Performance

Report

**1800 951 822**

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| Name of service: | Narrogin Cottage Homes Inc |
| Service address: | 50 Felspar Street NARROGIN WA 6312 |
| Commission ID: | 7222 |
| Approved provider: | Narrogin Cottage Homes Inc |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 23 November 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Narrogin Cottage Homes Inc (**the service**) has been prepared by R Beaman, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the 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 Approved Provider’s response to the Assessment Team’s report received 24 October 2022.

# Assessment summary

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

A detailed assessment is provided later in this report for each assessed Standard.

# 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)(a) – ensure each consumer is treated with dignity and respect on all occasions, including providing timely and person-centred assistance with the care aspects that are important components of dignified care.

Requirement 3(3)(a) – ensure each consumer gets safe and effective personal care and clinical care that is in line with best practice and tailored to the consumer’s needs, goals and preferences, including in the areas of personal hygiene, medication management and oral care.

Requirement 5(3)(c) – ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

Requirement 6(3)(c) – ensure feedback and complaints made by consumers are recorded and actioned appropriately using an open disclosure approach.

Requirement 6(3)(d) – ensure feedback, including complaints, are recorded and drive improvements to the quality of care and services.

Requirement 7(3)(a) – ensure the workforce is planned to enable, and the number and mix of members of the workforce enables the delivery and management of safe and quality care and services.

Requirement 7(3)(d) – ensure the workforce is trained, equipped and supported to deliver the outcomes required by the Quality Standards.

Requirement 7(3)(e) – ensure there is regular assessment, monitoring and review of the performance of each member of the workforce undertaken.

Requirement 8(3)(a) – ensure consumers are engaged in the development, delivery and evaluation of care and services and they are supported in that engagement.

Requirement 8(3)(b) – ensure 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) – ensure there are effective organisation wide governance systems that include systems and processes for information management, financial and workforce governance, regulatory compliance with feedback and complaints driving continuous improvements.
* Requirement 8(3)(d) – ensure there are effective risk management systems and practices that include the management of activities of risk to support consumers to live their best life and prevention of incidents.
* Requirement 8(3)(e) – ensure there is an effective clinical governance framework that includes systems and processes for minimising the use of restraint and using open disclosure.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is Non-compliant as one of the six Requirements have been assessed as Non-compliant.

**Requirement 1(3)(a)**

The Assessment Team found eight consumers were not treated with dignity or respect in relation to the delivery of their care and services, including personal care.

* Two consumers described how staff speaking in their own language in front of them when delivering care and services makes them feel uncomfortable and like they are talking about them.
* One consumer advised staff don’t respect their privacy and will leave the door to their bathroom open when they are using the toilet.
* Two consumers described how they have longer wait times for assistance with personal care which often results in their continence not being maintained, impacting their dignity.
* One representative advised their consumer prefers female staff to provide personal care as a result of past experiences which is not accommodated, and their dignity is not maintained.

The Approved Provider in their response acknowledged the deficits identified in the Assessment Team’s report. In their response, the Approved Provider stated they have experienced critical staffing shortages which have contributed to the deficits identified and they are continuing to work towards improving. While the Approved Provider has stated they are committed to making improvements, they have not provided sufficient evidence in their response to satisfy me that the service has addressed the deficits identified, including maintaining the dignity and respect of consumers.

Accordingly, I find Requirement 1(3)(a) is Non-compliant.

**Requirement 1(3)(d)**

The Assessment Team found the service did not support each consumer to take risks to live their best life in relation to two consumers (Consumers A and B) who wish to have a different diet to what they have been assessed as requiring. The Assessment Team provided the following information in relation to their finding:

* Consumer A is provided food of their choice which is not in line with assessed needs. The service has not undertaken a risk assessment and Consumer A’s representative confirmed discussions about risk had not occurred.
* Consumer B’s representative confirmed they do not like the diet they have been recommended as requiring due to swallowing deficits and wanted to exercise their choice to eat the foods they wanted. Documentation showed a risk form had been completed but a risk assessment or discussion was not recorded.
* Staff were not able to advise the Assessment Team of the service’s specific risk assessment policies.

While the Approved Provider’s response acknowledged the deficits identified based on the information provided in the Assessment Team’s report, I have come to a different view and am satisfied Requirement (3)(d) in this Standard is Compliant.

The Assessment Team’s report confirms both Consumer A and B are able to exercise their choice to have the diet they wish, however, they were not able to find risk assessments and/or evidence of discussion of risk with consumers and/or their representatives. While, I acknowledge the documentation for risk in relation to the activities or risk Consumers A and B wished to take, I have considered this evidence in the context of Standard 8 Requirement (3)(d).

In coming to my finding, I have considered evidence that has been presented across multiple Quality Standards in the Assessment Team’s report. Evidence presented in Standard 3, Requirement (3)(b) confirms strategies are in place to mitigate the risks associated with Consumer B consuming a diet that is not in line with their assessed needs which shows Consumer B is supported to take those risks. Further to this, evidence in Standard 4 Requirement (3)(f) confirms Consumer B is happy with the food they are provided.

Based on the evidence summarised above, I find the service is Compliant with Requirement (3)(d) in this Standard.

I am satisfied the remaining Requirements in this Standard, (3)(b), (3)(c), (3)(f) and (3)(e) are Compliant.

Consumers and their representatives confirmed care and services are delivered in a culturally sensitive manner, they are able to exercise choice in relation to consumers’ care, how they wish it to be delivered, who is involved in that process and how it is communicated. Observations confirmed consumers are supported to maintain relationships with those of their choice and consumers’ privacy is respected and their confidentiality maintained.

Staff were able to describe ways in which they supported consumers to exercise choice, including their meals and activity. Documentation confirmed consumers’ choices and decisions about care and services are recorded in their care plans.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| 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. | Compliant |

Findings

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

**Requirements 2(3)(a) and 2(3)(d)**

The Assessment Team recommended Requirements 2(3)(a) and 2(3)(d) as Not Met and provided the following information relevant to their finding:

* Consumer A and B do not have risk assessments recorded in relation to their choice of diet.
* Consumer A’s care plan does not reflect their choice of female staff to deliver care and services or their wish to self-administer one medication.
* Consumer C’s wound care was not consistently recorded in their care plan to reflect the progression.
* Two consumers could not recall seeing their care plan in recent months or having a copy of it.

While the Approved Provider’s response acknowledged the deficits identified based on the information provided in the Assessment Team’s report, I have come to a different view and am satisfied Requirements 2(3)(a) and 2(3)(d) in this Standard are Compliant.

*In relation to Requirement 2(3)(a)*

In coming to my finding I have considered evidence as outlined below:

* In Standard 2 Requirement (3)(e), evidence confirms the service has processes in place for assessment and planning that are effective.
* Documentation confirmed for six consumers, assessments and plans were in place and staff were able to describe the process to undertake these.
* In Standard 3 Requirement (3)(b), evidence confirms assessments are undertaken for consumers with the consideration of risk, including skin integrity and pressure injuries, and the care plans updated.

*In relation to Requirement 2(3)(d)*

In coming to my finding, I have considered the evidence presented in the report of one consumer confirming they had received their care plan and documentation and two consumers confirming they recently had their care plans reviewed. Whilst not expressly stating so, the conclusion drawn from the evidence presented in the Assessment Team’s report shows care plans for sampled consumers had been reviewed is evidence to show those outcomes had been documented. The evidence presented by the Assessment Team also confirms that both consumers had copies of their care plans within the previous 12 months but could not recall the recent few months.

I have also considered evidence presented in Standard 3 Requirement (3)(e) of the Assessment Team’s report that confirms consumers’ needs, goals and preferences are documented in consumer care plans.

Based on the evidence summarised above, I find the service is Compliant with Requirements (3)(a) and (3)(d) in this Standard.

I am satisfied the remaining three Requirements, 2(3)b), 2(3)(c) and 2(3)(e) are Compliant.

Consumers confirmed they are consulted in the development of their care and services and they don’t have to repeat their needs or preferences when care is delivered by different individuals. Documentation confirmed care and services are reviewed regularly and updated, and where changes occur ,these are recorded in consumer care plans.

Staff demonstrated understanding of the assessment and planning process and described ways they involve consumers and/or their representatives in that process.

# Standard 3

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| Personal care and clinical 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| 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. | Compliant |
| 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

This Quality is Non-compliant as one of the seven Requirements have been assessed as Non-compliant.

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

The Assessment Team found three consumers did not have care and services tailored to their needs or optimised their health and well-being in relation to personal care, pain and medication management.

Consumer B’s representative confirmed Consumer B has not had specific medications prescribed that will assist to ease pain during food consumption which has made meals distressing for the consumer.

One consumer prefers personal hygiene delivered following the midday meal and confirmed this does not always occur.

One consumer confirmed they felt their hip pain was overall managed well but was not aware of the medications provided and their effect.

The Approved Provider in their response acknowledged the deficits identified in the Assessment Team’s report. In their response, the Approved Provider stated they have experienced critical staffing shortages which have contributed to the deficits identified and they are continuing to work towards improving. While the Approved Provider has stated they are committed to making improvements they have not provided sufficient evidence in their response to satisfy me that the service has addressed the deficits identified, including the delivery of personal care that is tailored to consumers’ needs, goals and preferences.

In coming to my finding, I have considered evidence that is presented in Standard 7 Requirement (3)(a), including three consumers who confirmed they have long wait times for assistance with personal care and their personal hygiene and dignity is compromised as a result. One consumer confirmed they do not receive personal care in a timely manner and it is not delivered in line with their preferences.

I am satisfied the remaining six Requirements, 3(3)b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) are Compliant.

Consumers confirmed staff know them well and they don’t have to repeat their needs, goals and preference for care and services to other providers of care. Consumers and their representatives confirmed consumers are referred to other providers of care when required in a timely manner.

Documentation showed care plans record high impact or high prevalence risks, including falls, nutrition, wound and behaviours, with appropriate strategies to guide staff practice in the safe management of those. Sampled consumer care plans showed where deterioration is detected there are processes in place to manage consumers safely, and end of life needs, goals and preferences are respected, recorded and communicated and the consumer’s comfort and dignity maximised.

Staff confirmed they receive regular infection control training and updates and demonstrated knowledge of the processes in place to minimise the spread of infection.

Staff were observed adhering to infection control practices, including wearing appropriate personal protective equipment and practicing regular hand hygiene.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers provided positive feedback about the services and supports they receive for daily living, confirming they are tailored to their needs and assist them to maintain their independence, health and well-being. Consumers and their representatives provided positive feedback about the quality and quantity of meals provided and confirmed consumers were able to do activities of interest to them, along with maintaining important social relationships.

Consumers and their representatives confirmed information about consumers’ needs, goals and preferences for lifestyle services are communicated and shared appropriately. Consumers confirmed their emotional, spiritual and psychological needs are supported with the provision of services and staff understand their needs and assist them appropriately when required.

Sampled consumer care plans reflected consumers’ likes and preferences in relation to the lifestyle program, including activities of interest and meals and recorded strategies to deliver care and services to support their lifestyle needs.

Staff demonstrated knowledge of consumers’ likes and preferences in relation to the service’s lifestyle program and described ways in which they were able to support them participate.

Equipment used as part of the lifestyle services and supports was observed to be clean, safe and well-maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Non-compliant |

Findings

This Quality Standard is Non-compliant as one of the three Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirement 5(3)(c) as Not Met as the service did not demonstrate fittings were safe, clean or well maintained in relation to flooring and other fittings within consumer bathroom areas.

* One consumer confirmed cabinetry that is fixed within their bathroom area has damage from too much moisture which had not been rectified at the time of the site audit visit.
* One consumer confirmed they had raised concerns with staff and the service about moisture in their bathroom causing mould to the flooring.
* Staff confirmed two comfort chairs took an extended time to be fixed. The delay in maintenance resulted in consumers who relied on those for mobilisation were not able to leave their rooms for up to three weeks.

The Approved Provider acknowledged the deficits identified by the Assessment Team in their response. The Approved Provider asserted they have had a critical shortage in staffing which has resulted in the gaps identified in the Assessment Team’s report. While the Approved Provider has stated they are committed to making improvements, they have not provided sufficient evidence in their response to satisfy me that the service has addressed the deficits identified, including rectifying the maintenance of fittings, such as cabinetry and flooring, to ensure they are clean, well maintained and suitable for consumers.

Accordingly, I find Requirement 5(3)(c) is Non-compliant.

I am satisfied the remaining two Requirements, 5(3)(a) and 5(3)(b) are Compliant.

Consumers confirmed they are satisfied with the cleaning of the service and they are able to decorate their rooms with their own personal items. Consumers confirmed they are able to move freely indoors and outdoors. Observations showed consumers using outdoor spaces at their own initiative and direction.

Observations showed signage placed in various locations to assist consumers to navigate throughout the service. Staff demonstrated understanding of the service’s routine and preventative maintenance processes and how they escalate issues identified to be resolved.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

This Quality Standard is Non-compliant as two of the four Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements 6(3)(c) and 6(3)(d) as Not Met as the service did not demonstrate they take appropriate actions in response to complaints raised and do not review feedback and complaints to improve the quality of care and services.

Seven consumers and one representative conformed they were not satisfied the complaints and concerns they had raised with staff and the service had been actioned appropriately. Five consumers conformed the service had not improved the quality of care and services after they had provided feedback.

* Three consumers (B,D and E) provided feedback they had raised on multiple occasions concerns about their care and services which had not been actioned. These included:
  + Consumer B’s representatives confirmed they had raised concerns about medication management for Consumer B to manage an oral infection, however no action had been taken.
  + Consumer D confirmed they had raised on multiple occasions concerns about staff speaking in a different language when delivering care and services to them along with an incident where they felt unsafe in a way they were assisted by staff during personal care.
  + Consumer E confirmed they had raised multiple concerns about the damage in their bathroom that had not been fixed and it posed a risk to their health.

Documentation reviewed confirmed consumer feedback is not always recorded and staff do not always escalated issues raised by consumers.

The Approved Provider acknowledged the deficits identified by the Assessment Team in their response. While they asserted they had a commitment to actioning improvements for the deficits identified they did not provide evidence of those occurring as part of their response.

Accordingly, I find Requirements 6(3)(c) and 6(3)(d) are Non-compliant.

I am satisfied the remaining two Requirements in this standard are Compliant.

Consumers and their representatives confirmed they know how to provide feedback, including making complaints, and they felt comfortable in doing so. Consumers confirmed they were aware of other services they can access to make complaints if required.

Staff demonstrated understanding of the service’s complaint process and were able to describe ways in which they support consumers to provide feedback and make complaints. Observations confirmed consumers have access to various ways to make complaints.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

This Quality Standard is Non-compliant as three of the five Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements 7(3)(a), 7(3)(d) and 7(3)(e) as Not Met as they found the service did not demonstrated it had the right number and mix of staff to deliver safe and effective care and services, they did not monitor staff performance and they did not effective train their workforce.

Six consumers confirmed there were not enough staff to deliver care and services that meets their needs, goals and preferences, including having extended wait times for personal care to be delivered, not having support from staff when they needed and not being able to participate in activities as there are not enough staff to take them when they are unable to assist themselves.

Staff confirmed they do not have enough support to complete personal care tasks or respond to consumer requests for assistance in a timely manner.

Staff confirmed they receive requests to undertake training, but they have not completed it, including for restrictive practices and the Serious Incident Response Scheme.

Documentation confirmed over half the workforce are not current with mandatory training requirements. Five medication competent care staff have not completed their annual competency and remained rostered on medication competent shifts. Personnel records confirmed multiple staff have not had performance appraisals in more than 12 months.

The Approved Provider acknowledged the deficits identified in the Assessment Team’s report and asserted they have had a critical staff shortages in recent times and asserted a commitment to making improvements. The Approved Provider, in their response, stated they have been able to recruit some additional members of the workforce and I encourage them to continue to do so to implement their improvement actions. However, the Approved Provider has not provided evidence to show the improved actions have addressed the deficits identified in the Assessment Team’s report.

Accordingly, I find Requirements 7(3)(a), 7(3)(d) and 7(3)(e) are Non-compliant.

I am satisfied the remaining two Requirements 7(3)(b) and 7(3)(c) are Compliant.

Consumers confirmed staff are kind and caring and respectful of them when delivering care and services. Consumers and their representatives confirmed they felt staff were knowledgeable and competent in their roles.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Non-compliant |
| Requirement 8(3)(c) | 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. | Non-compliant |
| 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 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant |
| 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. | Non-compliant |

Findings

This Quality Standard is Non-compliant as five of the five Requirements have been assessed as Non-compliant.

Consumers confirmed they are not regularly asked for feedback about care and services and where they do provide feedback, they have not seen any improvements or outcomes. Documentation confirmed resident and relative meetings had not been conducted since 2021.

The service’s suite of policies and procedures to guide the delivery of care and services is not up-to-date, with most not reflective of changes in Aged Care legislation. The governing body confirmed they had limited knowledge of the Quality Standards and while aware of the policies requiring review stated it was done at a service level.

Documentation confirmed organisational governance was not effective in relation to continuous improvement where improvements are not actioned in a timely manner with various actions outstanding from 2021, and while consumers have raised complaints, these have not driven improvements to care and service delivery. Information about consumers, including clinical care is not transferred to consumer care files in a timely manner and staff do not have up-to-date guides for care and service delivery. The workforce is not monitored, and performance is not always identified as requiring improvement actions, training for over half of the workforce is not current and staff have not received training in areas required by legislation. The service has staff on roster and undertaking care and services at the service who do not have up-to-date police clearances.

Documentation confirmed risk assessments are not completed and consumers undertake activities of risk without appropriate mitigation strategies in place to prevent harm. Incidents are not always monitored to prevent further incidents from occurring.

The service has a clinical governance framework, however, was unable to demonstrate this was effective in the minimisation of restraint or open disclosure. Policies and procedures are not current to guide effective staff practice and staff were unable to demonstrate understanding of restraint or where restrictive practices were in place for consumers and confirmed they had not received training.

The Approved Provider in their response acknowledged the deficits identified in the Assessment Team’s report. In their response, the Approved Provider stated they have experienced critical staffing shortages which have contributed to the deficits identified and they are continuing to work towards improving. While the Approved Provider has stated they are committed to making improvements they have not provided sufficient evidence in their response to satisfy me that the service has addressed the deficits identified in this Standard including having effective organisation and clinical governance, a risk management system to monitor, manage and mitigate risks and manage and prevent incidents, supporting consumers to engage in the development and evaluation of care and services and a governing body that is accountable for the delivery of safe and quality care and services.

Accordingly, I find Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) are Non-compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)