Blue Care Bundaberg Pioneer Aged Care Facility

Performance Report

195 Barolin
BUNDABERG QLD 4670
Phone number: 07 4153 0444

**Commission ID:** 5158

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Site Audit date:** 21 June 2021 to 24 June 2021

**Date of Performance Report:** 2 August 2021

# 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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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 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 26 July 2021.
* other information and intelligence held by the Commission regarding the service.

# 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

Consumers and representatives considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services including taking risks to enable them to live the life they choose.

Consumers and representatives said staff are respectful towards consumers, and their individual identity, culture and diversity is recognised and valued. They said consumers are encouraged and supported to maintain their independence by continuing to do things for themselves, and described ways consumers are supported to maintain social connections both inside and outside of the service.

Consumers and representatives expressed satisfaction that consumers care and services are undertaken in a way that affords consumers’ dignity and respects their personal privacy.

Staff demonstrated knowledge and understanding of individual consumers’ preferences and choices, and described how consumers are supported to make informed choices about their care and services including through provision of information. Staff described how consumer’s culture and background influences the delivery of their care and services. For example, consumers who enjoy attending church services. Staff spoke about consumers in a way that was respectful and demonstrated an understanding of the individual consumers’ personal circumstances and life journey.

Staff described practical ways they respected the personal privacy of consumers, and this information aligned with the feedback received from consumers. In addition, staff advised shift handovers are conducted in a private area, hard copy documentation is securely stored and all computers are password protected when not in use. Staff described how the service supports consumers who choose to take risks, for example consumers who choose to smoke cigarettes do so in the service’s designated smoking area.

Review of care planning documentation for consumers identified the inclusion of specific cultural, spiritual and religious needs. Care planning documentation reflects that staff engage in regular discussions with consumers and those they choose to have involved in their care through informal discussions, email correspondence, telephone calls, and case conferences.

The organisation had a suite of documented policies and procedures, including in relation to consumer choice and decision making including choices with possible risks associated; and an organisation Reconciliation Plan which outlined the commitment to diversity, inclusion and acceptance of consumers, representatives and staff.

Staff training records identified that staff completed education on consumer protection and the Code of Conduct.

During the Site Audit, the Assessment Team observed staff implementing practices to ensure that consumer privacy is respected, including knocking on consumers’ doors, waiting for a response prior to entering the room, and discretely attending to consumers when in communal areas.

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

## 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

Consumers and representatives generally expressed satisfaction with the information provided to them about, and their involvement in the consumers’ care planning processes. They said other providers of care and services are involved in the assessment and care planning process as appropriate, for example the physiotherapist in the initial assessments and falls management plans.

Most consumers and representatives said they had made their end of life wishes clear to the service, and said they would feel comfortable to approach the clinical staff or management if they needed.

Staff described the service’s assessment and care planning processes including identifying consumers goals, needs and preferences that inform the care and service plan development and delivery of care; how the outcomes of care planning are communicated to the consumers and representatives; and referrals to other health professionals as appropriate.

Review of sampled consumers’ care planning documentation reflected consumers, and/or their representatives are involved in assessment and planning and includes other providers of care and services including the MO and allied health specialists.

The service had a suite of policies and procedures to guide staff in consumer assessment and care planning, including End of Life procedures and flowcharts.

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

## 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.*

The Assessment Team provided information that the service did not demonstrate assessment and care planning processes consistently include consideration of all relevant risks to individual consumer’s health and wellbeing. The Assessment Team identified deficiencies in risk consideration and/or assessment for unwitnessed falls, wound assessments and pain charting for ten sampled consumers.

A Clinical Nurse described the service’s assessments and care plan review processes, which included three-monthly review of consumers’ and these are allocated to Registered staff. A copy of the consumer’s reviewed care plan is placed in the care plan folder located at the staff workstations for easy access to care staff. A Registered Nurse said information regarding consumer’s needs, and risks are obtained through discussions with consumers and representatives and are generally recorded in progress notes. Care staff said they generally know the consumers and understand their needs and preferences and refer to the consumers care plan for further information.

The service had a suite of policies and procedures to guide staff in consumer assessment and care planning, including evidenced based downtime assessment tools which were readily available for staff to access.

The Approved Provider in their response dated 26 July 2021, stated that the organisation’s digital and technology systems had been impacted by a cyber incident, however the organisation had implemented business continuity plans and downtime procedures included a manual paper-based system for care documentation. In its response, the Approved Provider provided information evidencing that the assessment and care planning processes at the service considered individual risks for the named consumers. Including:

* The five named consumers’, current wounds assessments, including photographs and treatment plans had been documented in the paper-based documentation. In addition, the service has implemented a wound review spreadsheet that is maintained by the Clinical Nurse and reviewed on a weekly basis.
* For three named consumers who experienced unwitnessed falls, the Approved Provider in its response provided information to evidence falls risk assessment had been completed and strategies to minimise recurrence were documented in paper-based documentation.
* Four named consumers, the Approved Provider in its response provided information including pain charting and Medical Officer progress notes which evidenced in response to the Assessment Team’s feedback at the time of the Site Audit. the named consumers pain.

The Approved Provider’s response included information relating to the service’s consumer Assessment and Care planning processes, which included focused assessments and an individualised care plan for all consumers.

While at the time of the Site Audit, the Assessment Team identified a lack of care documentation relating to consumer assessment and care planning, including consideration of risks, it is my decision that the Approved Providers response has evidenced the service does have established processes. The Approved Provider provided information to evidence assessment and planning for the named consumer’s informs the delivery of safe and effective care and services.

For the reasons detailed, this requirement is Complaint.

### 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.*

The Assessment Team provided information that the service did not demonstrate consumers’ care and service were regularly reviewed for effectiveness, including when circumstances change or an incident occurs. This included inconsistent documentation for five named consumers wound care reviews; reassessment and minimisation strategies for three named consumers who experienced unwitnessed falls; and for one named consumer who experienced an escalation in challenging behaviours documentation did not evidence a review to reflect these changes or an update of the consumer’s care plan to guide staff in ongoing management.

The Clinical Nurse and Registered staff described the service’s care plan review process, including a monthly Resident of the Day review or more frequently when there are changes in a consumer’s condition. Registered staff demonstrated an understanding of their responsibility in relation to the incident reporting process, escalation of incidents and the requirement to report any change in the consumer’s condition, needs or preferences which may prompt a reassessment.

The Approved Provider in their response provided information evidencing that consumers’ care and services are reviewed regularly for effectiveness, including when circumstances change. For the five named consumers, wound care documentation evidenced wound care reviews and reassessments were documented in the service’s downtime paper-based documentation; for three named consumers who experienced unwitnessed falls, individual falls risk assessments had been completed and strategies to minimise recurrence were documented in paper-based care plans; and for one named consumer experiencing an increase in challenging behavioural, a copy of the consumer’s behaviour management plan that documented triggers and strategies to support when the consumer is experiencing escalating behaviours.

While at the time of the Site Audit, the Assessment Team identified a lack of documentation relating to the review of care and services for named consumers; it is my decision that the Approved Providers response has evidenced the service does have established processes. The Approved Provider provided information to evidence consumers’ care and service are regularly reviewed for effectiveness, including when circumstances change or an incident occurs.

For the reasons detailed, this requirement is Compliant.

# 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

Consumers and representatives expressed satisfaction that consumers are receiving care that is safe and right for them and meets their needs and preferences. Most consumers and representatives said consumers needs are communicated between staff, however six consumers raised concerns regarding delays to care. Consumers and representatives said that consumers had access to other health professional if required. Consumers and representatives expressed satisfaction with the service’s management of COVID-19 precautions and infection control practices.

Staff could describe how they ensure personal and clinical care is best practice, their opportunities for continuing education and how they ensure information is shared both within the organisation and with others outside the organisation. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff identified the highest prevalence risks for individual consumers, for example falls, pressure injuries, challenging behaviours and swallowing issues.

Care planning documentation demonstrated referrals to other health professionals and the identification of, and response to consumer deterioration or a change in consumer’s condition and/or health status.

The service had a suite of policies, procedures and tools in place to support the delivery of care provided, for example in relation to restraint, pressure injury prevention and wound management, end of life care, pain management and clinical deterioration. The service had implemented policies and procedures related to antimicrobial stewardship, infection control and outbreak management to guide staff. Staff confirmed they have received training in infection minimisation strategies including infection control, and antimicrobial stewardship. Practices were in place that demonstrated that the service had planned and is prepared for a potential outbreak.

The service had systems and processes to monitor care delivery including monthly clinical audits, whole of service audits and staff training to support best practice.

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

### 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.*

While consumers and representatives expressed satisfaction that the consumer’s personal and clinical care needs were being met, the Assessment Team at the time of the Site Audit provided information that care documentation for named consumers did not demonstrate consumers were receiving individualised care that is safe, effective and/or tailored to their specific needs and preferences. For example, pain monitoring and visual observation checks for one named consumer; for a second named consumer documentation of oxygen tubing changes, daily weights and fluid monitoring were inconsistent; wound care documentation for five named consumers’ identified staff did not consistently photograph or measure wounds to enable accurate ongoing assessment and monitoring of wounds. The Assessment Team provided information in relation to four consumers who had experienced maggot infestation in their wounds during the period September 2020 and February 2021. Feedback to Management at the time of the Site Audit, the Assessment Team were advised the service had implemented a number of preventative strategies including oversight of wound care by the Clinical Nurse including allocation of prioritised wound care; the installation of air conditioners within consumer rooms and pest preventative measures such fly catchers.

Registered and care staff could generally describe individual consumers’ needs, preferences, most significant clinical and personal care risks and how these were monitored and managed. Registered and care staff said advice is sort from the Medical Officer or senior staff at the service if they had any concerns in relation to a consumer’s personal or clinical care delivery. Registered and care staff said short staffing at the service was a concern and this had been raised with management and action had been taken to increase staffing numbers.

Management said the service reports clinical incident data monthly to ensure safe and effective clinical and personal care delivery, however as a result of the ransom attack on the organisations electronic systems in May 2021 this information was not readily available. The Assessment Team reviewed the clinical incident data and identified the service collects incidents related to falls, skin integrity, infections and medication incidents, and the analysis and trending of the clinical incidents was completed monthly.

The Assessment Team reviewed the care documentation for consumers prescribed psychotropic medication for the purposes of chemical restraint and established that informed consent and authorisation had been obtained for the use of the psychotropic medication. Consumers with physical restraints had authorised consents for the restraints.

The Approved Provider in their response has provided information evidencing documentation for named consumers including information to guide staff in care delivery to ensure safe and effective personal care, or both personal and clinical care, which is best practice, is tailored to their needs and optimises their health and well-being. While at the time of the Site Audit, the Assessment Team identified a lack of care documentation, it is my decision this has not reflected a lack of effective clinical and personal care. For example, in relation to the four consumers who had maggots identified in their wounds, the service immediately implemented actions to minimise infestation including wound dressings changed every shift until not further larvae is identified.

For the reasons detailed, this requirement is Compliant.

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

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

The Assessment Team provided information which identified consumers care planning documentation did not consistently record the management and monitoring of risks associated with falls, challenging behaviours and diabetes management.

The Clinical Nurse demonstrated an understanding of high impact and high prevalence risks in relation to identifying and analysing risks that impact consumers care. Registered staff described the high impact or high prevalence risks for consumers within the service including falls, pressure injuries, managing challenging behaviours, swallowing issues and impulsive behaviours.

Care staff described the most significant clinical and/or personal care risks for the individual consumers, and said they would refer to the consumers care plan or Registered staff for further information.

Management said the service analyses and trends incidents and had implemented strategies in response to these incidents of high impact high prevalence to consumers.

The Assessment Team observed consumers identified as high fallers have a leaf symbol placed outside their room, to alert care staff the consumer is at risk of falling and requires frequent visiting observations. Care staff demonstrated awareness of the of the leaf symbol and what this meant for consumer care delivery.

The Approved Provider in their response has provided information evidencing documentation for named consumers included strategies to monitor and manage the individual consumers’ high impact and high prevalence risk/s. The service has also implemented further strategies to manage consumer risks, for example for named consumers at risk of falling the service has purchased pendant call alarms to ensure requests for staff assistance are available to consumers at all times.

I have considered information in the site audit report and the approved provider’s response, and while at the time of the Site Audit the Assessment Team identified a lack of care documentation, it is my decision this has not reflected the service’s ineffective management of consumers risk/s.

For the reasons detailed, this requirement is 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) 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.*

Overall, most consumers and representatives said consumers’ needs are communicated between staff, and consumers received the care they need.

The Clinical Nurse described the service’s processes for handover which included written and verbal information sharing between all staff. They said a diary for written communication of consumer information is located at staff workstations and is utilised to document information between shifts.

Care staff described how they communicate information in relation to consumers via hardcopy downtime documentation, diary’s at workstations, verbally informing Registered staff and through care planning documentation.

At the time of the Site Audit, the Assessment Team identified consumer information was not consistently being documented in all of the service’s identified communication documentation. For example, for one named consumer the Assessment Team identified the consumer’s weight had only occasionally been documented in workstation diary, other entries were documented in the staff handover documents and in progress notes. However, I have considered information in the site audit report and the approved provider’s response and it is my decision this has not reflected ineffective communication of consumer information.

For the reasons detailed, this requirement is Compliant.

### 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 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Overall consumers and representatives considered that consumers 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. They said consumers are supported by the service to participate in activities of choice and are engaged by staff to do things of interest.

Consumers and representatives said the service supported the individual needs of consumers, including supporting them to be as independent as possible and maintaining relationships of importance both inside and outside of the service.

Staff described what is important to individual consumers and how they support consumers’ needs, goals and preferences to promote independence and quality of life. The Diversional Therapist said a monthly activities calendar is developed using assessment information and feedback from consumers. The service also supports consumers who are unable to participate in activities on the calendar to engage in other activities that are meaningful to them. For example, for one named consumer the service supports by taking them to concerts and other activities within the service.

Most consumers and representatives expressed satisfaction with the food provided at the service and are satisfied with the quality and variety of meals.

Care planning documentation included information about consumers activities of interest, information about relationships consumers wish to maintain; referrals to other organisations as appropriate and consumers spiritual and cultural beliefs including whether they wish to attend religious groups. Individual consumer’s dietary needs and preferences were reflected in care documentation.

Staff confirmed they had access to and sufficient equipment available to support delivery of care and services.

Review of maintenance request forms provided to the Assessment Team identified where equipment is broken it is fixed in a timely manner.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 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

Consumers and representatives considered that consumers felt safe and comfortable at the service, and expressed satisfaction with the service environment. For example, consumers and representatives said the service is clean and well maintained; one named consumer said they felt and home as the service had set up a desk for their artwork.

Management said the service had a budget for both planned and as required equipment purchases. For example, Management said a pest control was initiated when a maggot infestation had been identified at the service.

Staff described how they wipe equipment between consumer use to ensure it remains clean and advised they have access to enough equipment to undertake their role and meet consumers’ needs.

The service environment was observed to be welcoming, including visitors being welcomed by staff at the service reception. Consumers were observed to be utilising communal areas of the service, outdoor areas included landscaped gardens, outdoor seating and covered walkways.

Consumer rooms were personalised and decorated to reflect their individuality.

The service had a maintenance schedule and review of documentation confirmed maintenance was conducted as scheduled and maintenance issues were addressed in a timely manner.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

### Requirement 5(3)(c) 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

Consumers and representatives expressed they felt comfortable in raising concerns and providing feedback, via the service’s feedback forms, at consumer meetings or directly to management and staff. Consumers and representatives who had raised a concern said their feedback was addressed in a timely manner, and an apology and explanation provided.

Care staff said, they if can, they resolve complaints immediately, and provided examples of informal complaints about day to day issues. They said if the issue could not be resolved, they would inform the Registered Nurse and support consumers to complete feedback forms. Registered Nurses described their role in following up consumer complaints, recording complaints on the electronic complaints register and escalating complaints to management as required.

Management provided examples of when the service had responded to concerns raised by consumers and representatives using an open disclosure approach, including discussion of strategies for resolving complaints in a transparent and timely manner. Staff demonstrated an understanding of an open disclosure process including providing an apology and offering an explanation.

Review of the service’s complaints register provided to the Assessment Team identified the actions and communications which were followed by management to resolve the complaint. The Assessment Team reviewed consumer meeting minutes which identified feedback had been received from consumers and a response by the service. The service's plan for continuous improvement identified improvement s that had originated from consumer and representative feedback.

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

Overall consumers and representatives considered that consumers’ received quality care and services when needed, and from staff who are knowledgeable, capable, kind and caring.

Management said training in relation to the Quality Standards forms part of the orientation process for all staff. Management described how the service determined whether staff are competent and capable in their role. For example, through Registered Staff monitoring of care staff, Management oversight of clinical care, feedback from consumers and representatives, and monitoring completion of staff competencies. Staff expressed satisfaction with the service’s regular and ongoing training program.

Management said the performance of new staff is monitored by management during a probation period and through buddy shifts; and regular performance assessment of staff occurs up to four periods throughout the year.

A review of information provided by the service to the Assessment Team identified education had been provided to staff for the introduction of the Serious Incident Response Scheme, including the requirement for an Incident Management System. organisation’s training program provided new staff with an orientation and ongoing training in skills that are relevant to each role, including assessments of competency in key skills such as manual handling and hand hygiene.

The organisation communicated its expectation of staff through a vision, mission and values statements. Staff position descriptions included requirements for documented qualifications, knowledge, key responsibilities, key capabilities; and the organisation’s process for performance review and development.

During the site audit, the Assessment Team observed interactions between consumers and staff to be kind and caring.

The Quality Standard is assessed as Non-compliant as one 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 service were unable to demonstrate the number and mix of staff enabled the delivery and management of safe and quality care and services.

A significant number of consumers and representatives said there is insufficient staff at the service, resulting in consumers’ care needs not being met in a timely manner or in accordance with their preferences and care needs. For example, consumers having to wait extended periods of time for staff to assist in hygiene cares and consumers who required staff assistance not being supported to mobilise. The representative for one named consumer reported that on one occasion there were not enough staff to assist, resulting in the consumer experiencing an episode of incontinence.

Care and Registered staff confirmed that the service had unfilled shifts every week, as a result staff work double shifts, consumer’s cares are delayed, behaviours and falls at the service had increased. They said there are delays in responding to call bells because staff do not have the time to provide care and services.

Management said the service had a number of staffing changes in the past month, which had resulted in a reduced number of personnel in the service. For example, the service is currently recruiting for the Service Manager, two Registered Nurses and three Care Staff. Additionally, four staff had been stood down related to Serious Incident Response Scheme incidents and there are staff on leave for work related injuries.

During the Site Audit, the Assessment Team observed consumers awaiting meals to be served, consumers awaiting assistance with their personal cares and meals, and on one occasion a named consumer experienced an episode of vomiting however there were no staff present to assist. Care staff reported to the Assessment Team that they were working short of staff on this shift.

A review of information provided by the service to the Assessment Team identified consumers and representatives had raised complaints in relation to staffing levels; four workload management reports completed by staff in February 2021 identified the service is short staffed; and 43 shifts were unfilled in May 2021. Call bell reports for the period January to March 2021 identified call bell delays of over 20 minutes during peak periods.

The Approved Provider’s response stated the service accepted the Assessment Team’s recommendations, and provided information in relation to the actions and improvements the service has implemented to address the identified deficiencies. For example, management monitoring of call bell response times and staff practices, feedback from consumer and representatives, undertaking Voice of the Consumer surveys and actively recruiting staff. In addition, the Approved Provider in its response identified an increase in workforce shortages in the service’s geographical region, as a result the organisation has developed a Regional and Remote workforce strategy to address this ongoing issue.

I acknowledge the Approved Provider has implemented actions to ensure a planned workforce, however at the time of the Site Audit, the strategies implemented by the service to ensure sufficient staff were in place to deliver quality care were ineffective and consumers had experienced delays in care provision.

Therefore, I find the service Non-compliant in 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

Overall consumers and representatives considered that the organisation is well run and can partner in improving the delivery of care and services. For example, consumers provide feedback through meetings, surveys, general discussions and complaints mechanisms.

Consumers and representatives said they are consulted about the consumer’s care and service needs and felt confident raising any issues or concerns with management.

Management at the service demonstrated how the organisation’s governing bodies promoted a culture of safe, inclusive and quality care. For example, the organisation engaged medical experts to providing information across the organisation in relation to falls minimisation strategies; and an electronic online application had been introduced by the organisation to support consumers and representatives engagement in the consumers’ care and services.

The organisation, through policies, processes and training promotes a culture of safe and quality care and services. Reporting systems provide the organisation’s governing body with timely information about the performance of the service to enable accountability.

The organisation has implemented effective governance systems, effective systems to manage high impact and high prevalence risks and a clinical governance framework.

The organisation had risk management systems, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed; abuse and neglect of consumers is identified and responded to; and consumers are supported to live the best life they can.

There are policies to guide staff practice including in relation to antimicrobial stewardship, restraint minimisation and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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) 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.*

Management and staff said the organisation’s electronic management system had been subject to a ransomware attack since 25 April 2021. They said electronic information can only be accessed up to this date. Management and staff said they had access to the organisation’s policies and procedures and hard-copy consumer information.

Management described various ways the service communicates information including via clinical handover at the beginning of each shift; various meetings across all levels of the service and organisation; and information disseminated to staff, consumers and representatives via email correspondence.

At the time of the Site Audit, the Assessment Team identified a number of deficiencies in relation to the services management of information. These included lack of contemporary analysis of clinical incidents and inconsistent documentation in relation to consumers’ care and service plans include inconsistent review post incidents; consideration of consumers’ risk not always identified or completed to inform safe and effective care delivery; and inconsistent documentation in relation to individual consumers’ personal and/or clinical care, high impact and high prevalence risks and communication of consumer information.

I have considered information in the site audit report and the approved provider’s response, it is my decision this has not reflected the service’s ineffective information management systems. In its response, the Approved Provider acknowledged the

For the reasons detailed, this requirement is Compliant.

### 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.*

Review of information provided to the Assessment Team and interviews with Management identified since 1 April 2021, the service had made four notifications under the Serious Incident Response Scheme and the Assessment Team confirmed the service had reported the incidents within the required time frame as set by legislation. At the time of the Site Audit, Management advised the Assessment Team that due to the cyber incident experienced by the organisation, these Serious Incident Response Scheme incidents had not been recorded in the service’s Incident Management System however had been recorded in hard copy documentation.

The organisation had risk management systems, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed; abuse and neglect of consumers is identified and responded to; consumers are supported to live the best life they can; and incidents are managed and reported. Staff said they had received education about the policies and provided examples of their relevance to their work.

At the time of the Site Audit, the Assessment Team identified inconsistent information in relation to consumers’ care and service plans not consistently being reviewed post incidents; and consideration of consumers’ risk not always identified to inform safe and effective care delivery. I have considered information in the Site Audit report and the Approved Provider’s response, it is my decision this has not reflected the service’s ineffective risk management systems.

For the reasons detailed, this requirement is Compliant.

### Requirement 8(3)(e) Compliant

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

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

# Areas for improvement

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

* Requirement 7(3)(a) – Ensure the service’s 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.