Katherine Hostel

Performance Report

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**Commission ID:** 6990

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

**Site Audit date:** 20 April 2022 to 22 April 2022

**Date of Performance Report:** 22 June 2022

# Performance report prepared by

Rebecca Beaman, 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 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | 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) | 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** | **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) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 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; and
* the provider’s response to the Site Audit report received 17 May 2022.

# 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

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

Consumers interviewed confirmed they are treated respectfully and with dignity and they are supported to maintain their identity, make informed choices about their care and services and live the life they choose. Consumers confirmed their privacy is always maintained and staff know and respect their choices and preferences, including religious practices, who they wish to be involved in their decision making and whom they wish to maintain relationships with.

The service demonstrated it has effective processes to identify and communicate consumers’ cultural needs, goals and preferences. The service supports consumers to live the best life they choose and where risks are involved, the service implements strategies to mitigate those risks and prevent harm. The service provides information to consumers in a variety of ways and ensures care documentation reflects consumers’ preferences, choice and decision making.

The service has processes to maintain consumers’ privacy and to keep their personal information confidential. Staff interviewed confirmed processes and demonstrated knowledge of consumers’ choices, including who to involve in care, activities of risk they wish to partake in and ways in which they prefer their care and services delivered.

Based on the evidence documented above, I find Australian Regional and Remote Communities Limited, in relation to Katherine Hostel, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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 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

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

The Assessment Team have recommended Requirements (3)(a) and (3)(e) as not met. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(a) and (3)(e). I have provided reasons for my findings in the specific Requirements below.

Consumers and their representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of consumers’ care and services and indicated they were informed of outcomes of assessment and planning. Representatives confirmed they are informed of incidents and changes in consumers’ needs. Consumers confirmed they are able to discuss their specific care needs and preferences with staff at any time and staff respect their choices.

Consumer care plans sampled confirmed consumers’ current needs, goals and preferences are recorded and ‘end of life wishes’ and palliative care plans are recorded and developed in consultation with the consumer and representative, where appropriate. The service, where appropriate, involves other organisations and providers of care to complete assessment and plans for consumers and all outcomes are communicated to those providing care to the consumer.

Based on the evidence documented above, I find Australian Regional and Remote Communities Limited, in relation to Katherine Hostel, to be Compliant with Requirements (3)(b), (3)(c) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

## 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 the service was unable to demonstrate it has an effective assessment and planning process in place that consider risks to consumers’ health and well-being and to inform the delivery of safe and effective care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* Consumer A entered the service during March 2022 and staff had not completed all of their required assessments within the organisation’s 7 day required period, as per their own policy and procedures.
  + Assessments had not been completed for mobility, activities of risks they partake in, falls or lifestyle resulting in the consumer’s care plan being incomplete and not inclusive of risks or strategies to mitigate risks associated with their health and well-being.
  + Consumer A was identified on admission as a high falls risk based on a Falls risk Assessment Tool review completed during March 2022. However, a mobility assessment or a physiotherapy assessment had not been completed to identify risks to mobility, including falls and while a potential injury risk assessment was completed on day of admission it did not include any goals, strategies or interventions to mitigate those risks.
  + Staff interviewed were unable to describe falls intervention strategies to mitigate Consumer A’s risk of falling.
  + The Assessment Team identified through progress notes Consumer A experienced a fall at the service 24 March 2022.
  + A behaviour assessment completed in March 2022 had not identified or documented behaviours, triggers or individualised strategies or use of medication as a behaviour management strategy.

Two behaviour incidents occurred during April 2022, one of which resulted in as required antipsychotic medication being administered. The Assessment Team noted Consumer A was not identified as having a chemical restraint in place, a behaviour support plan was not in place nor strategies individualised to Consumer A.

The provider submitted a response to the Assessment Team’s report acknowledging the findings of the Assessment Team. The response also included information of ways in which they have addressed the deficits identified and their plan for continuous improvement to ensure compliance within this Requirement. The provider submitted the following information and evidence relevant to my finding:

* In relation to Consumer A:
  + A current falls risk assessment identifying strategies to prevent further occurrences and minimise any further harm has been completed.
  + Further assessments have been completed, including mobility and physiotherapy identifying strategies to improve mobility, activities of risk assessment has been undertaken for the activity Consumer A wishes to partake in with mitigation strategies to reduce harm and preserve safety of Consumer A and other consumers.
  + Undertaken other assessments with consideration of risks, including skin integrity, pain and wound management and the outcomes have been documented on Consumer A’s care plans.
  + Staff have commenced routine pain charting to inform Consumer A’s pain management plan.

The provider’s response provided further actions they have implemented since the Site Audit to improve their performance based on the findings in the Assessment Team’s report, including:

* Re-education of all permanent clinical leads and registered staff in relation to assessments, including for pain, skin integrity, falls, nutrition and weight loss, incident reporting and care planning.
* A review of the access to physiotherapy for mobility and falls risk assessments has been implemented.

In coming to my finding, I have considered the information and evidence presented by the Assessment Team and acknowledge the actions and improvements the provider has made since the Site Audit visit to address deficits identified in the Assessment Team’s report. However, I find at the time of the Site Audit, assessment and planning was not effectively completed with the consideration of risks to consumer’s health and well-being. I have placed weight on evidence documented in the Assessment Team’s report related to the assessment and planning for Consumer A.

For the reasons detailed above, I find Australian Regional and Remote Communities Limited, in relation to Katherine Hostel, Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

### 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) 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 the service was unable to demonstrate care and services are regularly reviewed for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The Assessment Team provided the following information and evidence relevant to my finding:

* In relation to Consumer A:
  + Consumer A had clinical changes during their first 6 weeks at the service including two falls, increased behaviour incidents, changes to psychotropic, diabetes and diuretic medications and a hospitalisation. However, these events/incidents did not trigger a review or reassessment of Consumer A’s care and services.
  + Two falls (one March 2022 one April 2022) were sustained, however, there was no reassessment of falls risk or review of strategies to manage falls post fall.
  + Two behaviour incidents occurred during April 2022, however, there was no review of the effectiveness of strategies to manage Consumer A’s behaviour.
  + Changes in medications, including psychotropic (chemical restraint), diabetes and diuretics did not trigger any further reassessment of behaviour or monitoring of blood glucose levels or weight loss.
* In relation to Consumer B:
  + The service did not review Consumer B’s nutritional needs after a weight loss of 4.2kg in one month and no reassessment was completed when staff identified the weight loss.
  + A review was undertaken by an external health provider in relation to Consumer B’s increased behaviours. However, the recommendations for behaviour management strategies were not recorded or updated in Consumer B’s behaviour support plan or care plan.
* In relation to Consumer C
  + The specialised nursing needs care plan did not reflect Consumer C’s choice to take a risk and self-manage their own specialised care needs, and recommendations as a result of a dietitian review did not trigger a reassessment of risks associated with Consumer C’s choice to self-manage this aspect of their own care.
* The provider’s response provided further actions implemented since the Site Audit to improve their performance based on the findings in the Assessment Team’s report, including:
  + In relation to Consumer A, review and reassessment of falls risks, medication and behaviour have been completed and outcomes recorded in Consumer A’s relevant care plans.
  + In relation to Consumer B, weekly weights are being completed and have been noted as stabilised since the Site Audit. The service have updated Consumer B’s care plan to include the recommendations made as a result of an external review to manage their behaviours effectively .
  + In relation to Consumer C, a risk assessment relating to managing their own specialised care need has been completed, with outcomes documented in Consumer C’s care plan.

In coming to my finding, I have considered the information and evidence presented by the Assessment Team and acknowledge the actions and improvements the provider has made since the Site Audit visit to address deficits identified in the Assessment Team’s report. However, I find at the time of the Site Audit, care and services were not reviewed regularly for effectiveness, when circumstances change or when incidents occurred that impacted on needs, goals and preferences for consumers. I have placed weight on evidence documented in the Assessment Team’s report related to assessment and planning for Consumers A, B and C respectively.

For the reasons detailed above, I find Australian Regional and Remote Communities Limited, in relation to Katherine Hostel, Non-compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 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

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

Consumers interviewed confirmed they receive safe and effective personal and clinical care which is right for them and in line with their needs, goals and preferences. Representatives interviewed confirmed they are informed of incidents when they occur and any changes to care as a result. Consumers confirmed they have access to a medical officer when they need it and staff respond in a timely manner to any deterioration in their health or condition.

Consumer files sampled demonstrated where a change in consumers’ function and capacity is identified, the condition is recognised and responded to in a timely manner, monitoring processes are implemented and investigations are undertaken by registered staff.

The service demonstrated an understanding and application of strategies targeting minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infections.

Based on the evidence documented above, I find Australian Regional and Remote Communities Limited, in relation to Katherine Hostel, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### 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) Compliant

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

### 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) 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.*

# STANDARD 4 COMPLIANT Services and supports 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

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

Consumers interviewed confirmed they are supported to do the things they want to do, choose the activities they wish to participate in, access the community and maintain relationships with people important to them. Consumers confirmed they are able to talk to staff or access other supports when they feel down and need emotional support. Consumers confirmed they receive meals which are of good quality and suitable to their dietary needs.

The service demonstrated effective processes to ensure consumers receive safe and effective services and supports for daily living. Assessments are completed and recorded on care documentation to identify and communicate consumers’ needs, goals and preferences which optimises their independence, well-being and quality of life. Care plans include strategies for staff on how to provide support, including equipment required and activities the consumer wishes to attend.

Consumer files viewed show consumers’ dietary needs and preferences are recorded and available where food and drinks are prepared.

Based on the evidence documented above, I find Australian Regional and Remote Communities Limited, in relation to Katherine Hostel, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 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

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

Consumers interviewed confirmed they feel safe and at home living at the service and have been supported to personalise their rooms. Consumers and representatives confirmed they are satisfied with the service environment and equipment is clean and well maintained .

Observations showed consumers are able to access both indoor and outdoor areas as they wish to. The service appeared clean and well maintained with appropriate furnishings throughout the service to enhance the living environment.

The service has preventative and reactive maintenance schedules, including cleaning and access to external contractors to service equipment and monitor safety systems. The service has monitoring systems in place to ensure cleaning and maintenance systems are effective. Staff confirmed the processes for cleaning and maintenance and demonstrated how they report additional cleaning or maintenance requests, when required.

Based on the evidence documented above, I find Australian Regional and Remote Communities Limited, in relation to Katherine Hostel, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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.*

### 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.*

### 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

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

Consumers and their representatives interviewed confirmed they know how to provide feedback and make complaints. Consumers said they felt comfortable talking with staff about any complaints they had, and they provided examples of the ways in which they provide feedback and complaints, including via the written form or through the regular resident meetings. Consumers and their representatives confirmed action is taken in a timely manner when they had made complaints and they notice improvements made.

The service demonstrated it has effective complaints and feedback systems and a register is maintained which records complaints to identify trends and areas for improvement. The complaint register showed complaints are recorded, including actions taken, the outcome and consultation with the complainant. The service has an open disclosure policy which is used when things go wrong. Staff interviewed confirmed the complaints processes and provided examples of supporting consumers to raise complaints, including when verbal complaints are made directly with them.

Based on the evidence documented above, I find Australian Regional and Remote Communities Limited, in relation to Katherine Hostel, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 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

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

Consumers and their representatives interviewed confirmed consumers were satisfied there were enough staff and the right mix to deliver care in a way they preferred. Consumers confirmed they received quality care and services from staff who are knowledgeable, capable, trained and caring. Consumers stated staff were kind, caring and respectful when delivering care and services.

The service demonstrated it has systems, supported by the wider organisation, to recruit appropriately skilled and qualified staff. An onboarding process and training program is provided on entry to the workforce and at regular intervals to enable staff to perform their roles effectively. The service has planned rosters and allocations based on consumer needs and vacant shifts are filled using appropriately skilled staff.

The service has a system and process in place for assessment, monitoring and the regular review of each member of the workforces’ performance with an annual performance review process also in place . The service demonstrated staff are performance managed appropriately where issues in practice are identified through either incident forms or feedback from consumers, representatives or other staff. Where additional training is identified through monitoring of incidents or observations of staff practice staff are provided training.

Staff interviewed confirmed they have access to and are provided training and have opportunities to provide feedback. Staff confirmed they have sufficient time to complete tasks, and access to accurate information to deliver care and services in line with consumer needs.

Based on the evidence documented above, I find Australian Regional and Remote Communities Limited, in relation to Katherine Hostel, to be Compliant with all Requirements in Standard 7 Human resources.

## 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.*

### 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.*

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

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

# STANDARD 8 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

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

Consumers and representatives interviewed confirmed they felt the service is well run and they can partner in the improving the care and delivery service. Consumers and representatives confirmed they are supported, engaged and are a partner in care and service provision through providing feedback using various platforms, including speaking directly with staff and management.

The service is supported by a suite of organisational policies and procedures to ensure effective governance systems, including for information management, continuous improvement, workforce governance, feedback and complaints and regulatory compliance. The service has oversight by the Board who is accountable for the delivery of safe and quality care and services, with a clinical governance and risk management committee who report regularly to the Board.

The service has an effective risk management systems to identify and respond to high impact or high prevalence risks associated with consumer care, recognising and responding to elder abuse and supporting consumers to take risks. Incidents are recorded, collated and analysed to identify improvements to care to minimise recurrence and any harm to consumers.

The service demonstrated it has effectively implemented a clinical governance framework with policies and procedures to support the minimisation of use of restraint, use of open disclosure when things go wrong and antimicrobial stewardship. Staff confirmed they are aware of the organisation’s policies and have access to the relevant guidelines.

Based on the evidence documented above, I find Australian Regional and Remote Communities Limited, in relation to Katherine Hostel, to be Compliant with all Requirements in Standard 8 Organisational governance.

## 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) 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.*

### 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.

Standard 2 Ongoing assessment and planning with consumers:

* Requirement (3)(a): Ensure assessments, charts and monitoring records are completed to identify risks in relation to consumers’ care and to inform strategies to manage risks.
* Requirement (3)(e): Ensure review of the effectiveness of care occurs, including through reassessment following incidents, changes and deterioration of consumers.