Bangalor Retreat

Performance Report

27 Stott Street
TWEED HEADS WEST NSW 2485
Phone number: 07 5599 9803

**Commission ID:** 0604

**Provider name:** Temahl (AUST) Pty Ltd

**Assessment Contact - Site date:** 2 July 2020 to 3 July 2020

**Date of Performance Report:** 4 August 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 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** |  **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) |  Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) |  Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 22 and 27 July 2020.

# 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 Assessment Team found that consumers feel like partners in the ongoing assessment and planning of their care and services. Consumers stated they are involved in assessment and planning processers and most consumers were aware they can access their care plans

However, the service was unable to demonstrate that assessment and planning identifies and addresses consumers’ current needs including consideration of risks. Assessments are not consistently completed to determine consumers’ ability to safely reside in an environment that includes access to balconies. Further to this, care and services are not consistently reviewed when circumstances change or when incidents impact on consumers’ needs.

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

## 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 reported that assessment processes do not consistently determine a consumer’s risk of harm in relation to their ability to safely reside within the service’s environment. The Assessment Team’s report found consumers with cognitive impairment and/or mental health disorders including depression, had not had assessments completed that included a consideration of existing risks.

I acknowledge that registered staff are generally completing assessments in relation to health care needs. I note too that consideration of risk has been considered in assessment and planning for a consumer who is identified as being at a high risk of falls. However, assessments are not consistently completed for those consumers with cognitive impairment and/or mental health disorders to determine their capacity to reside within an environment that includes access to private and communal balconies of a multi-storey building.

The Assessment Team also brought forward information about risk assessment processes for consumers at the home with suicidal ideation. While the approved provider’s response states there are no consumers at the service with suicidal ideation the response does though identify there are consumers at the service with impaired cognitive function who are disorientated and confused, and who are adjusting to living in a new environment. Risk of harm (related to their ability to safely reside within the environment) was not consistently considered as an element of assessment and planning for those consumers when they entered the service.

The approved provider’s response states risk assessments have been completed for all consumers, including for those who have a diagnosis of depression, and actions have been taken to minimise risk. Additionally, a plan is in place to update all assessments and care plans over the next three months and staff are to receive education relevant to this specific requirement. While I acknowledge the actions that are being taken by the organisation, at the time of the assessment contact, risk of harm was not consistently considered as an element of assessment and planning for those consumers with identified impaired judgement and/or mental health disorders. I find this requirement is Non-compliant.

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### 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.*

Based on the information brought forward by the Assessment Team I am satisfied that care and services are not consistently reviewed for effectiveness when consumers’ circumstances change or when an incident impacts on the needs of the consumer.

The approved provider’s response in relation to one consumer who had experienced falls demonstrates their care was reviewed following a fall. However, I have also considered information under other requirements that provides evidence that consumers’ needs are not reviewed regularly or when there is an incident or a change in circumstances. For example:

* One consumer’s pain management regime was changed following a review by the doctor. The Assessment Team identified a pain re-assessment had not been conducted following this change in management. Information submitted as an element of the approved provider’s response identified the consumer continue to experience pain.
* The consumer referred to above had previously slipped from a recliner chair onto the floor and was observed to be slipping again during the assessment contact. Nursing staff advised the Assessment Team a risk assessment in relation to continued use of the recliner chair had not occurred following the initial incident.
* One consumer has recently experienced episodes of coughing at mealtimes. While a registered nurse had reviewed a previously completed swallowing assessment, no reference was made to ongoing episodes of coughing associated with eating and a review of current strategies to determine their effectiveness in managing the consumer’s swallowing difficulties was not initiated.
* The resident of the day process used to review consumer care and services has not consistently included a revision of wound care. The Assessment Team found nursing staff are not consistently reviewing and evaluating the effectiveness of wound care management.

In addition to the above examples, nursing staff told the Assessment Team care plan reviews, evaluations and reassessments are not being consistently completed when there has been an incident or a change in circumstances that impacts on the consumer, as they do not have sufficient time to attend to this.

The approved provider’s response states that a number of actions are being implemented to address the deficiencies identified by the Assessment Team. This includes the provision of staff education specific to this requirement, increased clinical supervision and the development of a schedule for assessment and care planning reviews. While I acknowledge the approved provider’s response, at the time of the assessment contact, care and services were not being regularly reviewed for effectiveness or following an incident or change in circumstances. I find this requirement is Non-compliant.

# STANDARD 3 NON-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 Assessment Team found that generally consumers considered that they receive personal care and clinical care that is safe and right for them; a small number of consumers or their representatives were dissatisfied with aspects of care. The needs, goals and preferences of consumers nearing the end of life are recognised and addressed and the organisation generally identifies and responds to a deterioration in the consumer’s condition or health status.

However, the Assessment Team identified deficiencies in the delivery of personal and clinical care. For example:

* Wound care documentation is not being consistently completed and information is not available to support effective wound management. Nursing staff are not undertaking regular reviews of wound care to determine the effectiveness of the wound care strategies.
* Staff have not consistently provided pain management in accordance with medical directives.
* Documentation to support consumers’ care needs is not sufficiently detailed to guide staff practice.
* Consumers are not consistently being referred to other health professionals in a timely manner.
* Staff practices are not minimising the risk of infection, particularly in relation to laundry processes.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team identified deficiencies in aspects of care including wound care, pressure area care, pain management and falls management. Some consumers interviewed reported dissatisfaction with the timeliness of care delivery and one consumer was dissatisfied with wound care. Staff reported difficulty completing their duties and this impacted on their ability to provide effective clinical and personal care. This has been considered further under Requirement 7 (3) (a).

Wound care

The Assessment Team found wound care delivery for two consumers is inconsistent, does not follow the organisation’s policies and the associated documentation is not sufficiently detailed to guide practice. Wound care documentation (including evidence submitted in the approved provider’s response) identified:

* delays in the provision of wound dressings
* inconsistent recording of wound characteristics
* inconsistent review and evaluation of the wound care being provided.

Senior nursing staff advised the Assessment Team that regular reviews of wound care was not occurring, and that wound care documentation is not accurate.

The approved provider states in its response that the variation in wound care treatment regimes is acceptable because staff are exercising their professional judgement. I am not persuaded by this argument as regular review and evaluation of the effectiveness of the wound care was not documented as occurring and a structured approach to wound care was not in place.

Falls management

The Assessment Team reviewed the care planning documentation for a consumer with a history of falls and a fracture (now deceased); it was identified the consumer had previously slipped from a recliner chair onto the floor. Care planning documentation did not demonstrate the recliner chair had been assessed as being suitable for the consumer and the care plan did not provide information to guide staff about supporting the consumer to remain upright. The Assessment Team observed this consumer poorly positioned (slipping) in a recliner chair with their back arched and in discomfort.

Pain management

The Assessment Team found that for the consumer referred to above, pain management was not provided in accordance with the doctor’s directives or when the consumer was in pain. The approved provider’s response includes documentation which identifies the consumer regularly experienced pain during the delivery of wound care up until the time they died.

The Assessment Team observed poor practice. They observed a consumer who had been incontinent of urine with their clothing visibly soiled, seated in a communal area in the presence of staff. The Assessment Team observed the consumer remained in this situation for at least 30 minutes before being attended.

The approved provider states in the response it has commenced actions to address the deficiencies identified by the Assessment Team during the assessment contact including:

* a revision of practices relating to wound care,
* a schedule for the review of assessment and care planning documentation has been developed and allocated to staff; (the review will address aspects of clinical care including pain management, skin integrity, falls management and wound care,
* increased clinical supervision and monitoring has commenced (including in relation to wound care and associated documentation), and
* the provision of staff education regarding the completion of clinical documentation.

While I acknowledge the actions taken by the approved provider, I remain of the view that consumers have not received care that is tailored to their individual needs or optimises their health and well-being. I find this requirement is Non-compliant.

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

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

I have considered the Assessment Team’s findings under this and other requirements, and am satisfied the organisation has not effectively managed high impact or high prevalence risks. High impact and high prevalence risks are not consistently being identified, assessed and managed in order to minimise potential harm to consumers. Evidence considered includes:

Complex behaviour management

* For two consumers with complex behavioural care needs, care plans do not include non-pharmacological strategies to minimise these behaviours or to support consumers. Registered staff reported to the Assessment Team they are not consistently able to review care delivery for consumers following a behavioural incident and this was confirmed by the Assessment Team.
* A staff member who cares for one of these consumers was not aware of a behaviour management care plan and the representative for the consumer expressed dissatisfaction with the care provided.
* The approved provider’s response states staff can review behaviour charts to identify and utilise strategies that have been successfully reported by others. I am not persuaded by this argument as effective behaviour management requires a detailed assessment of the individual and the behaviours to determine potential strategies and interventions. Strategies in place need to be evaluated to determine their effectiveness.
* Consumers with cognitive impairment, depression and other mental health disorders have not had risk assessments completed to determine their ability to reside safely in an environment where they have access to communal balconies. A staff member advised the Assessment Team they had observed a consumer (with dementia) leaning over the balcony railings in an unsafe manner. While management advised the Assessment Team that risk for consumers is considered on entry to the service and a risk management plan was provided, evidence that this was occurring was not provided to the Assessment Team.

Managing risks of choking

* Staff do not consistently provide the care required to a consumer with a high risk of choking. The consumer requires one on one physical assistance during all meals to ensure strict swallow precautions are adhered to. However, the Assessment Team identified in progress notes staff have provided minimal assistance to the consumer with their meal.

Managing pain

* The Assessment Team observed two consumers who were poorly positioned in their chairs causing the consumers discomfort. Both consumers were observed to have slipped down in their chair; legs and feet were not supported and were hanging from the elevated footrest. For example:
	+ Staff working in the area did not attend to one of these consumers for 30 minutes. Staff attending to the other consumer did not respond to the consumer’s discomfort and did not reposition the consumer appropriately.

The approved provider is undertaking the following actions to address the deficiencies identified by the Assessment Team:

* a schedule for the review of assessment and care planning documentation has been developed,
* increased clinical supervision and monitoring has commenced, and
* the provision of staff education regarding the completion of clinical documentation.

While I acknowledge the actions taken by the approved provider, I remain of the view that high impact, high prevalence risks are not being effectively managed for each consumer. I find this requirement is Non-compliant.

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

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

The Assessment Team found the needs, goals and preferences of consumers nearing the end of life are not consistently recognised and addressed. The Assessment Team provided evidence relating to inconsistent documentation and care planning for one consumer who was in the terminal phase of their life.

Based on the information brought forward by the Assessment Team and the information in the approved provider’s response I have come to a different view to the Assessment Team for the following reasons:

* I accept the consumer identified by the team is not in the terminal phase of their life and the representative for this consumer was very satisfied with the care provided.
* Consumers generally complete a Statement of Choice in relation to their end of life wishes on entry to the service and where an Advance Health Directive is completed, copies are held by the service.
* Staff could describe care they deliver to consumers who are nearing end of life.
* The organisation states they have policies relevant to this specific requirement and provided excerpts from their ‘End of Life’ policy.

For the reasons detailed above I have decided this requirement is Compliant.

### 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) Non-compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

The Assessment Team found documentation including progress notes, care plans and wound documentation do not consistently contain sufficient information to support the effective delivery of care. This is evidenced by:

* Documentation relating wound care is inconsistent, inaccurate and does not support wound management. There is no evidence that wound treatment regimes are consistently reviewed and evaluated for effectiveness.
* Risk management strategies for consumers with cognitive impairment, depression and/or other mental health disorders who have access to balconies, are not documented.
* Behaviour management strategies to minimise complex behaviours are not documented in a care plan.
* Strategies to support consumers to remain upright when seated are not consistently documented and are not understood by staff.

The approved provider’s response states staff refer to progress notes to identify strategies to support care delivery or receive information verbally. I accept that progress notes and verbal information are an important source of information, however strategies to achieve health and wellness outcomes need to be reflected in a care plan to ensure consistency of care and this has not consistently occurred at the service.

The approved provider has taken action to increase clinical monitoring and supervision. Processes have been reviewed to ensure assessment and care planning is completed on an ongoing basis. All staff, including registered staff are receiving education in relation to documentation.

While I acknowledge the actions taken by the approved provider, for the reasons detailed above, this requirement is Non-compliant.

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

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

The Assessment Team found referrals to allied health professionals do not occur in a timely manner. This is evidenced by information specific to this requirement and other requirements; for example:

* One consumer did not experience timely referrals to allied health providers in relation to their swallowing, weight loss or wound care as evidenced by:
	+ The consumer presented with a cough and possible aspiration and was referred to a speech pathologist by the medical officer; three months later, this had not occurred.
	+ The consumer has multiple complex pressure wounds, the Assessment Team identified that a wound care specialist had not been involved in the management of the wounds. While staff said the consumer was not able to attend a wound care specialist, the approved provider in its response has not provided information about other strategies/actions the service implemented to access specialist support for this consumer’s wounds.
	+ The consumer experienced a significant weight loss over a three month period; progress notes (including those included in the approved provider’s response) identify staff had documented throughout this period concerns relating to diminished oral intake. However, referral to a dietician did not occur in a timely manner.
* One consumer with cognitive impairment, entered the service and on the following day voiced suicidal thoughts. The approved provider states the consumer was seen by a medical officer on the day of arrival at the service however no evidence was provided to support a timely medical review of the consumer’s mental health occurred in response to this incident.

The approved provider’s response identifies actions are being taken to improve referral processes. While I acknowledge this, at the time of the assessment contact consumers were not consistently referred to allied health professionals in a timely manner. I find the requirement is Non-compliant.

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

The Assessment Team found the organisation has processes to promote appropriate antibiotic prescribing and use. An influenza vaccination program is in place for staff and consumers. Staff generally have an understanding of strategies to minimise the spread of infection and the Assessment Team observed staff practising good hand hygiene.

However, the Assessment Team observed poor infection control practices in:

* the processing of soiled/contaminated laundry, and
* cleaning and hygiene practices in one communal bathroom.

Staff reported to the Assessment Team that consumers’ washing/personal laundry is to be collected and processed on a daily basis however they advised this is not consistently occurring and that soiled laundry can be left for a number of days before being collected. A consumer confirmed delays in laundry collection.

The service analyses infection control data on a monthly basis and the approved provider’s response provides additional information about consumer infections identified by the Assessment Team. The approved provider states that immediate action has been taken to improve infection control, including laundry processes. For example:

* laundry practices are being reviewed including procedures for soaking of soiled clothing, use of laundry bags, collection and return of laundry;
* infection control education is being provided to staff and those consumers who choose to manage their own laundry.

I acknowledge the service has an infection control program and that the service is addressing the deficiencies in staff practices. However, at the time of the assessment contact an effective infection control program was not being maintained, particularly in relation to laundry practices. I find the requirement is Non-compliant.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Overall, consumers confirmed that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers/representatives interviewed confirmed that they are supported by the service to do the things they like to do to optimise their independence, health, wellbeing and quality of life.
* Consumers/representatives confirmed that consumers are supported to keep in touch with people who are important to them, and are supported in their emotional and spiritual care, interests and social and personal relationships.
* Consumers interviewed advised that they like the food and new menu. Consumers stated they discuss food at their meetings with management and feedback any likes or dislikes on the menu.
* Consumers described how they are supported to participate in leisure activities, maintain relationships and access to the community.
* The Assessment Team observed lifestyle supports to be sufficient and appropriate for consumer’s wellbeing, participation and inclusion.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### 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 NON-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 Assessment Team found consumers generally feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers confirmed they feel safe living at the service and they can freely access indoor and outdoor areas.
* Consumers confirmed their visitors are welcome in the service and they enjoy having various areas where they can sit comfortably.
* Consumers confirmed that the service is clean and generally well maintained.
* The Assessment Team observed the environment to be calm and welcoming, with maintained gardens.

However, the service was not able to adequately demonstrate that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

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

## Assessment of Standard 5 Requirements

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

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

### 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) Non-compliant

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

The Assessment Team found furniture, fittings and equipment are not consistently safe, clean and well maintained. The Assessment Team made the following observations:

* a mechanical lifting device in use by a consumer was rusting,
* outdoor fittings and furniture were not consistently well maintained, were unsuitable for consumers and were not in good repair.

The approved provider’s response states a number of actions have commenced to address the deficiencies brought forward by the Assessment Team. These include:

* the maintenance schedule is being reviewed,
* increased staffing hours specific to maintenance and gardening,
* where appropriate, furniture and equipment has been repaired or replaced, and
* staff education specific to this requirement has been conducted.

While I acknowledge the actions taken by the approved provider, at the time of the assessment contact, furniture, fittings and equipment were not safe, clean and well maintained. I find the requirement is Non-compliant.

# STANDARD 7 NON-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 Assessment Team did not assess all requirements specific to this Standard, however, Requirement 7 (3) (a) was assessed.

The Assessment Team found that the organisation does not ensure the number and mix of staff supports the delivery and safe and quality care.

The Assessment Team observed staff failing to attend to consumers in a timely manner and staff reported difficulties in completing aspects of their role.

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

## Assessment of Standard 7 Requirements

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

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team found that consumers are not consistently receiving safe, quality care.

Registered nurses including management staff advised the Assessment Team, they do not have sufficient time to complete their duties and this has impacted areas such as wound management, assessment and care planning and timely referral processes.

The Assessment Team brought forward evidence under Standard 2 and Standard 3 that demonstrates there are insufficient staff to effectively assess, plan and coordinate safe quality services. For example, the Assessment Team identified:

* Wound care documentation is inconsistently completed, is inaccurate and is not regularly evaluated for effectiveness.
* Re-assessments are not consistently occurring when circumstances change or when an incident impacts on the consumer.
* Risk assessments have not been completed to determine the capacity of consumers to reside safely in their environment.
* Referral processes have not been timely.

While consumers generally reported satisfaction with staff responsiveness to their needs, the Assessment Team observed instances where consumers experienced delays that impacted on their dignity, their safety and the overall quality of care. For example the Assessment Team observed:

* Consumers positioned poorly in chairs causing them discomfort; in one
* instance a consumer was incontinent and visibly soiled in a communal area. While staff were present in the area, the consumer was left in this state for at least 30 minutes.
* One consumer approach staff to advise she had been requesting assistance with showering for more than 20 minutes. The consumer was initially told staff would be available to assist in approximately an hour.

Two consumers advised the Assessment Team they experienced delays in staff attending to them and one member of the care staff reported difficulties in completing personal cares including the provision of hygiene cares.

The approved provider in its’ response states that care hours have not been reduced. It is however seeking feedback from staff to inform a review of staffing and staff are to be provided with education about their role and responsibilities. I note the approved provider’s response does not include information as to how the organisation was monitoring workforce levels and skills mix at the time of the assessment contact to ensure the delivery of safe and quality care.

I acknowledge the actions being taken by the approved provider, however at the time of the assessment contact there were insufficient staff to meet consumers’ needs. I find the requirement is Non-compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* The organisation must demonstrate risk of harm is considered as an element of assessment and planning for all consumers including those with identified impaired judgement and/or mental health disorders.
* Care and services are to be reviewed regularly and when circumstances change or following an incident.
* The organisation is required to ensure each consumer receives care that is tailored to their needs and optimises their health and well being including: wound care, falls management and pain management.
* The organisation is required to ensure high impact, high prevalence risks for consumers, including in relation to complex behaviours, swallowing and cognitive impairment are identified and addressed.
* Care plans and associated documentation must accurately reflect consumers’ current care needs in all aspects of care including risk, wound care and behaviour management.
* The organisation is required to demonstrate consumers are referred to health professionals and providers of other care and services in a timely manner.
* The organisation is required to demonstrate infection-related risks, particularly in relation to laundry practices are minimised.
* The organisation is required to demonstrate furniture, fittings and equipment are safe, clean and well maintained.
* The organisation is required to demonstrate there are sufficient staff to ensure the delivery of safe and quality care and services.