Hetti Perkins

Performance Report

9 Percy Court
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**Commission ID:** 7026

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

**Assessment Contact - Site date:** 20 April 2022 to 26 April 2022

**Date of Performance Report:** 02 June 2022

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# 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 |
| **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 following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the provider did not respond to the Assessment Contact - Site report.

# 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 Assessment Team assessed Requirement (3)(b) in Standard 3 Personal care and clinical care as part of the Assessment Contact and have recommended the service meets the Requirement. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding under the specific Requirement below.

### 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 was satisfied the service demonstrated high impact or high prevalence risks associated with the care of each consumer were effectively managed. The Assessment Team provided the following evidence relevant to my finding:

* Consumers were satisfied with the care they receive, however, were unable to expand on matters relating to high impact or high prevalence risks due to language and cognitive limitations.
* Staff demonstrated knowledge of high impact or high prevalence risks associated with the care of sampled consumers and described strategies in place to manage the risks. Staff described processes relating to identification, reporting, escalation, assessment and review of high impact or high prevalence risks.
* Consumer files demonstrated effective assessment, monitoring and management of risks associated with weight loss, falls, behaviours, chemical restraint and pressure injuries. Documentation showed consumers’ weight improved and wounds were resolving.
* Documentation showed specialist input was sought in relation to nutrition and behaviours.
* The organisation maintains a clinical risk register to capture and monitor consumers’ risks, including pressure injuries, weight loss, falls, wounds, behaviours, diabetes, dementia, depression and choking.
* Clinical results are monitored by an external benchmarker and reported to the Clinical governance committee.
* Incident reporting systems demonstrate monitoring of high impact or high prevalence risks, including falls, behaviours, pressure injuries and wounds. This data is used to identify trends and need for further staff education.
* The organisation has policies and procedures to guide staff in relation to management of high impact or high prevalence risks.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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 Assessment Team assessed Requirement (3)(a) in Standard 7 Human resources as part of the Assessment Contact and have recommended the service meets the Requirement. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding under the specific Requirement below.

## 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 was satisfied the service demonstrated 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 provided the following evidence relevant to my finding:

* Consumers provided positive feedback regarding care and service delivery and indicated staff are responsive to their needs, attend quickly when they call for assistance and are aware of their preferences.
* Staff interviewed said there are enough staff to undertake all required duties, including ratios of male and female staff to deliver culturally appropriate care.
* Staff were observed attending to consumers’ needs in a timely manner and arranging other staff to do so if unable to assist immediately themselves.
* Staff allocations for the fortnight prior to the Site Audit demonstrated where shifts were unable to be filled, shifts were extended to ensure consumers’ needs are met.
* Management reported agency staff are utilised for most clinical positions and are in the process of recruiting both clinical and care staff. An orientation program is in place to ensure new staff are suitably qualified.
* Management reported lifestyle duties are being undertaken by carers, however, they are multi-skilled and have the capacity to perform the role.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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 Assessment Team assessed Requirement (3)(d) in Standard 8 Organisational governance as part of the Assessment Contact and have recommended the service meets the Requirement. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(d) in Standard 8 Organisational governance. I have provided reasons for my finding under the specific Requirement below.

## 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 was satisfied the service demonstrated risk management systems and practices were effective in managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. The Assessment Team provided the following evidence relevant to my finding:

* The organisation has policies and procedures to guide staff in relation to minimisation of risks associated with consumers’ care. The organisation maintains risk registers to ensure high impact or high prevalence risks associated with the care of consumers are monitored and mitigation strategies implemented.
* Documentation and interviews with staff demonstrated management and staff understand legislative requirements of the Serious Incident Response Scheme (SIRS) and have applied these requirements appropriately in their response to allegations of abuse and neglect of consumers.
* The service provides care based on its First Nations Program, which is supported by a First Nations Program Manager to ensure care is delivered in a culturally sensitive manner to Elders of various local and remote communities.
* Management said the service undertakes regular audits, benchmarking against key performance indicators to identify risks associated with service delivery.
* The service has an incident management system inclusive of policies and procedures for the management of clinical and other incidents. The service’s incident register reflects ongoing reporting by staff which aligned with incidents noted in progress notes and incident forms observed by the Assessment Team. The service reviews and analyses incidents on a regular basis through clinical and corporate risk meetings with the outcomes of analysis and investigation informing continuous improvement opportunities.

Based on the information summarised above, I find the service compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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.