them and confirmed they had been trained in incident reporting and management.

I am satisfied the service is Compliant with this requirement.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.