Rocky Ridge

Performance Report

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**Commission ID:** 6986

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

**Site Audit date:** 3 May 2022 to 5 May 2022

**Date of Performance Report:** 21 June 2022

# Performance report prepared by

Michelle Glenn, 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 consumers/representatives, staff and others;
* the provider’s response to the Site Audit report received on 1 June 2022; and
* the Performance Report dated 29 October 2020 for the Assessment Contact undertaken on 8 September 2020.

# STANDARD 1 COMPLIANTConsumer 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.

Rocky Ridge provides care to predominantly Indigenous consumers from local and remote communities and is co-located with another of the organisation’s residential aged care services. The Assessment Team found overall, consumers and representatives sampled considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about the care and services they receive and live the life they choose.

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Staff sampled indicated they get to know consumers through interactions with them or their visitors and showed familiarity with sampled consumers’ life story. Staff were observed interacting with consumers with respect and using culturally appropriate terms when speaking with consumers. Two consumers said staff were kind and caring and treated them well.

Care and services are culturally safe. Care plans sampled identified consumers’ language, cultural and religious needs, preferences for traditional therapies and dietary requirements, including preference for bush tucker. Care files also identified consumers who are traditional Elders in their community. Clinical and care staff described the importance of understanding cultural traditions and provided examples of culturally safe care practices, in line with individual consumer preferences.

Consumers are supported to exercise choice and independence through making decisions about their own care, who should be involved in their care, and making connections and relationships with others. Care files included information about consumers’ family, including next of kin.

Consumers are supported to take risks to enable them to live the best life they can. Where a consumer chooses to engage in an activity which includes an element of risk, risk assessment processes are undertaken. Management spoke of their role as an advocate to assist consumers return to their community if they wished, giving anecdotal examples of supporting consumers to return home for end-of-life care.

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. Whilst the organisation has written information displayed or available to provide to consumers, information is communicated verbally or visually to most consumers, due to barriers with cognition and/or literacy. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the Assessment Team’s report, I find Australian Regional and Remote Community Services Limited, in relation to Rocky Ridge, 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-COMPLIANTOngoing 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) in this Standard not met. The Assessment Team were not satisfied the service demonstrated:

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

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 finding in the specific Requirements below.

In relation to all other Requirements in this Standard, the Assessment Team found most consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services.

Consumer files sampled identified and addressed consumers’ needs, goals and preferences relating to care and services and there are processes to identify consumers’ preferences relating to advance care planning and end of life planning, if the consumer wishes. Care plans included consumer preferences for daily routines, cultural safety and likes and dislikes and staff demonstrated and understanding of consumers’ needs. Where advance care directives were available, information was documented. For consumers who did not have any information relating to advance care planning or end of life planning, care plans included information relating to who to contact for direction in response to deterioration in a consumer’s condition, with public guardian phone numbers included. Clinical staff described complexities in capturing goals or advance care directives for the consumer cohort, however, described actions they would take in response to a change in consumers’ condition.

Care files demonstrated staff work with the consumer and/or representative to ensure care and service provision is in line with consumers’ needs and preferences. Whilst most consumers have involvement of a guardian as the decision maker, progress notes and care planning documents demonstrated information is also discussed and shared with the next of kin, where appropriate. Involvement of other providers of care, including Medical officers and Allied health professionals was also noted. Case conferences are undertaken as part of the care plan review process and include discussions with the consumer and/or next of kin.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers and/or representatives. Copies of cares plans are provided to the public guardian, where involved, and due to cultural aspects or representatives living in remote communities, communication relating to care plans is undertaken with family verbally.

Based on the Assessment Team’s report, I find Australian Regional and Remote Community Services Limited, in relation to Rocky Ridge, 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 were not satisfied the service demonstrated 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’s report provided the following evidence relevant to my finding:

* Behaviours identified in behaviour charting for Consumer A over a 62 day period between March and May 2022 were not included in the Behaviour support plan.
* The Behaviour support plan does not meet legislative requirements. The plan does not include identified behaviours, triggers or successful and unsuccessful strategies.
* Behaviour charting describes interventions used at the time of the behaviour without any specific details included. The response is also recorded as ‘nil’ or ‘not effective’ on all but one record in the past two months. Care staff described generic behaviour management strategies for Consumer A.
* Consumer B’s skin assessment was reviewed in February 2022, following identification of a pressure injury, and includes management strategies. However, the care plan has not been updated in line with the assessment.
* Care staff provided inconsistent information relating to frequency of repositioning and indicated they rely upon the care plan or handover for guidance.
* Daily repositioning charts showed inconsistencies in frequency of attendance, and charting had not been consistently completed.
* Risk assessments for activities Consumers C and D choose to partake had not been completed.
* Life stories for Consumers E, F and G had not been consistently captured or did not align with information known about them.

The provider did not dispute the Assessment Team’s recommendation. The provider’s response included actions implemented to address the deficits identified in the Assessment Team’s report, as well as supporting documentation. The provider’s response included, but was not limited to, review and revision of Consumer A’s Behaviour support plan; instituted all elements of pressure area care for Consumer B; completion of risk assessments for Consumers C and D; updated life stories for Consumers E, F and G; and renewed focus on documenting consumer life stories as gleaned from family or the consumer.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not demonstrate assessment and planning processes were effectively implemented to ensure assessment and planning was personalised and reflective of consumers’ current needs.

In relation to Consumer A, while behaviours had been noted on behaviour charting, I have considered that this information had not been used to develop appropriate, effective management strategies to ensure the safety of the consumer and others. This was further supported by staff who, for Consumer A, described generic management strategies, and while they described a strategy of directing the consumer to another activity, they could not describe any specific examples of activities used. Additionally, the Behaviour support plan did not include all information to assist in the management of the consumer’s behaviours, in line with legislative requirements.

In relation to Consumer B, while a skin assessment had been completed in response to a pressure injury, the care plan was not updated to reflect strategies implemented. Care staff were unfamiliar with the frequency of repositioning for Consumer B and indicated they rely on care plans to guide provision of care.

In relation to Consumers C and D, I find that assessments had not been completed to enable risks associated with activities consumers chose to partake to be identified and appropriate management strategies implemented.

In relation to Consumers E, F and G, I have considered that information relating to the consumers’ life story had not been consistently captured and some information provided by staff in relation to the consumers’ was not reflective of consumers’ background. As such, I find this has not ensured staff consistently have information available, specifically in relation to consumers’ background, to guide effective delivery of care and services, in line with the consumers’ care and service needs and preferences, including cultural aspects of care which may, in some cases, have an effect on service provision.

I have considered that deficits in assessment and planning for consumers highlighted has the potential to impact on the effective delivery of care and services, particularly where staff delivering care are not familiar with consumers’ care and service needs. I acknowledge the actions taken by the service in relation to the deficits highlighted both during the Site Audit and since receiving the Assessment Team’s report. However, I have considered that these actions were initiated in response to feedback provided by the Assessment Team and subsequent to the Site Audit and not as a result of the service’s monitoring processes.

For the reasons detailed above, I find Australian Regional and Remote Community Services Limited, in relation to Rocky Ridge, to be 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 were not satisfied the service demonstrated care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* The consumer was involved in an incident with another consumer in April 2022. Progress notes do not indicate vital signs were completed or describe any other observations undertaken.
* Behaviour charting demonstrates an increase in altered behaviours for three days following the incident, however, progress notes do not reflect monitoring or assessment of these behaviours.
* Assessments for behaviour and emotional needs were not reviewed following the incident.
* The consumer is prescribed regular antipsychotic medications and a Behaviour support plan is in place. However, the Behaviour support plan does not reference behaviours identified in behaviour charting. Additionally, the behaviour assessment and Behaviour support plan has not been reviewed in response to incidents of aggression.
* Clinical and care staff indicated the consumer was prone to recurrent urinary tract infections and described management strategies implemented in response. The care plan did not include any of the strategies described by staff. Additionally, changes in continence needs had not been reassessed or reviewed.

Consumer B

* Consumer B experienced weight loss from January 2022 to March 2022 that has not been identified or reviewed, and a monthly weight had not been recorded since March 2022.

The provider did not dispute the Assessment Team’s recommendation. The provider’s response included actions implemented to address the deficits identified in the Assessment Team’s report, as well as supporting documentation. The provider’s response included, but was not limited to, education provided to staff in relation to review of Behaviour support plans in response to incidents, appropriate content and review processes; completion of a continence assessment for Consumer A; and referred Consumer B to a Dietitian.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not ensure care and services were regularly reviewed for effectiveness in response to changes in consumers’ care and service needs and incidents.

I have considered ongoing monitoring was not sufficiently undertaken in response to an incident in which Consumer A was involved. While progress notes described initial actions taken following the incident, the progress notes do not demonstrate a planned approach to monitoring and assessing of the consumer’s health and well-being following the incident. There was no evidence of further monitoring of the consumer having occurred, including in response to an increase in altered behaviours noted in the three days subsequent to the incident. I have also considered that while a change in the consumer’s continence needs had been noted in behaviour charting and staff described changes in management strategies, appropriate assessments had not been initiated to inform care planning and guide provision of care.

In relation to Consumer B’s Behaviour support plan, I find the evidence presented aligns with Requirement (3)(a) in this Standard. As such, I have considered the evidence with my finding for that Requirement.

For Consumer B, I have considered that despite a recorded weight loss between January to March 2022, the service failed to initiate appropriate actions to review and monitor effectiveness of management strategies implemented. This included review of the consumer’s nutritional assessment which was last updated in July 2021.

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

# STANDARD 3 COMPLIANTPersonal 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.

Requirement (3)(b) in this Standard was found Non-compliant following an Assessment Contact undertaken on 8 September 2020 where it was found the service’s processes relating to management and monitoring of blood glucose levels and wounds were not effective and a restraint authorisation did not include sufficient information relating to associated risks. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(b) met.

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 Requirement (3)(b) Compliant. I have provided reasons for my finding in the specific Requirement below

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers and representatives sampled considered that consumers receive personal and clinical care that is safe and right for them.

Consumer files sampled reflected individualised care that is safe, effective and tailored to the individual needs of consumers. Consumer files demonstrated appropriate management of diabetes, specialised nursing care needs, restraint, skin integrity and pain. A range of policies and procedures are available to guide staff practice and ensure best practice is achieved, and care and services provided optimise consumers’ health and well-being. Staff demonstrated familiarity with consumers and their care needs and indicated they were guided by policies, procedures, professional standards, and clinical experience to ensure care delivered was the best for each consumer. Representatives said they are kept well informed of issues or changes.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Clinical staff indicated they have access to palliative care specialists where required, however, very few consumers have advance care plans due to public guardians’ inability to make decisions on their behalf in relation to this aspect of care. Where consumers enter the palliative phase, most are transferred to hospital or supported to return to country for end-of-life care. Clinical staff demonstrated familiarity with cultural aspects of the consumer cohort at the end stage of life and described cultural needs and rituals, such as ‘sorry business’.

Where changes to consumers’ health are identified, care files demonstrated appropriate management of consumers’ care needs, consultation with representatives and timely referrals to Medical officers and/or Allied health professionals initiated. Additionally, where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated to staff.

Care files demonstrated 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. Care plans included care management strategies based on assessed needs and care plan consultations included feedback from representatives or public guardians. Representatives, including public guardians, said staff keep them well updated following reviews, changes or incidents

The service demonstrated minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection, and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.Progress notes for new consumers entering from communities included screening for infections and care plans identified consumer infections and precautions.

Based on the evidence documented above, I find Australian Regional and Remote Community Services Limited, in relation to Rocky Ridge, 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.*

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact undertaken on 8 September 2020 where it was found the service’s processes relating to management and monitoring of blood glucose levels and wounds were not effective and a restraint authorisation did not include sufficient information relating to associated risks. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, education provided to staff in relation to management of diabetes, wound charting and restraint minimisation, consent, and documentation processes; and reviewed all consumers to ensure application of restraint processes, including consultation with provision of consent.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.
* Consumers, representatives, and public guardians were satisfied with identification and management of consumers’ care.
* Consumer files demonstrated high impact or high prevalence risks are identified through assessment processes and individualised strategies for effective management are developed and documented in care plans to guide delivery of care. A range of validated assessments are used to identify risks, including in relation to malnutrition and pressure injuries.
* Consumer files demonstrated high impact or high prevalence risks are identified, planned for and addressed. Documentation demonstrated appropriate management of risks relating to diabetes, behaviours, restrictive practices and pressure injuries.
* Clinical and care staff described key risks for consumers and explained management strategies in alignment with consumers’ care plans.

For the reasons detailed above, I find Australian Regional and Remote Community Services Limited, in relation to Rocky Ridge, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

**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 COMPLIANTServices 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.

## The Assessment Team found overall, consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do.

Each consumer receives safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, well-being, and quality of life. Consumers agreed the service helps them to do what they want. Although care files sampled did not consistently include detailed information in relation to consumers’ needs, goals, and preferences for services and supports for daily living, staff demonstrated sufficient knowledge of consumers’ life experience, story and needs and preferences to enable them to talk about what each sampled consumer likes to do and what is important to each of them.

Consumers receive services and supports for daily living that support their emotional, spiritual, and psychological well-being. Activities are scheduled in accordance with the likes of consumers, and, where possible, activities scheduled provide consumers with meaningful activities to assist them in coping with being away from their communities and align with consumers’ culture. Staff described emotional and spiritual support provided to individual consumers which support their well-being and consumers provided feedback indicating staff know how to look out for them when they are sad.

## Consumers are provided with appropriate services and supports for daily living, including participating in their internal and external communities, doing things of interest them and maintaining social and personal relationships within the service and in the community. The service provides a culturally appropriate space for consumers and their representatives to gather outdoor areas and a transport support is available to assist consumers to maintain community contacts outside the service. Information relating to each consumers’ cultural and social relationship aspects are obtained on entry. Consumers’ country and language group is recorded and information gathered overtime as trust between consumers and staff is built, assists in development of a Life story. Consumers confirmed they feel supported to maintain community involvement, relationships and to do things that interest them.

## Consumer files demonstrated information about consumers’ condition, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely are referrals are initiated, in line with the intent of this Standard.

## Meals are prepared and cooked fresh on site in line with a menu which provides a variety of meals, including meals which meet the consumer’s cultural preferences. Food moulds are used to make textured meals more appealing and kitchen staff advised consumers receiving texture modified meals receive the same meal as consumers who do not need this. Dietitian reviews occur when the menu changes, and consumer feedback and consumption are used to monitor consumer satisfaction with meals provided. Care files reflected consumers’ dietary needs and/or preferences and there are processes to ensure these are known by staff, including kitchen staff. Consumers agreed the food is to their liking and were observed eating meals at a time that suited their preferences.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Reactive and preventative maintenance processes ensure equipment provided is maintained. Staff indicated they have sufficient equipment available to enable them to provide care and services to consumers.

Based on the Assessment Team’s report, I find Australian Regional and Remote Community Services Limited, in relation to Rocky Ridge, 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 COMPLIANTOrganisation’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.

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team observed the service environment to be welcoming and easy to understand, optimising each consumer’s sense of belonging, independence, interaction, and function. Consumer rooms are large and are personalised in accordance with consumer wishes. Corridors leading to common areas and consumer rooms were clear of clutter and equipment and there is adequate signage to guide visitors and others around the service. Common areas are provided within the buildings and large veranda areas provide opportunity for consumers to sit outside under shelter. The gardens contain large trees with suitable outdoor furniture scattered around encouraging consumers to sit outside. Consumers said even though they would prefer to live in their own community, the service is ok, they like living there and they are comfortable and well cared. Representatives said the service provides a living environment that enables consumers to enjoy outdoor areas as is their cultural preference.

The service was observed to be safe, clean, well maintained and comfortable. Consumers can move freely about most areas, both indoors and outdoors. Where environmental restrictions are required to be in place, staff can facilitate consumer movement between areas. Daily cleaning of consumer rooms and common areas occurs with high touch point cleaning performed regularly by all staff. Guidelines guide cleaning processes and include directives for the frequency and type of cleaning required. Reactive and preventative maintenance systems are effective in ensuring the living environment is well maintained. The service has established systems to ensure identification and management of environmental hazards and to manage emergencies, should they arise. Consumers indicated they were satisfied with the service environment, felt safe and can go outside when they want to.

Furniture, fittings, and equipment were observed to be safe, clean and well maintained and suitable for the consumers. Specialised equipment is provided for consumers who are assessed as requiring these and the service has a process for review and replacement of equipment. Staff indicated they have access to adequate equipment to support them in doing their work and receive training in how to use equipment. Consumers indicated they are comfortable and have sufficient, appropriate equipment available for their use

Based on the Assessment Team’s report, I find I find Australian Regional and Remote Community Services Limited, in relation to Rocky Ridge, 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 COMPLIANTFeedback 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.

The Assessment Team found overall, consumers and representatives sampled considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Due to cultural or cognitive barriers, formal feedback from consumers or representatives has been minimal, however, management undertake a walk around the service each morning to greet staff and consumers and receive feedback. Management indicated they receive feedback on issues and have found families are quick to speak up if they believe something is not right. Management keep an open door policy to encourage communication. Care and clinical staff said they are confident to raise issues on behalf of consumers and find management approachable and responsive to feedback. One consumer described the Service manager as a good man, stating if something were wrong, they would tell them.

There are processes to ensure consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Management described available advocacy groups and options for interpreters within the local community and public system and information is available to pass onto consumers or families if required.

There are processes to ensure appropriate action is taken in response complaints. A complaints log is maintained, and while the service has not had any formal complaints from consumers or representatives, management described actions taken in response to a recent anonymous complaint raised through an external complaints avenue. Management and staff demonstrated an understanding open disclosure and how this is relevant to the complaints process.

Feedback and complaints are reviewed and used to identify to improve the quality of care and services. While there has not been any recent complaints lodged or examples of where feedback had been used to improve the quality of care and services, management and staff demonstrated an understanding of this Requirement and how feedback and complaints data is used to identify opportunities for improvement. Documentation sampled relating to concerns raised by clinical staff, which included potential impact to consumers, demonstrated appropriate actions had been taken in response.

Based on the Assessment Team’s report, I find I find Australian Regional and Remote Community Services Limited, in relation to Rocky Ridge, 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 COMPLIANTHuman 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.

The Assessment Team found overall, consumers and representatives sampled considered that consumers get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. The service provides care to predominantly Indigenous consumers and is staffed by a mix of Indigenous and non-Indigenous staff. Staffing is reviewed in accordance with the acuity of consumers and feedback, observation of staff practice and incident reporting is considered in assessing staffing requirements. Planned and unplanned leave is effectively managed, and the skills and gender mix of staff is considered in preparing rosters. Care and ancillary staff said they have sufficient time to get their work done and consumers and representatives indicated the service provides sufficient staff to ensure care and services are delivered appropriately.

Staff interactions with consumers were observed to be kind, caring and respectful. Organisational policy documents provide guidance to staff in the use of inclusive practices and includes requirements for training of staff in cultural issues, the recognition of individual differences, contributions, and needs, and acknowledging and respecting cultural protocols. Staff spoke about consumers in a considerate and respectful manner which reflected consumers’ cultural identity and position within their community and demonstrated awareness of each consumer’s cultural needs. Consumers said staff are kind and look out for them and they understand their stories and treat them well.

The service demonstrated the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Where minimum qualifications are applicable to a role, credential checking is undertaken prior to commencement. Reference checks are undertaken for all new staff and agencies are responsible for ensuring staff provided under agency contract are suitably qualified for the role they are performing. Duty statements are available for each position and shift duty lists direct staff in all aspects of their roles. Staff confirmed they receive training which enables them to feel confident in their ability to undertake all aspects of their roles and consumers and representatives were satisfied with the skills and knowledge of staff.

There are processes to ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Orientation processes and ongoing professional development are undertaken by staff in all roles. Online learning is supplemented by toolbox training, with a mandatory training component required to be completed annually. Additional training is provided where an identified need occurs, and a corporate training calendar is implemented each year following a training needs analysis process to supplement staff skills and knowledge. Staff said they receive sufficient training to enable them to feel confident in their ability to perform their role.

The service has a staff performance framework which ensures staff performance is regularly assessed, monitored and reviewed. Staff performance appraisals are conducted annually, however, staff performance is monitored on a daily basis through observation of staff practice. Feedback processes, incident and complaint information also informs the staff performance management process. Where improvements in staff practice are identified, they are raised immediately with the staff member who is then supported to improve. Three staff members said they receive frequent feedback from management on things that are done well, or for areas needing attention and improvement.

Based on the Assessment Team’s report, I find Australian Regional and Remote Community Services Limited, in relation to Rocky Ridge, 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 COMPLIANTOrganisational 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 sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers, representatives and guardians are engaged in the development, delivery and evaluation of care and services through feedback processes, consultation and care and service review processes.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation is supported by a Board and a central Executive management team. Corporate lines of reporting are documented and available to consumers, staff, and other stakeholders. The Board is responsible for setting the strategic direction of the organisation and the provision of operational and governance support to the service. The Board and senior management oversee the service’s delivery of care and services to ensure compliance with the Quality Standards. Regular reporting is undertaken between the service, senior management and the Board to ensure appropriate oversight is maintained and key performance indicators are met.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services..

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. Staff stated they had been educated about the policies relating to these aspects and described how they implement these within the scope of their roles.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff were aware of organisational policies and procedures relating to these aspects and described how they implement these within the scope of their roles. Staff awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

In relation to Requirement (3)(e), the Assessment Team have noted Behaviour support plans for three consumers subject to chemical restraint did not meet the requirements of the *Quality of Care Principles 2014*. I have considered that the evidence presented in this Requirement does not demonstrate systemic issues with the organisation’s clinical governance framework. As such, I have considered this evidence in my findings for Standard 2 Ongoing assessment and planning with consumers Requirements (3)(a) and (3)(e).

Based on the Assessment Team’s report, I find Australian Regional and Remote Community Services Limited, in relation to Rocky Ridge, 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 Requirements (3)(a) and (3)(e)**

* Ensure staff have the skills and knowledge to initiate assessments and develop and/or update care plans in response to changes in consumers’ condition, health and well-being and incidents.
* Consumer care plans are updated and reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure care plans are reviewed in response to changes in consumers’ care and service needs and incidents.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.