Bethanie Waters

Performance Report

18 Olivenza Crescent   
PORT KENNEDY WA 6172  
Phone number: 08 9593 9300

**Commission ID:** 7276

**Provider name:** The Bethanie Group Incorporated

**Site Audit date:** 8 March 2021 to 10 March 2021

**Date of Performance Report:** 13 May 2021

# 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 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-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) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 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 31 March 2021.

# STANDARD 1 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Most consumers said that their personal privacy is respected and that felt confident their personal information is kept secure. Consumers said they felt supported to maintain relationships and connections and are supported to take risks. The service demonstrated that consumers are supported to exercise choice and independence in regards to how care and services are delivered.

Some representatives interviewed said that consumers’ respect and dignity are not always maintained and expressed concerns that lack of attention to personal care impacts negatively on consumer dignity. A consumer and their representative expressed concerns that services are not always delivered in a culturally safe way.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The Assessment Team found that the service was unable to demonstrate that each consumer is treated with dignity and respect and their identity valued. The Assessment Team reported that a consumer’s dignity was compromised due to not receiving personal and hygiene care that demonstrated respect and incidents where this consumer’s dignity was negatively impacted due to having to wait prolonged periods to have incontinence aids changed.

The Assessment Team reported that some consumer representatives expressed concerns that consumer dignity had been negatively impacted due not being dressed appropriately and attention not provided to personal appearance. The Assessment Team observed staff using disrespectful language to refer to consumers who required assistance with eating and staff speaking loudly discussing the mobility and care needs of a consumer.

The approved provider response did not refute the findings of the Assessment Team and generally acknowledged there were areas of improvement which they endeavour to address.

I find this requirement Non-compliant.

### Requirement 1(3)(b) Non-compliant

*Care and services are culturally safe.*

The Assessment Team found that the service has a culture and diversity policy which aims to ensure that all consumers’ cultural needs are catered for and that staff have received cultural awareness training. However, the Assessment Team found that this does not always occur in practice and consistent with the organisational policy. The Assessment Team found that not all consumers’ cultural needs are considered to ensure that care and services are delivered in a culturally safe manner.

For one consumer from a non-English speaking background the consumer and their representative confirmed that the consumer has become sad and lonely and feels ignored as a result of staff not understanding or delivering care and services with consideration to this consumer’s cultural needs. Additionally, some staff reported that they were not aware of communication aids contained in this consumer’s room to assist with communicating more effectively.

The approved provider response did not refute the findings of the Assessment Team and generally acknowledged there were areas of improvement which they endeavour to address.

I find this requirement Non-compliant.

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The Assessment Team found consumers are partners in ongoing assessment and planning, and assessment and planning focusses on their needs, goals or preferences for care. Consumers and representatives interviewed stated they were consulted and involved in assessment and planning on a regular basis. Consumer needs are discussed during yearly care conferences and during a six-monthly care plan review. The organisation demonstrated consumers or representatives had been made aware they could request a copy of their care plans.

Deficits were identified in the use of risk assessment tools not being used accurately and appropriately to assess consumers’ clinical needs and nursing staff do not always follow policies and procedures to conduct clinical assessments in a timely manner and to identify deterioration in the consumer’s condition. Reassessment does not always occur following changes to care needs or when incidents occur.

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 found that the service could not demonstrate effective assessment and planning informs the delivery of safe and effective care and services. While the service has risk assessment tools available, these are not always used to assess consumers’ clinical needs resulting in ineffective care. The Assessment Team found that consumers’ assessment of risks associated with development of pressure injuries, restraint and assessment of pain was not effective in delivering safe and quality care. The Assessment Team identified that pain assessments were not completed for a consumer despite progress notes and observations indicating this consumer experienced pain during repositioning and activities of daily living.

The approved provider response did not refute the findings of the Assessment Team and generally acknowledged there were areas of improvement which they endeavour to address.

I find this requirement 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.*

The Assessment Team found that the service could demonstrate that care and services are regularly reviewed for effectiveness and some consumers and representatives confirmed that they were happy with the level of review of care and services. However, the Assessment Team found that the service did not adequately demonstrate that review occurs when incidents impact on the needs, goals and preferences of the consumer.

The Assessment Team found that for three sampled consumers, review of documentation indicated that review of pressure care strategies and falls prevention strategies did not always occur following incidents and a change in mobility. For a consumer who had bedrails in use and sustained an incident, the care plan was not reviewed to assess the effectiveness of the bedrails or if there were any alternatives to manage the risk of falls.

The approved provider response did not refute the findings of the Assessment Team and generally acknowledged there were areas of improvement which they endeavour to address.

I find this requirement Non-compliant.

# STANDARD 3 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Team also examined relevant documents.

Most sampled consumers said they were satisfied with the personal and clinical care they receive. Consumer representatives provided positive feedback that end of life care has been provided appropriately and the staff were able to demonstrate an understanding of how to support consumers at the end of life.

However, the service did not demonstrate that it always effectively manages high impact and high prevalence risks associated with consumers’ care in relation to pressure injuries, restraint, pain and wounds. The service does not always identify and respond appropriately when changes in consumers’ clinical needs occur or implement strategies to minimise and prevent future impact from associated risks.

The Quality Standard is assessed as Non-compliant as three 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 found that most sampled consumers reported satisfaction with both personal and clinical care. However, for one consumer, the Assessment Team identified that despite the care plan indicating the consumer’s preference for second daily showers this did not occur. Additionally, although this consumer was on a scheduled toileting regime, assistance with toileting did not routinely occur. The Assessment Team also identified gaps in oral care for one consumer and observed a build up of white matter on this consumer’s teeth.

The Assessment Team reported that a consumer representative provided feedback that their loved one does not always receive personal and clinical care that optimises health and well-being as the consumer at times presents as malodorous. This representative also reported that this consumer’s shower preferences are not delivered in a manner consistent with the consumer’s needs and preferences. The Assessment Team also identified that wound care, pressure injuries, pain management and use of restraint was not aligned with best practice, consistent with findings in 3(3)(b).

The approved provider response clarified that a consumer no longer receives scheduled toileting and second daily showers due to decline in functioning and health and requiring palliative care and I no longer find this specific issue an area of concern. However, the approved provider did not address the other deficits identified by the Assessment Team and generally acknowledged that there were areas of care that could be improved.

I find this requirement Non-compliant.

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

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

The Assessment Team found that the organisation was unable to demonstrate effective management of high impact and high prevalence risks associated with the care of each consumer and identified deficits in the management of pressure care, restraint and behavioural symptoms. For one consumer with bedrails and a concave mattress in place, the service did not manage the associated risks of these restraints resulting in skin tears to the consumer.

For three sampled consumers with pressure injuries, review of documentation indicated that the service is not implementing effective pressure injury prevention strategies or effective treatment of current pressure injuries. For one consumer receiving pressure injury care, the Assessment Team observed that the consumer did not receive pressure area care in line with the service’s policies and procedures and the incorrect use of a pillow which was contrary to the occupational therapist’s recommendations.

The Assessment Team found that the service was unable to demonstrate adequate identification, assessment, and management of risks associated with a consumer’s behavioural symptoms. A review of this consumer’s behavioural care plan did not accurately describe or record the behavioural symptoms, and strategies were not recorded. Some consumers informed the Assessment Team that the behaviour of a fellow consumer has had a negative impact on their well-being.

The approved provider response did not refute the findings of the Assessment Team and generally acknowledged there were areas of improvement which they endeavour to address.

I find this requirement 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.*

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

The Assessment Team found that while the service has policies and procedures on clinical deterioration and steps to be taken by staff to support effective consumer outcomes, these are not always followed which has resulted in delays in appropriate care and treatment being delivered in a timely manner. Some sampled consumer representatives expressed concerns that staff did not adequately recognise and respond in a timely manner to a sudden deterioration in the consumers’ condition. The same representatives also expressed dissatisfaction that the service did not initiate transfer to hospital for the respective consumers for further assessment and investigation.

The Assessment Team found review of documentation demonstrated that acute clinical deterioration was not adequately recognised for a consumer following a fall and the service did not conduct neurological and vital sign observations consistent with the service’s policies and procedures. For another consumer, feedback from the representative and review of documentation revealed that despite this consumer presenting with increasing lethargy, assessments including vital signs and hydration status were not conducted in line with the service’s clinical deterioration procedure.

The approved provider response disagreed with the Assessment Team findings that the management of a consumer following a fall was appropriate, however the response was unable to demonstrate that vital signs were taken consistent with the service’s policy and procedure. The approved provider did not refute the Assessment Team findings in relation to another consumer.

I am satisfied this requirement is Non-compliant.

### 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 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Team also examined relevant documents.

Overall, consumers said they enjoyed the food and the dining experience, and the service was able to demonstrate that meals provided are varied and of suitable quality. However, some sampled consumers considered that they do not 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. Some representatives said the service does not facilitate access to services that enhance consumer well-being such as spending time in the garden and playing music.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

The service was unable to demonstrate that each consumer gets safe and effective services and supports for daily living. Although consumer preferences for supports are documented, the service is not always providing services and supports that are aligned the with consumer’s needs, goals and preferences. Some consumers informed the Assessment Team that there is not a great deal to do and that despite informing staff about things of interest, these activities have not been provided.

A consumer representative reported that a request has been made to staff to ensure that they turn the radio on in a consumer’s room while in bed, however, there have been numerous instances when visiting that this has been found not to occur. The Assessment Team observed some consumers isolating in their rooms which were darkened without any engagement or stimulation.

The approved provider response did not refute the findings of the Assessment Team and generally acknowledged there were areas of improvement which they endeavour to address.

I find this requirement Non-compliant.

### Requirement 4(3)(b) Non-compliant

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

The Assessment Team found that the service does not adequately demonstrate that appropriate services and supports are provided to meet each consumer’s emotional, spiritual and psychological well-being. The Assessment Team observed some consumers to be distressed during the audit and a consumer representative provided feedback that the service does not provide effective support which has had a negative impact on well-being and resulted in a consumer experiencing feelings of loneliness and sadness.

A consumer informed the Assessment Team that they were bored as they did not feel that staff listened and that there was limited things to do of interest to engage in. The Assessment Team found that for one consumer in the secure unit staff advised that this consumer does not engage in any activities. This consumer’s care plan contained no interventions on how staff can provide support from an emotional, psychological or spiritual perspective. For a consumer who was predominantly bed-bound, the Assessment Team found no evidence that staff provide emotional support or social engagement to promote well-being.

The approved provider response did not refute the findings of the Assessment Team and generally acknowledged there were areas of improvement which they endeavour to address.

I find this requirement Non-compliant.

### 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) Non-compliant

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

The Assessment Team found the service was unable to demonstrate that suitable equipment is always provided to meet the needs of the consumers. The Assessment Team identified that a consumer remained in bed due to not being provided with appropriate mobility equipment which had an impact on quality of life. The service did not have the required amount of regency chairs to meet the needs of all consumers and this equipment had to be shared amongst consumers resulting in consumers not being able to get out of bed on a daily basis. Another consumer was not provided with a pressure relieving mattress as clinically recommended resulting in this consumer developing a service acquired pressure injury.

The approved provider response did not refute the findings of the Assessment Team and generally acknowledged there were areas of improvement which they endeavour to address.

I find this requirement Non-compliant.

# STANDARD 5 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Team also examined relevant documents.

The service has scheduled and reactive maintenance and cleaning programs to ensure the service environment is clean and well maintained. The service has processes to ensure the service environment and equipment is safe including; external contractors completing safety inspections and maintenance, a work health safety program including environmental and equipment monitoring and hazard reporting.

Some sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. However, representatives identified deficiencies in the cleanliness of the service and consumers and their representatives reported that access to the internal garden areas are restricted and often locked.

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) Non-compliant

*The service environment:*

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

The Assessment Team found the service was unable to demonstrate that it was always clean, comfortable and well maintained and enabled consumers to move freely between indoor and outdoor areas. During the audit, the Assessment Team observed both the external garden areas of all four sections of the service were locked restricting consumer access to the garden areas. Some consumers confirmed that the doors to the gardens are often locked which they find frustrating due to wanting to access this area for sunshine and to enjoy the garden area. A consumer representative commented that at times the secure unit can smell of urine and that they have observed urine on the floor in their loved one’s room.

The approved provider submitted the service has a cleaning schedule in place and that all areas of the home are consistently cleaned, and this is acknowledged. The approved provider asserted that the garden area is an open and interactive space, however this does not negate the Assessment Team’s observations of this area being locked during the audit nor the consumer feedback that confirmed this observation.

I find this requirement Non-compliant.

### 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example, consumers and representatives interviewed said they feel comfortable to make a complaint and that management are approachable and respond to issues in a timely manner.

The service encourages consumers and representatives to provide feedback and lodge complaints to improve care and services for consumers. All feedback is recorded, monitored and analysed and where appropriate included into the continuous improvement plan for implementation and monitoring.

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

## 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 NON-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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, consumers and representatives described staff as being kind and caring, however also reported that quality of care is negatively impacted due to staff being too busy. The service was unable to demonstrate that the mix of workforce is planned to enable the delivery and management of safe and quality care and services.

The service could demonstrate the workforce has qualifications required for their respective roles, however some staff did not have the knowledge or competence to effectively perform their roles. Staff do not always follow policies and procedures which has resulted in adverse outcomes for consumers.

The Quality Standard is assessed as Non-compliant as four of the five 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 the service did not demonstrate there are sufficient staffing numbers to ensure quality care and services are delivered to consumers. Some representatives provided feedback that they often found it difficult to locate staff and have observed consumers not having a shower as required. The Assessment Team observed some consumers did not receive staff assistance for personal and clinical care as indicated.

Some sampled clinical, care and lifestyle staff reported that they felt more staff were required and many staff commented that they are always busy and don’t have sufficient time to complete all necessary tasks. Staff expressed concerns specifically with morning shifts and being able to complete showering for all consumers consistent with their views and preferences.

The approved provider response did not refute the findings of the Assessment Team and generally acknowledged there were areas of improvement which they endeavour to address.

I find this requirement Non-compliant.

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

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

The Assessment Team found that most consumers and representatives said staff were kind and caring although described them as busy and rushed. However, review of documentation and observations from the Assessment Team during the audit demonstrated that interactions between staff and consumers were not always respectful of each consumer’s identity.

The Assessment Team observed an instance where staff were dismissive of consumers and to speak about consumers across the dining room in language that did not reflect respect. The Assessment Team observed a consumer trying to engage with and gain the attention of staff and staff responded by only briefly acknowledging the consumer and walking away despite the consumer continuing attempting to gain their attention.

The approved provider response did not refute the findings of the Assessment Team and generally acknowledged there were areas of improvement which they endeavour to address.

I find this requirement Non-compliant.

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

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

The Assessment Team found that the service has a system in place to ensure that the workforce has the qualifications, knowledge and competency to complete their individual respective roles. However, the service does not always identify gaps in knowledge and competency of staff which impact on consumer care and outcomes.

The service did not identify staff competency deficits in relation to clinical care and specifically in relation to providing appropriate and effective pressure area care to prevent pressure injuries. Additionally, staff were found to not have the competence and appropriate knowledge, understanding and application of minimisation of restraint principles.

The approved provider response did not refute the findings of the Assessment Team and generally acknowledged there were areas of improvement which they endeavour to address.

I find this requirement Non-compliant.

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

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

The Assessment Team found that on commencement of employment all staff are required to complete mandatory training modules to deliver the outcomes required by these standards. However, despite the service having a system in place to recruit and educate staff the system to monitor the training for effectiveness or monitor staff practice was identified to be ineffective.

The Assessment Team found deficiencies in staff practices in relation to minimisation of restraint, pressure area care, pain management and personal care. Although the service was able to demonstrate that staff had received training in these areas they are not delivering care to ensure that consumer health and well-being is optimised.

The approved provider response did not refute the findings of the Assessment Team and generally acknowledged there were areas of improvement which they endeavour to address.

I find this requirement Non-compliant.

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

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

# STANDARD 8 NON-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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The service was able to demonstrate that consumers are engaged and partner in improving the delivery of care and services. Although the service has a system for updating policies the service was unable to demonstrate that it is accountable to ensure that safe, inclusive and quality care is delivered to consumers.

The workforce governance system is not effective in ensuring there are sufficient staff for delivery of quality care and services. The service was unable to demonstrate that regulatory changes to restraint minimisation are applied and understood, and not demonstrate that the risk management systems are effective to ensure high impact and high prevalence risks are identified and responded to appropriately.

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

## 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) Non-compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

The Assessment Team found the organisation’s governing body promotes a culture of inclusive and quality care and services and make changes to address areas where issues are identified. However, the board is not accountable to ensure the changes are effective and result in safe, inclusive and quality care for consumers.

The Assessment Team reported that the organisation implemented a wound care program to review all facets of wound and pressure care however this program was not evaluated for effectiveness. Despite the board receiving and analysing reports and pressure injury data in relation to the service’s performance, monitoring and evaluation of the wound and pressure care program has not occurred.

The approved provider response did not refute the findings of the Assessment Team and generally acknowledged there were areas of improvement which they endeavour to address.

I find this requirement Non-compliant.

### Requirement 8(3)(c) Non-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.*

The Assessment Team found that the service was unable to demonstrate that they have effective governance systems in all elements required by this requirement. The service could demonstrate they have effective governance with continuous improvement, financial governance and feedback and complaints and that incidents are reported within regulatory timeframes.

However, the Assessment Team identified some gaps in information management and an ineffective workforce governance system. The service does not have workforce governance systems in place to ensure there is adequate staffing to deliver quality care to all consumers, training effectiveness nor ensure the workforce understand and practice their responsibilities and accountabilities.

The approved provider response did not refute the findings of the Assessment Team and generally acknowledged there were areas of improvement which they endeavour to address.

I find this requirement Non-compliant.

### Requirement 8(3)(d) Non-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.*

The Assessment Team found that while the service has a risk management framework including policies and processes to guide staff in the management of high impact and high prevalent risks they are not always used effectively and implemented in practice. Staff do not always use guidelines to assess and manage risk to consumers and have not followed policies and processes in relation to the management of restraints, pain and pressure injury prevention. The Assessment Team found that the service’s internal monitoring systems have not been effective to reduce risk for consumers. The risk system does not allow a change to an incident rating once it has been lodged.

The approved provider response did not refute the findings of the Assessment Team and generally acknowledged there were areas of improvement which they endeavour to address.

I find this requirement Non-compliant.

### Requirement 8(3)(e) Non-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.*

The Assessment Team found the service has an over-arching clinical governance framework, and that policies were introduced in June 2019. However, the framework does not specifically address the minimisation of restraint. The policy for restraint is currently being reviewed and is due for release in the near future. The service was unable to demonstrate that it trials alternatives to restraint or effectively reviews restraint to minimise and reduce the use of restraint.

The approved provider response did not refute the findings of the Assessment Team and generally acknowledged there were areas of improvement which they endeavour to address.

I find this requirement 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.

### Requirement 1(3)(a)

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

* Ensure that staff understand and implement language that is respectful to consumers’ identity and how the use of language can impact consumer dignity.
* Implement practices to ensure that consumer personal hygiene and appearance are attended to consistent with consumer preferences to promote consumer dignity.

### Requirement 1(3)(b)

*Care and services are culturally safe.*

* Review staff practices to ensurethat care is being delivered in a culturally safe way consistent with the organisational policy.
* Ensure that staff are aware of each consumer’scultural background and utilise tools available at the service to enhance culturally safe care delivery.

### Requirement 2(3)(a)

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

* Ensure that all staff complete the risk assessment tools that are available for their use to inform the delivery of safe care.
* Ensure that risk assessments for pain and pressure injuries are completed as indicated to optimise the consumer’s health and well-being.

### Requirement 2(3)(e)

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

* Ensure that care plans are reviewed for effectiveness when incidents occur that impact the needs of the consumer.
* Review incidents and implement changes if indicated for consumers to ensure that consumer mobility needs and falls strategies are effective.

### Requirement 3(3)(a)

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

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

* Ensure that each consumer receives personal care that is tailored to their needsand preferences tooptimise health and well-being.
* Review staff practices to ensure that oral care is being delivered to promote consumer health and consistent with best practice protocols.

### Requirement 3(3)(b)

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

* Ensure that there are effective systems in place to manage risks associated with pressure care and restraint.
* Follow and implement best practice protocols for managing behavioural symptoms for effective management and to optimise consumer well-being.

### Requirement 3(3)(d)

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

* Ensure that all staff are aware of and implement practices consistent with the service’s clinical deterioration policy.
* Ensure that staff respond to changes in the consumer’s condition and that appropriate follow up and escalation is implemented.

### Requirement 4(3)(a)

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

* Consult with consumers to ensure that services and supports are being delivered that align with consumer’s goals and preferences.
* Review the services and supports that are being delivered to ensure that they are adequate in promoting consumer independence and quality of life.

### Requirement 4(3)(b)

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

* Seek consumer input to ensure that appropriate supports and services are in place to meet each consumer’s emotional, spiritual and psychological well-being.
* Monitor and review consumer’s emotional and psychological well-being to ensure that their needs are being catered to.

### Requirement 4(3)(g)

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

* Review current equipment to ensure that there are adequate supplies to meet consumers’ needs.
* Ensure that each consumer is provided with suitable equipment to optimise their well-being.

### Requirement 5(3)(b)

*The service environment:*

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

* Ensure that doors to the garden area remain unlocked to enable consumers to freely access this area.
* In addition to the regular cleaning schedule ensure that episodes of incontinence are cleaned in a timely manner.

### Requirement 7(3)(a)

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

* Review current rostering of the workforce to ensure that there is adequate staff coverage to deliver safe and quality care for all consumers;

Seek input from staff and consumers to determine if the mix and numbers of staff are sufficient to deliver safe and quality care and implement changes if indicated.

### Requirement 7(3)(b)

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

* Review staff practices to ensure that interactions with consumers are respectful and provide updated training if required.
* Encourage staff to interact and engage with consumers to meet the consumer’s needs and preferences.

### Requirement 7(3)(c)

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

* Review staff knowledge and competence levels to ensure that they are equipped to perform their roles effectively.
* Consider implementing training in relation to the delivery of clinical care so all staff have the necessary and current knowledge to conduct their roles to deliver optimal outcomes for consumers.

### Requirement 7(3)(d)

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

* Review current training programs to ensure it is effective to support staff to deliver the outcomes required by these standards.
* Provide additional training and support to ensure that staff are delivering best practice personal and clinical care to all consumers.

### Requirement 8(3)(b)

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

* Ensure that the governing body reviews changes implemented for effectiveness in delivering safe and quality care.
* Review processes for how the governing body measures accountability for delivering safe, inclusive and quality care and services.

### Requirement 8(3)(c)

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

* Review information management and workforce governance systems to ensure that they are effective and efficient in achieving outcomes.
* Ensure that the information management and workforce governance systems are effective in practice.

### Requirement 8(3)(d)

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

* Ensure that all staff are aware of and follow risk management systems to effectively manage high impact and high prevalence risks to consumers.
* Review risk management systems to ensure that they are effective in reducing risks for consumers.

### Requirement 8(3)(e)

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

* Ensure that the clinical governance framework includes and adequately addresses all of the criteria relevant to this requirement.
* Complete review of minimising the use of restraint framework and ensure that all staff are aware of the framework and understand the relevance to their practice.