Baptistcare William Carey Court

Performance Report

450 Bussell Highway
BUSSELTON WA 6280
Phone number: 08 9752 8300

**Commission ID:** 7267

**Provider name:** Baptistcare WA Limited

**Site Audit date:** 14 February 2022 to 16 February 2022

**Date of Performance Report:** 1 April 2022

# Performance report prepared by

Alice Redden, 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** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 21 March 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

Consumers interviewed said that they are treated well, with thoughtfulness and respect and staff value them, their individual identities, culture and diversity. They confirmed they are supported in their spiritual needs and to do things they want to do, such as attending church services. Sampled consumers and representatives said that consumers can make their own choices about how their care and services are delivered, and they are supported to communicate those choices. Consumers gave examples of care preferences they had expressed and how they are supported to make and maintain connections and relationships of their choice.

The service demonstrated they support consumers to take risks, and assessments are completed to identify and mitigate those risks. Consumers described, for example, being supported to leave the service independently, to have a glass of wine with dinner and to keep pets in their room. Staff knew the risks sampled consumers want to take and how they are supported to do so safely. Consumers and representatives said they receive clear and timely information they need to make informed choices about their care and activities they want to attend.

Staff demonstrated their knowledge of and respect for the sampled consumers, their identities and their personal preferences. Staff knew sampled consumers’ cultural, religious and personal interests and preferences, such as their religious persuasions, favourite sporting teams and pastimes. Interviewed staff outlined the key relationships for sampled consumers and how those relationships are supported in the service. Staff described established processes the service uses identify, record and disseminate information about consumer preferences. Interviewed staff outlined how they support consumers with communication difficulties to express their needs and preferences, and how personal privacy and confidentiality is protected at the service. Assessment Team observations confirmed consumer privacy is protected in staff interactions.

Documentation review and other observations demonstrated the service has established policies, procedures and training which support staff to service consumers in a culturally safe manner and to respect their dignity, choices and diversity. Care plans document consumer preferences, background and spiritual identities and described their choices and preferences for lifestyle activities, social and emotional needs. Consumers’ important relationships were also recorded in care plans. The Assessment Team observed information about daily activities, menu options and other services displayed throughout the service.

## 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 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

Consumers and their representatives confirmed they feel involved in the initial and ongoing assessment and planning of their care and services. Consumers and representatives considered they are kept informed of outcomes of assessment and planning, with those sampled confirming they participate in care conferences, make planning decisions and receive information and updates via emails, phone calls and through direct discussion with staff. Sampled consumers described receiving regular updates from medical officers and registered staff, and discussing their specific care needs and preferences with staff as needed.

The service has established assessment and planning processes to ensure consumers’ care and services are suitable, safe and effective. The service uses clinical assessment tools and has clinical guidelines to inform comprehensive assessments for each consumer on admission. The results of assessments are documented in care plans and these are reviewed for effectiveness bi-annually, in response to changes in consumer condition or when incidents impact on needs. Consumer care plans are available to consumers, representatives and those involved in delivering care and services. The service monitors clinical indicators including skin integrity, falls and pressure injuries and report to the governing body against these indicators.

Consumer care planning showed that other health professionals are involved in planning and assessment where required and that consumers’ current needs, goals and preferences are recorded and available to those providing care and services. Care plans evidenced that current risks to consumers’ health and well-being are considered, assessed and used to inform delivery of care and services. Consumer care plans also evidenced that the service proactively engages consumers and their representatives in discussion about their end of life wishes when the consumer wants to. Staff interviews demonstrated understanding of how care and service delivery changes for consumers nearing the end of their life.

Interviewed staff understood sampled consumer needs, how assessment outcomes inform care plans and how those outcomes are communicated to consumers and their representatives. Staff outlined the care plan review process, and how changes are communicated to those involved in and responsible for delivery of care and services.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

### 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) 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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

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

The Assessment Team recommended Requirement (3)(g) not met. However, my finding differs from the recommendation and I find the service is compliant. Reasons for my finding are detailed in the relevant Requirement below.

Consumers and representatives said that their personal and clinical care needs are met by the service. Sampled consumers with chronic pain confirmed the service manages their needs appropriately. Consumers and representatives confirmed they receive the referrals they need in a timely manner and that relevant information is communicated to those involved in care.

The service demonstrated they have established systems and processes to guide staff as they deliver and manage care and services in relation to restraint, skin integrity and wound, pain and falls management. Evidence based assessment tools are used and results recorded in assessment and planning documentation. Sampled care planning documentation identified key risks for consumers and related risk management strategies, while end of life needs, goals and preferences were recorded in care plans in accordance with service policies and procedure for end of life care.

Care planning documentation and staff feedback aligned with service policies and procedures, to demonstrate the service recognises and response to consumer deterioration in a timely manner. Examples of the service responding appropriately to sudden and progressive deterioration were identified. Sampled care plans contained relevant information about consumer condition, needs and preferences, to support care and service delivery of both internal and external members of the care team. Timely referrals to a range of professionals, services and organisations were documented in sampled care plans.

Staff interviews demonstrated that consumer needs, preferences and significant risks are known to them, and staff monitor and manage clinical risks in line with care plans, service policies and procedures. Management and staff knew the high impact and high prevalence risks for the service, the strategies to manage them, procedures for reporting incidents and how the service monitors clinical risks. Staff outlined how handovers support dissemination of information about risks, needs and consumer preferences, and were able to describe how end of life care is delivered for consumers at the service. They knew where to access information about end of life preferences. Interviewed staff outlined how they respond to consumer deterioration and the policies and procedures they rely on to guide them in their practice.

Staff described how information sharing occurs with external services and how information about changes in care needs are shared with consumers’ medical officers and representatives, for example.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

### Requirement 3(3)(f) Compliant

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

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team observed mixed practices in relation to hand hygiene during the Site Audit. Relevant (summarised) evidence included:

* A food service trolley in one wing had no hand sanitiser attached and the carer was not practising hand hygiene before and after delivering food to consumers. After the issue was raised with management, hand sanitiser was added to the trolley, along with a reminder notice for staff.
* A corridor in one wing was found with only one hand sanitiser station, whereas corridors in other wings had two stations. Management addressed the issue by installing an additional station in the corridor.
* Consumers in one wing were observed not to have their hands washed prior to eating lunch. A carer reported that this was the usual practice. The issue was raised with management who confirmed they would investigate the matter.

The Assessment Team outlined other evidence which I have not considered in my decision. The remainder of the evidence put forth by the Assessment Team reflected compliance with this requirement.

In their response, the Approved Provider disagreed with the Assessment Team’s recommendation, and argued that:

* Most of the evidence and observations outlined by the Assessment Team indicated the service is compliant with the Requirement. The response listed numerous examples of standard and transmission-based precautions identified by the Assessment Team which, they argued, demonstrates the service has systems in place to prevent and control infection.
* The Approved Provider’s response acknowledged the observation about consumer handwashing, however noted they do not have a practice of auditing or supervising consumers in their handwashing. They considered this would be contrary to consumer dignity and choice, and noted it is the consumer’s choice to wash their hands or not. The response noted consumers may have washed their hands in their rooms prior to attending the dining room. The Approved Provider undertook to put the issue to consumers at an upcoming meeting, and to provide further reminders about the importance of hand washing to protect against COVID-19 and other infections.
* The response also outlined some inconsistencies in other evidence presented by the Assessment Team, which I have not outlined as it is irrelevant to my decision.

Having regard to the evidence and information put forth in the Site Audit Report and the Approved Provider’s response, I disagree with the Assessment Team’s recommendation and find the service to be compliant with this Requirement, for the following reasons:

* I have taken note of the Assessment Team’s evidence which shows the service has implemented systems and procedures to ensure standard and transmission-based precautions against infection are used at the service.
* I also note the Assessment Team’s findings that the service has effective antimicrobial stewardship strategies in place and an IPC lead who uses random spot checks and routine hand hygiene audits.
* I am satisfied with the Approved Provider’s response to the Assessment Team’s findings and hand hygiene observations. I am also satisfied with the steps they are taking to encourage hand hygiene amongst consumers, whilst respecting consumer dignity and choice.
* The remaining relevant evidence put forth by the Assessment Team (relating to observed lapses in hand hygiene for one carer, one missing hand hygiene station and a sanitiser bottle missing from a food trolley) whilst reflective of non-compliance, are not of enough weight to displace the remaining evidence of good practice identified by the Assessment Team.

For the reasons outlined above, I disagree with the Assessment Team and find the service to be compliant with this Requirement.

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Most consumers and representatives sampled considered the service provides the services and supports for daily living they need to optimise their independence, health, well-being and quality of life. Consumers described their enjoyment of the musical singalong activity and group games; however, it was noted by two consumers that there were limited options in terms of things to do at the service and for those living with a vision impairment.

Consumers confirmed their spiritual, emotional and psychological well-being are met and the service supports them to maintain their valued relationships inside and outside the service. The majority of sampled consumers considered the service properly communicates their needs throughout the service and with others sharing in care, however two consumers outlined incidents where their expressed needs had not been met by staff. Consumers confirmed there is a hairdresser who regularly visits the service and said the equipment they use for daily living is appropriate, clean and well-maintained.

Consumers were mostly satisfied with the meals served and noted they had improved with the arrival of a new chef. Kitchen staff described how dietary requirements are recorded and the rotating, seasonal menu that contains options for consumers to select from.

The service demonstrated there are effective systems in place to identify and document information that supports consumer wellbeing, independence and quality of life. Care plans documented consumers’ favoured pastimes, life stories, community activities, as well as strategies for supporting consumer emotional, spiritual and psychological well-being. Care plans also evidenced a range of allied health professionals involved in daily living care and support, including a podiatrist. Management and staff described recent referrals that had been made to other services.

Interviewed staff knew what sampled consumers value, their hobbies and lifestyle support needs and described how they use the Electronic Care Planning System (ECMS), handover notes and clinical meetings to stay abreast of consumer needs. Sampled staff explained how consumers are supported to live their best life, do things that interest them and partake in community activities inside and outside the service. Staff described how they provide individual emotional support when needed and said the service assesses consumer lifestyle needs and evaluates the lifestyle program using consumer feedback to do so.

## Assessment of Standard 4 Requirements

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

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

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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

Sampled consumers said they feel safe and comfortable living in the service. Consumers and representatives mostly considered the service environment is clean and well maintained, however one representative considered otherwise. Interviewed consumers confirmed they have access to furniture, fittings and equipment that are safe, suitable, clean and well-maintained.

Observations showed that consumer rooms, common areas, equipment, furniture and fittings were clean and maintained, consumers had personalised their rooms and the service has signage around the service to assist consumer independence and navigation. Outdoor areas and gardens were tidy, accessible and had shaded seating areas and walkways. Mobility equipment was located near to consumers who needed them. Consumers can move about the service freely.

The service has a preventative and reactive cleaning program in place and cleaning staff said they generally have enough time to clean allocated rooms. There is also a preventative and reactive maintenance program in place, and staff could explain how it operates.

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

Consumers and representatives confirmed they know how to lodge complaints and give feedback to the service. Consumer and representatives said they were also aware of external ways to make complaints, however all felt comfortable and safe to raise complaints with management and staff directly, or through feedback forms. Consumers said management addresses their concerns when complaints are made, and consumers provided two food-related examples of times when complaints were resolved by the service, to their satisfaction.

The service demonstrated there is timely and appropriate follow up and response to complaints. There is an effective system for managing written complaints, feedback form responses, and resident and relative meeting suggestions, which are recorded in the complaints register records along with the actions taken in response. It was noted there is a different process for responding to verbal complaints which are recorded in consumer progress notes and actioned immediately, with escalation to management for investigation and follow up. There was no identified impact because of the different handling of verbal complaints.

The service demonstrated complaint trends are identified and used to improve services, with any actions taken being subject to later evaluation by the service.

Staff and management described how consumers can provide feedback and lodge complaints, and the processes used to respond to them, which include open disclosure principles. Staff outlined how they support consumers with communication difficulties to lodge complaints and described how they would support consumers to use external complaints and advocacy agencies if needed.

Observations showed that consumers and representatives have access to advocate and complaints information, which was displayed around the service. Feedback forms and suggestion boxes were also observed, encouraging consumers and representatives to make complaints and provide feedback.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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

The Assessment Team recommended Requirement (3)(a) not met. However, my finding differs from the recommendation and I find the service is compliant. Reasons for my finding are detailed in the relevant Requirement below.

Consumers mostly said that staff are caring, kind and respectful although one consumer considered otherwise. While consumers were generally satisfied and confident that staff have the skills needed to perform their roles, it was noted that staff require further training to provide effective care to consumers with vision impairment. Consumers were generally unsatisfied with the knowledge and skills of agency staff.

Staff and management interviews demonstrated the service monitors workforce interactions with consumers, relying on observations, formal and informal feedback to do so. Staff competency is determined through consumer feedback, completion of learning modules and observation of staff practice. Staff must have the relevant qualifications and experience to gain employment, including Australian Health Practitioners Regulation Agency registrations for registered nurses.

Management outlined that specific staff training needs are identified through performance reviews, observations and consumer feedback, and this was reflected in performance appraisal documentation. The service, supported by the organisation, monitors staff training completion and follows up as needed. The staff training register showed a range of relevant courses and the service also uses a standard onboarding process for new staff, including buddy shifts until the new staff member is confident to work independently. Serious Incident Reporting Scheme (SIRS) training has been provided, and document review of incident reports, progress notes, care plans and policies and procedures indicate that incidents are properly managed and learned from.

New and established staff have regular performance reviews. Probation reviews occur after six months and performance appraisals occur annually. Staff confirmed being involved in performance appraisals, which were reported by management to be slightly behind schedule but being rapidly brought up to date. Management outlined the service’s blame-free culture and noted that mistakes are addressed with additional training and buddy shifts. Staff are encouraged to speak up about mistakes. Performance issues, where identified, are followed up by management.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

The Assessment Team recommended not met on the basis of the following relevant (summarised) evidence:

* Feedback from six of fourteen consumers indicated that at times, the service does not have enough staff deployed to deliver and manage safe and quality care and services. For example, one consumer reported not being able to use the bathroom when needed while a representative said the service is understaffed.
* Three staff members interviewed during the Site Audit said they do not always have enough time to provide individual attention or emotional support as they would like. For example, one registered and one clinical staff member considered there is a staff shortage, while a carer said there had been problems with staffing levels in the past, but further recruitment had led to improvements.
* The service had received complaints about staffing levels and was making efforts to recruit more staff, including cash incentives for referrals and traineeships. Despite this, management estimated two unplanned leave shifts would go unfilled per week.
* Management said that formal analysis of call bell response times is not regularly carried out.
* From November 2021 to January 2022, 927 call bells were answered in greater than 15 minutes, representing 1.8% of total call bells rung in the period.
* A recent medication incident form noted that understaffing had contributed to the mistake. No consumer impact was noted.

In their response, the Approved Provider disagreed with the Assessment Team’s recommendation, but acknowledged some of their findings. In summary, the response:

* Acknowledged staffing as an ongoing critical issue for the industry, particularly in regional areas, such as Bussleton.
* Outlined how the service addresses staff shortages by extending shifts, using floating shifts and by adjusting the roster in response to consumer needs.
* Stated that the organisation has a structured approach to recruitment and retainment of staff, as well as roster management.
* Provided call bell data for the period November 2021- January 2022. The data showed that on average during the period, 86.4% of call bells were responded to within five minutes, while just 1.3% of bells were answered in greater than 15 minutes.
* Argued that the medication incident described by the Assessment Team was the result of a miscommunication between registered staff and there had been enough clinical staff on shift at the time. The medication incident form was provided with the response. It noted understaffing as a contributing factor but also noted the improvement action taken to be the “clearer delineation of tasks between RNs and ENs.”
* Noted that the majority of consumers and representatives interviewed by the Assessment Team said they are generally satisfied with the quality of care and services.
* The response did not address the staff evidence regarding understaffing.

Having regard to the evidence and information put forth in the Site Audit Report and the Approved Provider’s response, I disagree with the Assessment Team’s recommendation and find the service to be compliant with this Requirement, for the following reasons:

* Call bell response data indicates most call bells at the service are answered within 5 minutes.
* While the medication incident form identified understaffing as a contributing factor, there was no identified impact to the consumer and I accept the Approved Provider’s argument that the incident was minor.
* I acknowledge the mixed consumer feedback provided by the Assessment Team, however I note that two of the consumers quoted specifically stated they consider the service has enough staff.
* The remaining consumer and representative examples illustrated few specific impacts to consumers because of staffing levels. The impacts that were identified were not sufficient to support a finding that care and services delivered are unsafe or of poor quality.
* Three consumer/ representative comments included did not contain enough contextual information to find that they were evidence of non-compliance.
* The majority of consumers interviewed by the Assessment Team said they were generally satisfied with care and services received.
* The majority of staff interviewed by the Assessment Team did not report understaffing at the service and of the three negative staff feedback examples included in the Site Audit Report, one noted that there had been recent improvements in staffing levels. The other did not specify any risk or detrimental impact to consumers as a result of staffing.
* The service is taking concrete and creative steps to address recruitment challenges that are being experienced in the industry at present.
* I have considered information provided in relation to Standard 8, where it was noted that accommodation shortages in the regional location made attracting staff to the area difficult, and I have taken this barrier to recruitment into consideration in my decision.

Having regard to the evidence, I find that on balance, there is insufficient evidence to demonstrate inadequate staff or incorrect mix of staff at the service. While there was a trend in consumer and staff interviews, these views did not represent the majority of interviewees. There was no significant detrimental impact to consumers identified in feedback and call bell data reflects that rostering practices at the service are effective. As a result, I do not agree with the Assessment Team’s recommendation.

For the reasons outlined above, I find the service to be compliant with this Requirement.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

Consumers and representatives interviewed confirmed they are engaged in the development, delivery and evaluation of care services. They provided specific examples of improvements made at the service as a result of their input, including installation of a shade sail and a tap and hose for use in the garden. The service elicits consumers’ perspectives through meetings, regular surveys, feedback forms and case conferences.

There is cascading authority from the governing body down through levels of management to the service. Monthly reporting is directed to the regional manager, with the service reporting about audits, complaints management, clinical indicator monitoring, infections rates and adverse events, including reportable and notifiable incidents. Management noted the organisation’s Chief Executive Officer visits the service to talk with staff and consumers and the governing body promotes it accountability for service delivery. The governing body satisfies itself that the Quality Standards are being met through six weekly board meetings. The organisation uses learnings from other sites to inform decision-making at the governing body level. Management gave a specific example of action taken by the governing body to ensure readiness in the event of outbreaks at the service.

The Assessment Team found the service’s governances systems were effective, including in relation to Information Management, Continuous Improvement, Financial Governance, Workforce Governance and Regulatory Compliance. Information set out in relation to Standard 6, as well as in the current Standard, demonstrated that there are established and effective Feedback and Complaints governance arrangements in place.

The service has a documented risk management framework, which encompasses the management of high impact and high prevalence risks, consumer abuse and neglect, incident management and consumer quality of life. The Assessment Team found that staff understood the policies, procedures, training and tasks which underpin the risk management framework, and they demonstrated their understanding with specific practice examples. The Assessment Team noted the use of an incident management system at the service and that restraints at the service are used in accordance with legal requirements.

The service has a documented clinical governance framework which includes policies and procedures relating to antimicrobial stewardship, minimising the use of restraints and open disclosure. The organisation employs an antimicrobial stewardship lead and staff demonstrated their knowledge of the concept and strategies used to practice it at the service. Staff demonstrated their understanding of open disclosure and understood the import of recent changes in the law governing the use of restrictive practices. The service’s use of restraints was found to be compliant by the Assessment Team.

## 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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.