Western Downs Regional Council Community Care

Performance Report

"Tarryawyle", 35 George Street   
JANDOWAE QLD 4410  
Phone number: 07 4679 4405

**Commission ID:** 700201

**Provider name:** Western Downs Regional Council

**Quality Audit date:** 17 March 2021

**Date of Performance Report:** 26 May 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Non-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) | 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 Quality Audit; the Quality 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 Quality Audit report received 14 April 2021.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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.

Consumers and representatives sampled confirmed 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. For example:

* Consumers interviewed confirmed they are treated with respect and staff know what is important to them. Consumers described the ways the service enables them to remain at home, in their local communities and to life the way they choose.
* Consumers interviewed confirmed their personal privacy is respected and their personal information is kept confidential.

The service has policies and procedures in place to guide staff in their engagement with consumers and how to foster consumer choice and staff demonstrated respect towards consumers and an understanding of their care preferences. However, the service does not consistently demonstrate the risks that consumers wish to take are identified and discussed with the consumer and representative to help them to understand the risk, to make informed decisions and problem solve with them how the risk can be managed.

The Quality Standard is assessed as Non-compliant as one (1) of the six specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

Based on the information reviewed I find this requirement compliant.

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

*Care and services are culturally safe.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### Requirement 1(3)(d) Non-compliant

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

The Assessment team found that the service does not consistently demonstrate that risks that the consumers wish to take are identified and discussed with the consumer and representative to help them understand the risk and how it can be managed. While the service has a suite of policies and procedures describing dignity of risk, review of care planning documentation identified these policies procedures and guidelines have not been implemented for all consumers.

In its response the provider set out what measures it had taken to address the issues identified in relation to named consumers as well more broadly, including review of all care plans, updating processes and providing education to staff.

I acknowledge these improvements and the provider’s strong engagement with the issues but find that at the time of the Quality Audit the provider was not able to demonstrate compliance with this requirement. The improvements identified will take time to become embedded and for the provider to demonstrate their sustainability.

I find this requirement Non-compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall consumers sampled confirmed they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives interviewed said they are involved in care planning and staff talk to them about their care and services.
* Consumers and representatives said they have a copy of their care plan available to them in their home file.

However, assessment and care planning documentation does not adequately demonstrate ongoing assessment and planning consistently informs the delivery of safe and effective care and services. Not all care plans reviewed sufficiently identified and addressed consumers’ current care needs, goals and preferences or detailed information to guide staff practice. The service was unable to demonstrate that assessment and planning is consistently occurring with effective communication between the consumer, representatives and other organisations and health professionals that are involved in the care of the consumer. The service was also not able to adequately demonstrate consumer’s care and services are reviewed regularly for effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The Assessment team found that the service does not effectively demonstrate that consumers’ assessment and planning includes the consideration of risks to the consumer’s health and well-being, or informs the delivery of safe and effective care and services. The Assessment Team has identified two consumers where assessment and planning, including the consideration of risk has not been identified or effectively monitored by the service in relation to falls, medication management and continence. The Assessment Team identified a number of consumers where risks in the consumer’s environment had not been identified or assessed.

In its response the provider set out what measures it had taken to address the issues identified in relation to named consumers as well more broadly, including developing a care plan review and monitoring schedule, a review of risk assessment tools and implementation of case management.

I acknowledge these improvements and the provider’s strong engagement with the issues but find that at the time of the Quality Audit the provider was not able to demonstrate compliance with this requirement. These improvements will take time to become embedded and for the provider to demonstrate their sustainability.

I find this requirement Non-compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

*The organisation demonstrates that assessment and planning:*

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

### The Assessment team found that the service was unable to demonstrate that assessment and planning is consistently occurring with effective communication between the consumer, representatives and other organisations and health professionals that are involved in the care of the consumer. The Assessment Team identified inconsistencies in the involvement and communication between families, the health professionals or organisations for three consumers.

In its response the provider set out what measures it had taken to address the issues identified in relation to named consumers as well additional improvements, including ensuring staff are aware of referral and reporting responsibilities and implementing a written End of Day report tool and an Allied Health folder.

I acknowledge these improvements and the provider’s strong engagement with the issues but find that at the time of the Quality Audit the provider was not able to demonstrate compliance with this requirement.

I find this requirement Non-compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

The Assessment team found that the service was not able to adequately demonstrate that consumer’s care and services are reviewed regularly for effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Deficiencies were identified in relation to consumers, including not identifying changes in cognitive capacity over time, in relation to changes in mobility and following falls, as well as staff not consistently using established wound care protocols as directed to consistently identify effective wound care management and review.

In its response the provider set out what measures it had taken to address the issues identified in relation to named consumers as well additional improvements, including implementing a care plan and review schedule and updating the incident report template.

I acknowledge these improvements and the provider’s strong engagement with the issues but find that at the time of the Quality Audit the provider was not able to demonstrate compliance with this requirement.

I find this requirement Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall sampled consumers consider they get personal and clinical care that is safe and right for them. The service demonstrated that the needs, goals and preferences of consumers nearing the end of their life are recognised and addressed. The service also demonstrated that referrals to individuals, other organisation and providers of other care and services are generally timely and appropriate and that appropriate infection control processes and practices are in place. Management provided examples of minimising the use of antibiotics and described how they monitor for example, wound care, hydration and nutrition and alert other care providers to clinical management in relation to infection, and discuss antimicrobial stewardship where required.

However, the service does not adequately ensure that all consumers get the personal care and clinical care that is safe and right for them. The service was unable to demonstrate:

* That each consumer gets safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their health and well-being
* The effective management of high impact risks associated with care of each consumer.
* That a deterioration or change in consumers’ mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.
* That information about consumers’ condition, needs and preferences is documented and communicated with others.

The Quality Standard is assessed as Non-compliant as four of the seven specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment team identified that the service does not adequately demonstrate that each consumer gets safe and effective person care, clinical care, or both personal and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing. The Assessment Team identified deficiencies for three sampled consumers not receiving safe and effective personal and clinical care in relation to medication management, falls management and continence management.

In its response the provider set out what measures it had taken to address the issues identified in relation to named consumers as well additional improvements, including staff education and support, implementation of assessment planning tools, weekly clinical review meetings, case management and care plan reviews.

I acknowledge these improvements and the provider’s strong engagement with the issues but find that at the time of the Quality Audit the provider was not able to demonstrate compliance with this requirement. These improvements will take time to become embedded and for the provider to demonstrate their sustainability.

I find this requirement Non-compliant.

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

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

The Assessment team found that the service could not demonstrate effective management of high impact or high prevalence risks for consumers, including risks related to falls management, continence and medication management. Clinical incident data is not being effectively captured for trending and analysis or to identify potential or actual risks to consumers. The organisation did not consistently demonstrate a shared understanding of consumers’ choice to take risks, the need to ensure risks associated with the consumer’s decisions are discussed and consumers and representatives are provided with information regarding the risks associated with the care of the consumer to inform decision making. There was not a consistent awareness of strategies and measures to identify risks associated with changed cognition and the consumer’s ongoing capacity to make informed decisions.

In its response the provider set out what measures it had taken to address the issues identified in relation to named consumers as well additional improvements, including capturing and quality checking monthly report data, developing a risk management toolbox and reviewing and consolidating current risk management processes and forms.

I acknowledge these improvements and the provider’s commitment to resolving the issues identified, but find that at the time of the Quality Audit the provider was not able to demonstrate compliance with this requirement.

I find this requirement Non-compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### Requirement 3(3)(d) Non-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.*

The Assessment team found that the service does not adequately ensure that deterioration or change in a consumers mental health, cognitive or physical function is recognised and responded to in a timely manner, with deficiencies being identified in relation to deterioration or change for three consumers including in relation to decline in cognition and falls. Staff do not consistently respond or recognise signs of deterioration in a timely manner when incident have occurred. Baseline assessments have not been consistently completed to support understanding of the consumers current health status. Registered staff said they have applied their clinical knowledge to recognise changes in the consumer’s functions or ability, however the Assessment Team identified the service does not adequately recognise and respond to deterioration or changes in a timely manner.

In its response the provider set out what measures it had taken to address the issues identified in relation to named consumers as well additional improvements, including a schedule for care plan reviews, improved templates and case management.

I acknowledge these improvements and the provider’s commitment to resolving the issues identified, but find that at the time of the Quality Audit the provider was not able to demonstrate compliance with this requirement.

I find this requirement Non-compliant.

### Requirement 3(3)(e) Non-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.*

The Assessment team found that service does not ensure information relating to consumers’ condition, needs and preferences is consistently documented in care planning documentation and/or in handover communications, and where the responsibility for care is shared. Handover processes are not effective in ensuring information regarding consumers is consistently shared and understood. For consumers sampled, while care planning documents including schedules and run sheets generally provide adequate information to support effective sharing of consumer information, the Assessment Team identified deficiencies in effective communication between the consumer, representatives and other organisations and health professionals that are involved in the care of some consumers.

In its response the provider set out what measures it had taken to address the issues identified in relation to named consumers as well additional improvements, including case management, an End of Day report, improvements in clinical governance and an allied health referral folder.

I acknowledge these improvements and the provider’s strong engagement with the issues, but find that at the time of the Quality Audit the provider was not able to demonstrate compliance with this requirement.

I find this requirement Non-compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

# 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 through interviews and reviewing documentation. Consumers and representatives were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers 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. For example:

* Consumers interviewed confirmed they are supported by the service to undertake a range of lifestyle activities of interest to them, participate in the broader community and maintain contact with people who are important to them.
* Consumers and representatives interviewed advised that the service supports them to do the things that are important to them.

Services and supports for daily living provided by the service cover a wide range of options for consumers, should they choose, to support them to live as independently as possible, enjoy life and remain connected to their local community.

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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers indicated that they feel they feel safe and comfortable in the service environment. They confirmed they can freely and safely access indoor and outdoor areas and feel safe attending social support services at the respite centres, and stated the environment at the day centre is easy to access and they are made to feel welcome. Consumers said they enjoy the activities, morning/afternoon tea and social experience at the respite centre.

The Assessment Team observed the environment is welcoming with a reception at the main office centre and well-maintained pathways leading to the day centre.

The service has three respite centres located at Tara, Meandarra and Jandowae to promote social inclusion and provided centre-based respite. Due to COVID19 the day respite centre where closed and re-opened in 2021. The respite centre’s open for two half days each week and morning or afternoon tea is provided to consumers.

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

## Assessment of Standard 5 Requirements

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# 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 Feedback Register and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives interviewed could explain the process to follow when raising a concern and or a complaint. Consumers and representatives felt key personnel and management are very approachable with any concerns that they may have and were able to give examples of times they had raised issues that were quickly resolved for them in a timely manner. Consumers have complaint information in their personal folder located at their home and receive an information kit on commencement of services which contain the complaints policy. They receive a copy of the aged care charter of rights and have phone contact numbers and forms to fill out if they wish. Staff have had training in being able to assist in the complaints process, including applying an open disclosure approach based on their open disclosure policy. Complaints are monitored through meetings and addressed through the Feedback Register and any identified improvements are in the Plan for Continuous Improvement (PCI).

The Assessment Team reviewed the Feedback Register which demonstrated the collection of complaints/concerns and the actions taken by the service to address these. All issues have a planned action, persons responsible and evaluation of the consumer’s satisfaction of the response following the complaint. The complaints register is monitored by the Chief Executive Officer (CEO) and the Board.

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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers interviewed responded that staff are kind and caring and treat them with respect. Consumers reported that staff show up on time and are ready to work, and if there was an instance where they may be late then they are advised ahead of time and that staff have a good knowledge of the care and services that they require and have time to talk to them during their work.

Review of staff rosters show that essential service shifts were filled and that other services were rescheduled in consultation with the consumer if required. Staff receive education and training on a constant basis, responding to the identified needs of consumers and receive feedback on their performance through ongoing six monthly performance appraisals which guide staff education.

However, the service did not effectively demonstrate that the workforce receives ongoing support, training and supervision and feedback to ensure they carry out their role and responsibilities.

The Quality Standard is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

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

The Assessment Team found that the service does not effectively monitor staff performance to evaluate staff are performing their role and meeting their responsibilities. Deficiencies were identified in monitoring of staff practices to effectively ensure all aspects of service delivery, including following organisational guidelines and policies are documented and information obtained is effectively communicated and followed up to ensure each consumer receives safe and quality care. While review of meeting minutes identified aspects of staff performance have been identified and discussed at meetings, the service does not effectively monitor staff performance to ensure staff are following the service’s policies, procedures and guidelines.

In its response the provider set out what measures it had taken to address the issues identified in relation to named consumers as well additional improvements, including updating the staff training matrix, re-launching its Safety and Quality Management System and re-educating staff in relation to streamlined risk management processes and forms.

I acknowledge these improvements and the provider’s commitment to resolving the issues identified, but find that at the time of the Quality Audit the provider was not able to demonstrate compliance with this requirement.

I find this requirement Non-compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand 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 documents.

Overall sampled consumers indicated that the service is well run and that they can partner in improving the delivery of care and services. Consumers and representatives interviewed confirmed that they are asked to provide feedback on the services they receive and provided avenues by the service. In this way they felt that they are part of how things are done and can influence improvements to their services.

However, the organisation was not able to demonstrate it has effective risk management systems and practices, and was also not able to demonstrate it has effective clinical governance systems to ensure consumers get safe and effective clinical care. The service was not able to demonstrate where clinical care is provided clinical governance policies and procedures support the service to monitor the provision of clinical care.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

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

Based on the information reviewed I find this requirement compliant.

### 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 fund that the service’s system to identify, minimise and manage risks for the safety and wellbeing of consumers is not effective. The service was not able to demonstrate it has effective risk management systems and practices or that high impact/high prevalence risks associated with the care of consumers are identified or managed, to support consumers to live the best life they can. The service has not ensured staff practice is monitored and staff understood their roles and responsibilities for the identification and reporting of high impact or high prevalence risks. Management and staff did not have a shared understanding of what high impact or high prevalence risks are relevant to the service’s consumer cohort, how these risks are identified or how they are managed.

In its response the provider set out what measures it had taken to address the issues identified in relation to named consumers as well additional improvements, including transitioning to an electronic clinical data base system, improvements to Community Care Clinical Governance and weekly clinical review meetings.

I acknowledge these improvements and the provider’s commitment to resolving the issues identified, but find that at the time of the Quality Audit the provider was not able to demonstrate compliance with this requirement.

I find this requirement Non-compliant.

### Requirement 8(3)(e) Non-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.*

Management provided examples of minimising the use of antibiotics and described how they monitor for example, wound care, hydration and nutrition and alert other care providers to clinical management in relation to infection and discuss antimicrobial stewardship where required. Management advised the service does not use any form of restraint.

However, the service does not have adequate processes to identify risks associated with clinical care in a timely manner. The service’s clinical governance process has not identified deficiencies identified by the Assessment Team in relation to consumers.

In its response the provider stated that it had a suite of policies and procedures in place since July 2019 which it revised in January 2021. However, I do not consider that the clinical framework was sufficiently developed at the time of the quality audit. The provider set out the measures it had taken to address the issues identified in relation to named consumers as well additional improvements, including weekly clinical review meetings, use of monthly checklists, transitioning to an electronic clinical data base system, improvements to Community Care Clinical Governance and weekly clinical review meetings, transitioning to an electronic clinical data base system and engagement with the use of audit tools.

I acknowledge these improvements and the provider’s commitment to resolving the issues identified, but find that at the time of the Quality Audit the provider was not able to demonstrate compliance with this requirement. The improvements identified and systems in place will take time to become embedded and for the provider to demonstrate their sustainability.

I find this requirement Non-compliant.

# 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 1(3)(d)

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

* Demonstrate that risks that the consumers wish to take are identified are discussed with the consumer and others that the consumer wishes to be involved, to help them understand the risk and how it can be managed, to make informed decisions and problem solve how the risk can be managed.
* Implement the strategies devised and review their effectiveness.

### Requirement 2(3)(a)

*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.*

* Demonstrate that consumers’ assessment and planning includes the consideration of risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.

### Requirement 2(3)(c)

*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.*

### Demonstrate that assessment and planning is consistently occurring with effective communication between the consumer, representatives and other organisations and health professionals that are involved in the care of the consumer.

### Requirement 2(3)(e)

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

* Ensure care and services are reviewed regularly for effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer, in relation to but not limited to decline in cognitive capacity, changes in mobility and following falls and use the use of mandated protocols in relation to wound care.

### Requirement 3(3)(a)

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

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

* Ensure that each consumer gets safe and effective person care, clinical care, or both personal and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing, in relation to but not limited to medication management, falls management and continence management.
* Implement an effective system to monitor and manage the effectiveness of these improvements.

### Requirement 3(3)(b)

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

* Demonstrate effective management of high impact or high prevalence risks for consumers, including risks related to falls management, continence and medication management through, but not limited to, capturing, trending and analysing clinical incident data, enhancing processes and practices to recognise risk or developing risk and improved engagement with consumers and those they wish to be involved in their care
* Implement an effective system to monitor and manage the effectiveness of these improvements.

### Requirement 3(3)(d)

*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.*

* Ensure 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 through initial and ongoing assessment, monitoring and review and clear processes and practices for recognising and responding to identified concerns.

### Requirement 3(3)(e)

*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.*

* Ensure information about the consumer’s condition, needs and preferences is documented and communicated, particularly between and with the consumer, representatives and other organisations and health professionals that are involved in the care of consumers.

### Requirement 7(3)(e)

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

* Effectively monitor staff performance to ensure they are performing their roles and meeting their responsibilities, and are following the service’s policies, procedures and guidelines.

### Requirement 8(3)(d)

*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.*

* Ensure the service’s system to identify, minimise and manage risks for the safety and wellbeing of consumers is effective, by implementing effective risk management systems and practices that identify and manage high impact/high prevalence risks associated with the care of consumers are identified or managed, to support consumers to live the best life they can
* Implement an effective system to monitor and manage the effectiveness of these improvements.

### Requirement 8(3)(e)

*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.*

* Demonstrate that clinical governance policies, procedures and practices support the service to monitor and enable the provision of effective and timely clinical care.