Blue Care Bundaberg Riverlea Aged Care Facility

Performance Report

1 River Terrace
BUNDABERG QLD 4670
Phone number: 07 4154 0600

**Commission ID:** 5865

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

**Site Audit date:** 27 September 2021 to 30 September 2021

**Date of Performance Report:** 8 November 2021

# Performance report prepared by

Gai-Maree Cain, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-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) | Non-compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 26 October 2021
* other information and intelligence held by the Commission regarding the service

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Overall, consumers and representatives considered consumers are supported to maintain their identity, make informed choices about their care and services, and live the life they choose. Staff know consumers as individuals and deliver cares and services in a culturally safe manner. Consumers described various ways the service supported social connections including relationships of importance to consumers. For example, one named consumer said they enjoy attending weekly craft groups with friends outside the service and this is supported.

Consumers and representatives said consumers are supported to take risks and engage in activities of choice, providing examples such as smoking and eating foods of their choice that are not aligned to health professional directives. Consumers confirmed they are provided with information to support decision making, such as activities of choice, meal selection and access to health professionals.

Consumers and representatives described various ways staff respects the consumers personal privacy, including staff knocking on consumer’s doors and announcing themselves before entering their rooms; staff supporting consumers preference for when and where cares are to be delivered, staff closing doors while providing cares, and staff allowing the consumers privacy to spend time with significant others. Consumers expressed confidence that their personal information is kept confidential.

Staff demonstrated an understanding of what is important to individual consumers, including preference, culture and values and described how consumers’ preferences are facilitated and respected. For example, how the service supports individual meal preference and consumers preference for personal and clinical care. Staff demonstrated they were familiar with consumers’ backgrounds and the people of importance to consumers, and described how they supported consumers to maintain these relationships.

The service communicates with consumers and representatives to share information and updates via consumer meetings, case conferences, newsletters, telephone and electronic messaging and postal correspondence. Staff described various ways in which they provided information to consumers, including consumers with cognitive impairment. For example, staff take the time to explain the options available, and utilise alternative communication methods where appropriate.

Care planning documentation provides guidance to staff in relation to consumers individual preferences and things of importance to the consumer. The service utilises a dignity of risk forms as part of discussions with consumers and representatives in relation to consumers choice to take risks. Review of consumers’ care documentation identified the completion of risk assessments, dignity of risk form and discussions with the consumer and/or representative to support consumers to take risks to live the life they wish.

The organisation has documented policies and procedures to guide staff practice including in relation to diversity and inclusion, consumer choice and informed decision making, dignity of risk and risk management strategies.

However, the service was not able to adequately demonstrate that consumers are treated with respect and dignity.

The Quality Standard is assessed as Non-compliant as one 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.*

Consumers are not treated with respect and dignity. The Site Audit report provided examples from nine consumers and/or representatives which evidenced consumers are not always treated respectfully, including during assistance with meals, interactions with staff and in the provision of continence cares.

Staff did not consistently speak about consumers in a way which demonstrated respect, including some staff who used disrespectful and dismissive language when speaking about consumers and their care needs.

On the final day of the Site Audit, staff members were observed to use disrespectful language when cleaning the room of a consumer who had passed away at the service that day.

At the time of the site Audit, Management acknowledged the service had received complaints from consumers and representatives in relation to the attitude and behaviours of some staff towards consumers. Management advised actions had been taken by the service, including follow up of incidents with the individual staff members; a memorandum to all staff outlining the expectations of staff conduct; the development of a staff conduct and knowledge survey to identify staff understanding of consumer respect and dignity; and review of the service’s consumer experience survey to include questions regarding staff treatment of consumers.

The Approved Provider in its written response dated 26 October 2021, provided evidence of actions taken and planned to address the deficiencies identified in the Site Audit report. The Approved Provider’s written response including a continuous improvement plan for the service with actions including:

* Implementation of a workplace observation tool to be completed weekly to support the monitoring and identification of poor staff practices. I note, the continuous improvement plan indicates this is due on 31 December 2021.
* Daily reporting to the service Management in relation to any observation of poor staff conduct.
* Completion of a consumer experience survey in October 2021, with 100% of consumers reporting feeling respected, valued and safe; and 98.7% of consumers expressing they are treated with kindness and staff care about them.
* Completion of a staff conduct and knowledge survey, sampling approximately 25% of staff with reported findings indicating staff were able to identify and understand respectful practice.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report and the Approved Providers written response. While I acknowledge the actions taken by the Approved Provider to educate and train staff, monitor staff practices and engage with consumers to provide feedback, at the time of the Site Audit, consumers were not treated with dignity and respect. Improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-Compliant.

### 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 considered that they are partners in the ongoing assessment and planning of consumers care and services. The service engages consumers through initial and ongoing assessment and care planning, and consumers and representatives expressed satisfaction with the information provided to them about, and their involvement in the consumers’ care planning processes. Consumer and representatives confirmed a copy of the consumers care and services plan had been offered to them by the service.

Consumers and representatives said other providers of care and services are involved in the assessment and care planning process as appropriate, for example the occupational therapist in the initial assessments and ongoing planning for one named consumer. Consumers and representatives said the service had engaged with them in relation to the consumers end of life wishes.

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.

The Site Audit report provided information which evidenced that consumer care documentation reflected consumers, representatives and other providers of care and services are engaged in the assessment and care planning processes; and consumers care and services were reviewed when there was an incident, or a change in the consumer’s condition and/or health and well-being such as on return from hospital.

Staff had access to policies and procedures to guide the assessment and care planning process, including advance care planning and end of life planning

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.*

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

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

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and representatives considered consumers received personal care and clinical care that is safe and right for consumers, and provided examples such as the management of consumers pain, wounds and specialised nursing cares such as urinary catheter management. Staff inform consumers about the care and services provided, and considered that staff personalised consumers’ care to meet individual needs and preferences, including end of life care. Consumers and representatives expressed satisfaction that consumers needs and preferences are effectively communicated and referrals to Medical Officers and/or other health professional were timely.

Consumers and representatives were generally satisfied with the responsiveness of the service when a change in a consumer’s clinical condition is identified. While some consumers and representatives reported there is insufficient staff at the service which has impacted the delivery of timely and quality care and services, I have considered this information under Requirement 7(3)(a).

Staff described the high impact and high prevalence risks for consumers at the service, including falls and pressure injuries and provided examples of how these are monitored and managed. Staff demonstrated and understanding of restrictive practices, and described alternative strategies to be utilised prior to the implementation of restrictive practices. The service had escalation processes to support staff in the recognition and response to changes in consumers health and/or well-being; and staff provided exampled and described actions taken in the event of a consumer experiencing a fall, a skin tear or a change in consumer behaviour/s.

Review of care documentation identified individual consumers risks and strategies to guide staff in care and service delivery including minimising these risk/s. 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. For consumers who are considered subject to restrictive practices, care documentation reflected assessment of the consumer, and informed consent and authorisation had been obtained prior to the implementation of restrictive practices.

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 including the appointment of an infection prevention and control lead.

The service had implemented improvements in relation to the assessment, authorisation and consent for consumers who are subject to restrictive practices, including the development and implementation of individual consumers behaviour support plans with strategies to guide staff in care and service delivery.

The service had systems and processes to monitor care delivery including monthly clinical indicator reporting 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.*

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 consumers to do the things they want to do. They felt consumers were supported to maintain relationships of importance, and are supported by the service to do things of interest, including participating in activities as a part of the service’s lifestyle program and activities outside the service environment. Consumers and representatives said staff are supportive when a consumer is feeling low, and one named consumer advised the service had made a referral to an external counsellor.

Overall consumers provided positive feedback in relation to food and confirmed it was of adequate quantity, quality and variety; and aligned to the consumers dietary needs and preferences.

Staff described what is important to individual consumers and how they support consumers’ needs, goals and preferences to promote independence and quality of life. For example, one named consumer likes to garden and enjoys attending crafts groups outside of the service. The service’s lifestyle program is developed in collaboration with consumers, and the diversional therapy staff described how activities are tailored to the needs and preferences of individual consumers, including consumers with cognitive and/or physical needs. Review of consumer documentation identified the assessment and care planning process included consideration of what is important to consumers to promote their well-being and quality of life. Information from the assessment process is used to develop leisure care plans to guide staff in the individual preferences, services and supports consumers need to and optimise their independence, health, well-being and quality of life.

Review of consumers care documentation reflected consumer’s condition, needs and preferences are effectively communicated within the organisation and with others who provide services and supports for daily living. Timely referrals are made to other providers of care and services as required. Individual consumer’s dietary needs and preferences were reflected in care documentation.

Staff confirmed they have access to equipment used to provide and support lifestyle services and the equipment is suitable, clean and well maintained at the service.

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 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall consumers and representatives considered that consumers belong and felt safe and comfortable at the service. They said the service is clean, well maintained and comfortable. Consumers described how they can report maintenance requests and expressed confidence that any requests are actioned in a timely manner.

Management described how the service environment is designed to optimise consumers independence and function, for example there are large outdoor gardens with paths, shaded tables and chairs where consumers can spend time visitors.

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. Staff described the processes for reporting maintenance and safety issues at the service.

The service environment was observed to be welcoming, including a reception area, signage to direct consumers and visitors to areas of the service, wide corridors with handrails and lighting to optimise consumers independence and function. Consumer rooms were personalised and decorated with pictures and furnishings. Furniture, fittings and equipment in both internal and external areas of the service was observed to be safe, clean and well-maintained.

However, during the Site Audit, one named consumer was observed to be not consistently smoking in the service’s designated smoking area.

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.*

The Site Audit report provided information that identified one named consumer is known by the service to smoke outside of designated smoking areas. The representative for a second named consumer advised this was having an impact, as the cigarette smoke was coming into the consumers room from the outside veranda. The representative advised had not raised the feedback with the service as they had not had an opportunity.

Management and staff advised they have directed the named consumer to smoke in the designated smoking area of the service, however the consumer was not compliant with the request. Management advised there had been no incidents of the named consumer smoking in their room, of setting fire to any objects (or person). Management had not received any complaints or feedback form other consumers or representatives in relation to consumer’s smoking.

Review of care documentation identified a smoking risk assessment had been completed for the named consumer in January and September 2021, which identified the consumer’s risk for non-compliance and documented some strategies to minimise risks associated with cigarette smoking such as providing and ash tray and fire safety apron. However, other strategies to ensure the consumer’s safety such as fire safety equipment, the level of supervision required when smoking, and how consumers are to notify staff in the event they require assistance.

At the time of the Site Audit, Management advised of a number of actions taken in response to feedback raised by the Assessment Team in relation to a lack of fire safety measures and processes to ensure the safety of consumers and staff. These included:

* Marking of pathways more than five metres from the building and other consumers’ rooms to identify areas for the named consumer to smoke.
* Provision of a bell for the consumer to notify staff in the event; and a fire blanket provided on the back of the consumer’s wheelchair.
* A memorandum notifying staff to monitor the named consumer when smoking and direct to designated smoking area.
* Update of the named consumer’s smoking risk assessment to include the implemented strategies.
* Consulting with other consumers and representatives at the service to seek feedback on the impact (if any) of the consumer’s smoking.

The Approved Provider in their response included a plan for continuous improvement and identified the service had immediately implemented actions to address the deficiencies identified at the time of the Site Audit. The plan for continuous improvement included processes for monitoring and evaluation of improvements.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report and the Approved Provider’s written response. While I acknowledge the single instance of a consumer’s smoking outside of designated areas as a possible risk to the safety of consumer, I am satisfied that the service has taken actions to minimise these risks. I note that that the Site Audit report evidenced overall consumers feel safe at the service, and observations of the service environment identified it was clean and well maintained. Therefore, it is my decision this Requirement is 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

Consumers and representatives expressed they felt comfortable in raising concerns and providing feedback, and described avenues that feedback can be provided at the service including via external advocacy services. Most consumers and representatives who had raised a concern, said their feedback was addressed in a timely manner, and expressed satisfaction with the outcome of their feedback and the response provided by the service. Consumers and representatives confirmed that management and/or staff provide an apology upon the making of the complaint or during the resolution process.

Consumers and representatives described changes implemented at the service as a result of feedback and complaints, and most expressed confidence that feedback is used to improve the quality of care and services. Consumers said the most significant changes that have recently been made at the service relate to meals, and consumers confirmed the changes have been positive and directly follow feedback they provided through feedback and complaints mechanisms.

The service has processes in place to promote and support consumers and representatives to provide feedback and make complaints, including involving consumers in the implementation and evaluation of improvement actions. Consumer and representative feedback is used to continually improve the care and services provided to consumers.

The service demonstrated actions are taken in response to complaints made and feedback provided by consumers and representatives, including applying an open disclosure process. Staff described the avenues available to consumers should they wish to provide feedback or raise a complaint. Staff advised they had received training in open disclosure and demonstrated an understanding of the open disclosure process including providing an apology and implementing actions to prevent recurrence of the incident or complaint.

Review of the service’s complaints register identified the service records feedback and suggestions received from consumers and representatives, appropriate and timely action is consistently taken, and an open disclosure process is applied. Incident forms identified that staff and management are prompted to apply an open disclosure process following an adverse event occurring. The service’s plan for continuous improvement reflected consumer feedback, complaints, suggestions and incidents have been utilised to action improvements to consumer care and services.

The organisation had a suite of policies and procedures which guide staff in the complaints process, including applying an open disclosure process where appropriate.

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-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers and representatives considered the service is not adequately staffed and raised concerns regarding responsiveness to consumers requests for assistance, as a result consumer not consistently receive timely or effective care and services. Staff said the service is often short staffed, and they feel rushed when delivering consumers care and services.

Consumers and representatives advised staff are not consistently interacting with consumers in a kind, caring and respectful manner, and two consumers provided examples of staff being rough when providing cares.

Consumers and representatives considered staff generally have the knowledge and skills to meet consumers care and service needs. However, some consumers are not satisfied that staff provide safe and quality care and services and the service did not adequately demonstrate that the workforce is trained, equipped and supported to deliver quality and safe care and services including the completion of the mandatory training.

The organisation had human resource policies to guide management in workforce management including in relation to performance assessment and management; and recruitment and selection. The service had position descriptions specifying the requirements for each role at the service; monitors staffs records in relation to national criminal history checks and professional registration requirements and undertakes regular staff performance reviews.

The Quality Standard is assessed as Non-compliant as two 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 is not able to demonstrate that the workforce is planned, and adequate in number, to enable the delivery and management of safe and quality care.

Consumers and representatives said there are insufficient staff to attend to their requests for assistance in a timely manner and this had a negative impact on consumer’s personal and clinical care needs being met. For example, consumers said there had been occasions when staff have been unable to respond to request for assistance resulting in consumers experiencing delays in toileting and personal cares; and meals being served cold.

Registered and care staff said the service is understaffed and they feel rushed to complete their work. Staff reported this can impact on consumer as staff can at times feel pressured, causing them to speak rudely to consumers. On the final day of the Site Audit, staff said the service was short staffed and as a result two consumers were incontinent and personal care for some consumers was unable to be attended due to inadequate staff.

Management advised the service had experienced an increase in staff resignations due staff not wishing to have a COVID-19 vaccination (as per legislative requirements); and the service was experiencing difficulty in recruiting staff due to limited applicants. Management described the service’s process for staff workforce management including the utilisation of a base roster, and emergent leave is replaced through shift extension or use of agency staff. The service audits call bell response times every second month by sampling a 24-hour period, analysing call bells responded to outside a five minute period and discussing excessive call bell response times in staff meetings.

Review of information provided by the service at the time of the Site Audit identified, for the month prior to the Site Audit the service roster identified a total of 51 unfilled shifts; call bell audits for the 24-hour period on 13 July 2021 and 19 September 2021 identified 53 calls greater than seven minutes in duration; and the service’s plan for continuous improvement did not included information relating to strategies the service is implementing in relation to staff recruitment.

In their response the Approved Provider refuted the findings presented in the Site Audit report. For the named consumers who provided feedback in relation to insufficient staff, the service has followed up with individual consumers identified some of the feedback was historical and none of the named consumers had raised feedback in relation to their concerns. For example, one named consumer the service identified frequent use of the call bell as an attention seeking behaviour, and the Approved Providers response included information which evidenced a review and reassessment of the consumer to ensure strategies are in place to support care and services and minimise behaviours. In addition, the service had completed a consumer experience survey which reported 83% of consumers did not feel their care was rushed.

In relation to concerns raised by staff at the time of the Site Audit, the Approved Provider in its response stated staff had not notified of any difficulty in supporting consumers care needs, and no staff workload forms had been submitted in the previous two months.

The Approved Provider in their response included a plan for continuous improvement and identified the service had immediately implemented actions to address the deficiencies identified at the time of the Site Audit including: implementation of a workplace observation tool to be completed weekly to support the monitoring and identification of staff; and a monthly staff focus group with Management as a forum to raise any staffing concerns.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report and the Approved Providers written response under this and other requirements. While I acknowledge the immediate and planned actions taken by the Approved Provider, at the time of the Site Audit the service was unable to demonstrate it had a planned workforce to ensure consumers received safe quality care. Improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is 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 Site Audit report provided information which evidence interactions between staff and consumers were not kind, caring or respectful. Six named consumers expressed they were not satisfied that all staff treated them with respect or provided appropriate care. For example, consumers reported staff can be rough in handling when providing cares and some staff speak in a rude and aggressive manner. Two consumers said they had not raised formal feedback with management for fear of retribution, I have considered consumer complaints and feedback under the requirements in Standard 6.

Staff advised some staff are not consistently kind or caring towards consumers, and staff did not consistently speak about consumers in a way which demonstrated respect. During the Site Audit some staff who used disrespectful and dismissive language when speaking about consumers and their care needs.

Review of documentation provided by the service at the time of the Site Audit included:

* the service’s complaints register dated May 2021 to September 2021, identified three incidents in relation to feedback from consumers regarding staff interactions with consumers.
* consumer meeting minutes dated 13 September 2021 identified concerns regarding staff behaviours were raised by consumers.
* a staff survey dated August 2021 identified that bullying is a concern within the service.

The Approved Provider in its response stated that management had received complaints in the past about certain staff and aspects of care delivery, and any complaints or allegations had been fully investigated and appropriate actions taken to the satisfaction to the complainant. However, I note at the time of the Site Audit six named consumers expressed they were not satisfied that all staff treated consumers with respect or provided appropriate care.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report under this and other requirements; and the Approved Provider’s written response. While I acknowledge that the service has implemented actions to address the deficiencies identified, and while management had identified issues in the culture of staff and were actively recruiting new staff and providing them with training in the expectations of the organisation, this was not evidenced by staff practices during the Site Audit. Therefore, it is my decision this requirement is Non-Compliant.

### 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.*

The Site Audit report provided information which evidenced consumers and representatives are not satisfied the staff provide safe and quality care and services, for example staff being rough when delivering cares. I have considered this information under other requirements in this Standard. In my decision, I have considered consumer and representative feedback under other requirement in this Standard, where overall consumers and representatives said staff generally know what they are doing and have the knowledge and skills to meet consumers care and service needs; and consumers and representatives expressed satisfaction that the service had appropriately qualified staff.

Management described the service’s recruitment and selection processes, including appropriate checks undertaken by the organisation’s Human Resources division. The service monitors staff training via reports sent weekly from the organisation’s Human Resources team and individual reminders are sent to staff via email when their mandatory training is due for renewal.

Staff can complete online mandatory training modules either at the service or from home. Management advised the service had identified a number of staff who had not completed mandatory training modules, and in July 2021 email reminders had been sent to staff. Review of information provided to the Assessment Team at the time of the Site Audit identified 69 mandatory training modules had not been completed by the workforce and some staff had training modules which are overdue by 21 months. These modules included Code of Conduct, Emergency Fire Response, Food Safety, Manual Handling, Workplace Health and Safety, Consumer Protection and Infection Control.

The Approved Provider in their response provided information which evidenced actions had been taken by the service to address the deficiencies identified at the time of the Site Audit. Including ensuring all staff complete mandatory training modules and the Approved Providers written response reported six staff currently have outstanding training modules; there has been an increase monitoring of staff practices via direct observations, review of incidents, feedback, surveys and audits; and emails and memorandums have been sent to staff to remind them when mandatory training is due. The Approved Provider response stated the service will consider performance management process for staff who fail to comply with the completion of mandatory modules.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report under this and other requirements; and the Approved Provider’s written response. While at the time of the Site Audit, deficiencies were identified in relation to the completion of staff mandatory training, I note that overall consumers expressed satisfaction that staff were appropriately qualified and had the knowledge and skills to meet consumers care and service needs. I am satisfied that the service had taken action to ensure staff completion of mandatory training modules. Therefore, it is my decision this requirement is 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-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall, consumers and representatives considered that the organisation was well run and that they can partner in improving the delivery of care and services. For example, consumers provide feedback through meetings and the submission of feedback and suggestion forms. The service’s plan for continuous improvement reflected the service utilised consumer feedback in the development of improvement initiatives.

The service demonstrated the organisation’s governing body promoted a culture of safe, inclusive care and was accountable for their delivery. The governing body included the Board and an established Quality Governance Committee that provides information and advice to the Board. The governing body meets regularly, sets clear expectations and regularly reviews risks from an organisational and consumer perspective.

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. The organisation had an electronic incident management system, and incident data is reviewed by the Quality Governance Committee and reported to the Board.

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.

However, the service was not able to adequately demonstrate effective organisation wide governance systems are in place in relation to continuous improvement, and workforce governance.

The Quality Standard is assessed as Non-compliant as one 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) Compliant

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

The organisation had a mission statement, policies, procedures and frameworks which incorporates and promotes a culture of safe, inclusive and quality consumer care. The service reports to the organisational Quality Governance Committee, including information in relation to the Serious Incident Response Scheme notifications, complaints data, service audits and consumer satisfaction. The Quality Governance Committee reports this information to the Board of Director’s.

The Site Audit report provided information in relation to consumer feedback regarding some staff’s treatment of consumer. I have considered this information in my decision under Requirement 1(3)(a) and Requirement 7(3)(a). At the time of the Site Audit, Management advised the organisation was aware of feedback provided by consumers related to staff culture. Actions taken by the organisation included mandatory staff training sessions in 2022; and review of consumer survey’s and service audits to include information in relation to staff treatment of consumer to ensure monitoring and reporting to the organisation’s governing body.

In its response the Approved Provider refuted the findings presented in the Site Audit report. Information was provided which evidenced the organisation has process in place such as through consumer surveys and service audits to engage consumer feedback. In its response the Approved Provider stated additional surveys had been developed to seek feedback from consumer and staff in relation to dignity, respect and quality care.

The Approved Provider’s written response including a continuous improvement plan for the service with actions including the implementation of a workplace observation tool; daily reporting to the service Management in relation to any observation of poor staff conduct; completion of a consumer experience survey and the completion of a staff conduct and knowledge survey.

In coming to my decision of Compliance in this Requirement, I have considered the information under this and other Requirements, included in the Site Audit report and the Approved Providers written response. While at the time of the Site Audit, consumer feedback identified not all consumer’s felt they were treated with respect and dignity; and staff practices were not consistently kind and caring, I am satisfied that the governing body promotes a culture of safe, quality and inclusive care. Therefore, it is my decision this requirement is 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 Site Audit report provided information that the service did not demonstrate effective organisational wide governance systems in relation to information management, continuous improvement, workforce governance and regulatory compliance.

In relation to information management, the organisation had processes that supported staff to undertake their role including access to consumers care documentation, verbal and written handover processes and staff meetings. Consumers expressed satisfaction with the way information about care and services is managed and the information provided to them. However, the Site Audit Report provided information that evidence the organisation had experienced a cyber-attack and as a result the service had experienced issues with accessing the staff electronic training system, and the reporting of staff mandatory training was incomplete. While, at the time of the Site Audit information in relation to the recording and monitoring of staffs mandatory training was not effective, it is my decision that this did not reflect ineffective information management systems.

In relation to continuous improvement, Management described how opportunities for continuous improvement were identified at the service through consumer and representative feedback, complaints mechanisms, consumer survey results, analysis of clinical and incident data, and internal audits. The service had a plan for continuous improvement which outlined improvement actions taken by the service, and monitoring and evaluation of these by service and organisational management. However, at the time of the Site Audit the service had not identified all deficiencies, for example in relation to staff’s treatment of consumers and the monitoring and completion of staff mandatory training.

The service was unable to demonstrate effective workforce governance systems, and consumers and representatives expressed dissatisfaction with staffing levels and reported that this had resulted in their care and service needs not consistently being met in a timely or effective manner. Staff considered there are insufficient staff to provide care and services in accordance with the consumers’ needs and preferences. The Site Audit report identified some staff are not consistently kind or caring towards consumers, and staff did not consistently speak about consumers in a way which demonstrated respect.

In relation to regulatory compliance, the organisation had organisational systems in place to track, audit and monitor compliance with legislative and regulatory standards. Industry standards and guidelines are monitored by the service’s corporate policy team through subscriptions to various legislative services and peak bodies. However, the Site Audit report provided information in relation to one named consumer who is known by the service to smoke outside of designated smoking area and within five metres of the service’s boundaries. I have considered this information in my decision under Requirement 5 (3)(b); while I acknowledge the single instance of a consumer’s smoking outside of designated area, I am satisfied that the service had a designated smoking area for consumers, and has taken actions to minimise the risk/s for the named consumer and other consumers at the service.

The Approved Provider’s written response refuted the findings presented in the Site Audit report. Information was provided which evidenced the organisation has process in place such as through consumer surveys and service audits to engage consumer feedback. In its response the Approved Provider stated additional surveys had been developed to seek feedback from consumer and staff in relation to dignity, respect and quality care. The Approved Provider’s response including a continuous improvement plan for the service with actions to address areas for improvement across all of the Quality Standards, including the deficiencies identified at the time of the Site Audit.

In coming to my decision of Compliance in this Requirement, I have considered the information under this and other Requirements, included in the Site Audit report and the Approved Providers written response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the Site Audit, the service did not demonstrate effective governance systems were in place in relation to continuous improvement and workforce governance. Therefore, it is my decision this requirement is Non-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*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

# Areas for improvement

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

* Requirement 1(3)(a) – Ensure each consumer is treated with dignity and respect, with their identity, culture and diversity value.
* 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.
* Requirement 7(3)(b) – Ensure consumers are treated in a kind and respectful manner.
* Requirement 8(3)(c) – Ensure the service has an effective organisation wide governance system relating to information management, workforce governance, and continuous improvement.