Blue Care Kenmore Aged Care Facility

Performance Report

129 Brookfield Road   
BROOKFIELD QLD 4069  
Phone number: 07 3859 0900

**Commission ID:** 5893

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

**Site Audit date:** 13 December 2021 to 15 December 2021

**Date of Performance Report:** 20 January 2022

# Performance report prepared by

Susan Turner, 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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-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** | **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 14 January 2022.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers were generally satisfied with the care and services they received and could discuss how their cultural needs, privacy and right to exercise choice and independence was upheld by the service and by staff.

Consumers felt their culture and diversity was valued and that significant relationships were acknowledged and supported. They said staff consulted with them and had an awareness of matters of importance to the consumer and that staff supported them to live the best life they can.

Consumers said they are provided with information that is accurate, current, timely and easy to understand and described how they were supported to exercise choice and make decisions about the care and services provided including the choice to take risks.

However, some consumers and representatives said that consumer dignity and respect is compromised as staff are too busy to assist consumers with activities of daily living and are unable to respond to consumers’ requests for assistance in a timely manner.

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 and representatives provided mixed feedback about how staff promote consumers’ dignity and afford them respect. While some consumers were satisfied, other consumers and representatives felt that dignity and respect was compromised due to lack of staff and delays in attending to consumers’ requests for assistance.

Consumers and representatives provided examples of situations when consumers had experienced delays associated with toileting or had experienced delays in the provision of personal care particularly in relation to hygiene and continence management. Additionally, representatives provided examples of occasions when consumers were left without their sensory aides which impacted their ability to understand, engage and communicate.

Care staff generally reported that there are insufficient staff and that this had impacted consumers, resulting in delays in the provision of care including hygiene care.

While staff spoke to the Assessment Team in a way that indicated respect for consumers, some consumers and representatives provided examples where staff had been rude or dismissive.

The approved provider in its response to the Assessment Team’s report included evidence that assessments in relation to consumers’ continence needs and sensory needs are in place and that call bell response times are monitored.

The approved provider has however, acknowledged that on occasion, consumers’ care needs have not been met in a timely manner and that this has caused distress and dissatisfaction. In response to this, the service’s continuous improvement plan, submitted as an element of the response, includes a commitment to provide staff with additional education and training that incorporates choice and dignity, continence care, communications skills, sensory aides and how to deliver a safe, quality meal service.

Additionally, registered nursing staff duties lists are to be reviewed to ensure monitoring and supervision of staff are documented as being key elements of their role and improved processes are being established to ensure sensory aides are functional and in place.

While I acknowledge the actions being taken by the approved provider, I am satisfied that for the reasons outlined, consumers have not been consistently treated in a way that is respectful or promotes their dignity.

I find 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 said that they felt like partners in the ongoing assessment and planning of consumers’ care. They said they are included in planning, that risks to the consumers’ health and well-being are considered and they have access to their care plans if they wish to do so.

Initial assessments identified consumers’ needs, goals and preferences and included consideration of advanced care planning and end of life wishes. The service accessed external services and allied health professionals as required to support consumer care.

There are processes to support the regular review of care and service delivery and this occurs three monthly or when circumstances change or incidents occur. The Assessment Team found that care planning documentation evidenced involvement of consumers and their representatives in this process.

Registered nursing staff demonstrated a sound understanding of the assessment and care planning process and could explain how incidents may trigger a reassessment or review. Care staff said they have access to the care plan either electronically or in hard copy.

The organisation had a suite of evidence based policies and procedures to guide staff with the assessment and care planning process.

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 were generally satisfied with the care and services consumers received; this included the ways in which risks to the consumer were managed by the service. They said the consumers had access to medical officers and other health professionals as required. Some consumers and representatives expressed dissatisfaction with staff response times and said that delays in care had compromised consumer dignity, this has been considered under other standards.

Consumers and representatives provided the Assessment Team with examples of how staff supported consumers with complex behaviours, assisted them when they were unwell and discussed risks associated with the use of restrictive practice if this was being considered.

Care staff demonstrated a sound understanding of consumers’ needs and preferences and explained how they delivered care that was in line with the consumers’ care plans.

Nursing staff described how they monitor consumers’ health and well-being and identify any emerging concerns. Staff could describe the non-pharmacological strategies used to support consumers with complex behaviours and said that chemical restraint would be administered as a last resort if authorised.

Registered nursing staff and care staff described how they support consumers who are approaching end of life and said that they strive to maximise the consumer’s comfort and dignity through the provision of mouth care, repositioning and pain management.

Care planning documentation evidenced care that was safe and appropriate to the consumers’ needs and this included those consumers who were nearing end of life. The Assessment Team brought forward examples of care that had been provided to consumers with specialised nursing care needs and found that specialist directives were being followed. For consumers with chronic or complex wounds, the Assessment Team found that skin care needs were being managed effectively and that there was access to specialist services such as a nurse practitioner.

The Assessment Team found that care planning documentation included appropriate consents and authorisations where restrictive practices were applied and that there had been involvements of geriatricians or dementia specialists as necessary. The use of psychotropic medications was monitored using monthly reports provided by a clinical pharmacist.

Processes were in place to ensure that consumers’ care needs were identified, actioned and communicated. This included care plans (electronic and hardcopy), handover, scrum meetings, communication diary and incident reporting mechanisms.

Referral processes were effective and where appropriate, information was documented and communicated with others where consumer care was shared. Allied health specialists provided feedback that their care directives were implemented as planned.

The service had processes in place to minimise infection related risks including a qualitifed Infection Prevention and Control Lead and an outbreak management plan. The service monitored and maintained vaccination records for staff and consumers in relation to influenza and COVID-19.

The organisation had a suite of evidence-based policies and procedures relevant to this standard to guide and support staff in the delivery of care and services to consumers. Policies included restraint minimisation, wound care, pain management and end of life care.

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 said consumers are supported to engage in a range of activities of interest to them both inside and outside the service. They provided examples of playing bingo, sing-a-longs and visiting with animals; consumers provided positive feedback about the volunteers and how they enhanced their life. They said the service supports consumers to remain socially connected with people of importance to them and that their emotional and spiritual needs are met by staff, the Chaplain and volunteer workers. Overall, consumers were satisfied with the meals and said that portion size was appropriate and that they enjoyed sufficient variety.

Staff were able to describe the types of activities that individual consumers liked to participate in. The Diversional Therapist said that activities are planned on a monthly schedule and a variety of activities are offered including crafts, concerts, card games, bus outings and bingo; activities are available Monday to Saturday. The Diversional Therapist described how activities are adjusted to meet consumers’ needs and provided examples of sensory activities such as flower arranging that are provided for consumers who may benefit from this type of activity. Individual preferences are accommodated and staff were able to provide examples of how they support consumers who like to pray or enjoy quizzes or outings.

Staff described how the activity program is tailored to the needs of the consumers through surveys, discussions at consumer meetings and through the feedback and complaints mechanisms. The Assessment Team was able to confirm through a review of meeting minutes that consumers have opportunities to contribute to activity planning.

Staff were familiar with how to recognise a change in a consumer’s emotional or psychological well-being and said they would escalate this to the registered nurse who can then undertake an assessment, make a referral to a counselling service or the medical officer, or enlist the support of the Chaplain.

Hospitality staff were familiar with consumers’ specific dietary needs and said meals are prepared fresh on site. Menus were generally changed seasonally and were developed in consultation with a dietitian. Communication processes were established to ensure that information relating to consumers’ dietary needs is current and communicated appropriately. Consumer satisfaction with the meals was monitored through consumer surveys, food specific surveys, verbal feedback and compliments and complaints.

Care planning documentation included details about what is important to consumers and identified the supports needed to help consumers to do the things they want to do. The Assessment Team found that information included in care plans was consistent with the information provided by consumers and representatives.

The Assessment Team observed lifestyle and leisure supports and equipment to be clean, well-maintained, safe and suitable to the needs of the consumers. Consumers were observed throughout the Site Audit participating in large group activities including Christmas concerts or in their rooms reading and listening to music. Staff and the Chaplain were observed engaging with consumers individually and in group settings.

The Assessment Team observed meal services and meal delivery to consumers’ rooms. The Assessment Team noted staff were cognisant of consumers’ preferences and confirmed meal choices with the consumer. Kitchen and serving areas were observed to be clean and tidy with kitchen staff observing food safety protocols.

The organisation had a suite of policies and procedures in place relevant to this standard that addressed referral processes and supported the lifestyle needs of consumers.

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

Overall consumers were satisfied with the organisation’s service environment and said they felt safe and comfortable. Consumers said they could access indoor and outdoor areas, that their visitors were made to feel welcome and that the equipment they relied on was clean, well-maintained and comfortable to use.

Staff had a sound understanding of how to report maintenance issues and documentation reviewed identified reactive maintenance is attended to in a timely manner and preventative maintenance is undertaken as scheduled. There were processes to support equipment replacement and risk assessments were completed as appropriate.

Management staff said they monitored consumer satisfaction with the service environment through encouraging verbal feedback from consumers, undertaking surveys and through comments received through the compliments and complaints mechanisms.

The Assessment Team observed the service’s living environment including consumers’ rooms, communal internal areas and garden areas and found the service was secure, clean and well-maintained. Consumers were observed moving freely within the environment and accessing equipment that was appropriate to their needs.

The service had wide, well-lit, unobstructed corridors and clear signage to optimise consumers’ independence and safety when mobilising. Communal areas provided a home-like environment where consumers could meet to watch television, listen to music or take part in activities and noticeboards displayed consumer information including information about the Aged Care Quality Standards.

Consumers’ rooms were personalised with pictures, decorations, blankets and other personal items.

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 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The service was able to demonstrate that consumers and representatives were made aware of and had access to advocates, language services and other methods for raising complaints. Consumers and representatives confirmed they had been provided with information about complaints processes and some consumers and representatives said they were aware of external complaints mechanisms and advocacy services.

However, while consumers were aware of how to lodge a complaint, consumers and representatives were at times dissatisfied with the way that their feedback and complaints were managed.

Information brought forward under other standards demonstrated that consumers felt they received sufficient information to exercise choice and were involved in decisions about the care and services they received.

During the site audit management staff provided examples of instances where complaints had been managed and where an open disclosure process was applied. This was corroborated with additional information submitted by the approved provider in response to the Assessment Team’s report which demonstrated that there are various mechanisms for providing feedback and this is encouraged by the service. Consumers and representatives were aware of the avenues for raising complaints and have done so, including accessing external complaints bodies. Education about feedback processes has been provided to staff and there was evidence that an apology was made in response to a complaint or incident.

However, the service’s systems and processes for documenting and managing feedback and complaints was not effective in informing continuous quality improvement and did not consistently result in improved outcomes for consumers.

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

The Assessment Team brought forward information that some representatives who had made complaints to the service were dissatisfied with the way their complaints had been managed. Their concerns related to the way the service received their complaints with some representatives stating they were made to feel their feedback was not welcomed; some said they had experienced delays in the service responding to their complaints.

Management staff advised the Assessment Team during the site audit that there had been deficiencies in the way the service had previously responded to consumers’ complaints and in response to this a number of actions had been initiated including direct contact with the consumer or their representative to attempt to resolve the matter, and the provision of staff education.

The Assessment Team’s report included examples of complaints that had been raised where the consumer or representative were dissatisfied with the way the complaint had been managed. In response to this information the approved provider in its response to the Assessment Team’s report submitted evidence demonstrating that overall, the complaints had been actioned, there had been ongoing engagement with the consumer or representative, where appropriate the matter had been escalated within the organisation, medical officers were involved if necessary and apologies made. One complaint brought forward by the Assessment Team related to an incident that had occurred some years ago and the approved provider submitted evidence that this had been addressed at the time and in some instances the approved provider supplied documented evidence indicating that the consumers or representatives had previously expressed satisfaction with the actions taken by the service.

The approved provider submitted evidence of the ways that consumers and their representatives are encouraged to provide feedback. This included through consumer surveys, consumer meetings, during care reviews and through other feedback mechanisms. I note that a consumer survey completed in late 2021 demonstrated that the majority of consumers sampled said that their feedback was encouraged.

Consumer feedback detailed by the Assessment Team under other standards demonstrated that consumers were satisfied with the information they received and felt that they could exercise choice. Consumers and representatives confirmed they were involved in the assessment and care planning process including regular care reviews and evidence submitted by the approved provider demonstrated that satisfaction with care and services is an element of this process.

The approved provider acknowledges that some consumers or representatives remain dissatisfied with the complaints process and in response to this the continuous improvement action plan has been revised and includes additional strategies to support the complaints process including involving advocacy services where a need is identified, providing support and education to key personnel in relation to having difficult conversations and increased monitoring of the electronic database that is used to track complaints.

The evidence provided demonstrated that overall, complaints had been actioned by the service and an apology provided. Documentation submitted demonstrated that for those complaints logged in the electronic complaints database, efforts were made to liaise with the consumer or representative in a timely manner in an attempt to address the concern.

I am satisfied that the organisation provides consumers and representatives with opportunities for providing feedback and making complaints and that efforts are made to engage with consumers and representatives.

I find this requirement is Compliant.

### 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.*

The Assessment Team brought forward negative feedback from some representatives about the way the service managed and responded to complaints. Consumers’ representatives provided examples of complaints that had been made that they felt had not been responded to appropriately by the organisation.

The Assessment Team brought forward information that in some instances consumers and their representatives said they had not received an apology in response to a complaint. However, management advised the Assessment Team during the site audit that the complaints they were aware of (some complaints had been made prior to the staff member commencing at the service) had been actioned and an apology had been made.

The approved provider’s response to the Assessment Team’s report included evidence that overall, action had been taken in response to complaints, including those lodged prior to the commencement of the current management team, and that the service had attempted to engage the consumers or their representatives in the process.

Additionally, documentation submitted included evidence that an apology had been made when things went wrong and that staff have received education and training in open disclosure processes.

The approved provider demonstrated that where appropriate, complaints were escalated to the organisational quality team and that professional advice was sought to assist in resolving the concerns.

The approved provider acknowledges that some consumer representatives remain dissatisfied with the outcome of their complaints and has committed to offering a further apology. Additionally, the continuous improvement plan includes strategies to build on existing staff knowledge and skills in relation to feedback processes. This includes education and training, increased monitoring of complaints processes and discussion about complaints processes at staff meetings and during performance reviews.

I am satisfied that overall the service has taken action in response to complaints and that an open disclosure process has been used when things go wrong. I am confident that the actions planned by the service will further strengthen the service’s performance under this requirement.

I find this requirement is Compliant.

### Requirement 6(3)(d) Non-compliant

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

The service was not able to demonstrate that feedback and complaints effectively informed continuous quality improvement and resulted in improvements in care and service delivery for consumers.

Data relating to complaints was inconsistently recorded and the service’s plan for continuous improvement (or the quality register) did not reflect the use of feedback or complaints in improving the quality of care and services.

Management staff stated that the main focus of complaints related to staffing and food services. Management were not able to provide examples from the previous 12 months of how consumer complaints had resulted in improved care and service delivery, they said that the service’s plan for continuous improvement was primarily informed by issues identified via internal audits or management observations.

The Assessment Team identified that the meeting minutes from the consumer/representative meetings did not consistently document actions taken in response to complaints that were raised. Additionally, complaints raised at these meetings were not documented in the complaints register or in the plan for continuous improvement. Where complaints were recorded in the complaints register, details about the resolution or actions taken in response to the complaint were not consistently documented.

The approved provider in its response to the Assessment Team’s report provided some examples where actions have been taken in response to consumer feedback including in relation to crockery purchases, increased computer access for consumers and improvements to the living environment. However, the approved provider acknowledged that the service had applied an inconsistent approach to the documentation of complaints and the associated quality improvement actions. In response to this the continuous improvement plan provided includes strategies to improve data management and analysis and trending of complaints with an enhanced focus on ensuring consumers and staff are informed of quality improvement initiatives.

I acknowledge that some improvements have occurred at the service however I am satisfied that the service did not effectively manage complaints data and in some instances, data was incomplete or inaccurate. This has the potential to impact the capacity of the service to analyse the information and identify recurrent themes and trends, including possible systemic issues to inform continuous improvement.

I find this requirement is Non-compliant.

# 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

Most consumers and representatives interviewed by the Assessment Team reported there were insufficient staff and that consumers experienced long waiting times for care to be provided including the provision of assistance with toileting and meals. Consumers and representatives said that staff rushed to perform their duties and did not have sufficient time to spend with consumers.

Staff told the Assessment Team they did not feel there were enough staff and that this impacted on their ability to complete their duties. They provided examples of those tasks that had been impacted by delays and these included meal provision, providing assistance with mobilisation, completing documentation and having to rush the consumer when assisting with toileting and other personal cares.

While consumers and representatives were dissatisfied with sufficiency of staffing most said permanent staff were kind, caring and knowledgeable. Some though raised concerns about the attitude of agency staff.

The service was able to demonstrate that the workforce was appropriately qualified and competent to effectively perform their roles and there were established mechanisms in place to train, performance manage and develop staff.

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.*

Consumers and representatives were not satisfied with the sufficiency of staffing at the service and reported consumers had experienced delays in the provision of personal care including care associated with their continence needs, mobility and hygiene.

Consumers and representatives described the negative experiences the consumers had experienced which they attributed to lack of staff. This included meals being served cold, delays in the provision of breakfast, delays in assisting with mobilisation, hearing aids not fitted, hair not brushed and delays in attending to continence needs.

Consumers and representatives said it was difficult to locate staff with a number of them saying that at times they have to wait for extended amounts of time before staff provide assistance. The Assessment Team observed one call bell go unanswered for more than 20 minutes during the Site Audit and noted that at the time this occurred there were no staff observed in the area.

Some consumer representatives said that agency staff were slower than permanent staff and that they were less knowledgeable of the needs of the consumers. They said that this also impacted the timeliness of care and service delivery.

Staff advised the Assessment Team they did not have sufficient time to provide care and services to consumers or to complete documentation associated with care delivery. Staff raised concerns about the extent of staff turnover, burnout and not feeling valued.

Lifestyle staff said activities and outings had been reduced as lifestyle staff had left the service and not been replaced. They said they were often disrupted in their own work by having to assist care staff in mobilising consumers.

Cleaning staff said there were insufficient cleaning staff to complete their allocated duties and that cleaning was being rushed.

Management staff said that changes in management personnel during the previous 12 months had had an adverse impact on consumers and staff. They said they had recently identified concerns associated with staffing and that the service had experienced some staff resignations. They said this had impacted the roster. Management explained the strategies the service was utilising to improve staffing cover and this included recruitment processes, the use of agency staff, extending existing shifts and introducing additional shifts; these changes were confirmed by the Assessment Team.

I note that at the time of the Site Audit the service had commenced a process to improve staffing levels. I also acknowledge that the approved provider in its response to the Assessment Team’s report stated that a comprehensive activities program continues at the service and includes music therapy and that the service strives to ensure there are sufficient staff to deliver cleaning and hospitality services and to deliver safe care.

As an element of the response the service submitted call bell response data for a number of consumers and while the approved provider stated that overall response times were appropriate, I remain concerned that on a number of occasions consumers appeared to experience extended delays in staff attending to their needs. The approved provider stated that at times call bells are left in operation so that other staff are aware of their colleagues’ whereabouts and that extended delays in responding to call bells are reviewed by management staff. I am not persuaded by this argument as the approved provider’s response did not include evidence of how the service reviews inappropriate response times, and consumer and staff feedback and the observations of the Assessment Team confirmed that consumers experienced delays.

The continuous improvement plan submitted as an element of the approved provider’s response includes actions that are being taken to address the deficiencies identified in relation to human resources. The organisation plans to increase communication with consumers, representatives and staff about workforce strategies. Opportunities to engage with the consumer and their representative will include consumer voice surveys which will occur quarterly. A site specific staff survey will be developed to support engagement of staff. Additional call bell audits will occur with documentation of actions taken in response to extended call bell response times.

While I acknowledge the approved provider’s response including the actions that are to be implemented, I am not sufficiently persuaded that these actions have addressed the dissatisfaction expressed by consumers about the sufficiency of staff. I remain concerned that at the time of the Site Audit, consumers and staff were reporting delays in care delivery and this was observed by the Assessment Team. I am of the view that the improvements that have been made by the service will need to be tested and evaluated for effectiveness.

I find this requirement is Non-compliant.

### 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 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Most consumers and representatives said the service was well run and felt that they were engaged in the delivery and evaluation of care and services. Consumers and representatives said they participated in decisions about consumers’ clinical care and that consumers were able to make informed decisions about the types of activities they chose to participate in.

The organisation has strategic quality and clinical governance frameworks that promote a person-centred care experience for consumers. The frameworks promote an expectation that care and service delivery will be safe, effective and integrated and that this will be achieved through partnerships with consumers, staff and effective service delivery systems.

Staff and consumers receive information regarding the Aged Care Quality Standards and the organisation’s goals, expectations and values related to consumer care and service delivery. Consumers are also provided a copy of the Charter of Aged Care Rights.

Effective risk management systems and processes ensured that the organisation identifies and responds to risks that may impact consumers’ health, safety and well-being.

Governance systems are in place to support the management of information, regulatory compliance, financial governance and to generally drive continuous improvement. However governance systems relating to the management of feedback and complaints and the management of the workforce were not effective. Consumers and representatives expressed their dissatisfaction with staffing and complaints data was not consistently used to improve care and service delivery or to inform continuous improvement.

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.*

### 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 organisation generally had effective systems in place for the management of information, continuous improvement, financial governance and regulatory compliance. However, organisational governance systems that related to the workforce and feedback and complaints were not effective.

The organisation was unable to demonstrate effective workforce governance processes that ensured there were sufficient skilled and qualified staff in place to deliver safe, quality care to consumers. Consumers and their representatives provided detailed examples of how delays in staff responding to requests for assistance had resulted in negative outcomes for consumers.

While the organisation has established mechanisms to support consumers and representatives to make a complaint or provide feedback, the organisational systems and processes used to identify, analyse and monitor feedback and complaints were ineffective. Complaints data was inaccurate and incomplete and was not consistently used to inform continuous improvement activities.

Consumers and representatives reported under other requirements that they had the information they needed to make informed decisions about care and services. Staff interviewed said they had ready access to the information they needed to undertake their role and that communication processes ensured the information they received was accurate and current. Staff have access to an organisational intranet which contained a suite of policies and procedures.

The organisation has an established quality framework which outlines the processes for the delivery and management of continuous quality improvement initiatives. Management staff advised that quality improvement activities are informed by internal audits, analysis of incident data and consumer feedback mechanisms. However, the Assessment Team brought forward information that complaints do not consistently inform the service’s plan for continuous improvement.

Management staff advised the Assessment Team that the service has an allocated annual budget and that the organisation is responsive to requests for budgetary changes to support consumers identified needs.

There were systems in place to ensure any changes in legislation were identified and communicated as required. Where appropriate staff received training to support their knowledge and understanding of the changed requirements.

The approved provider’s response to the Assessment Teams report demonstrated that actions are being taken to address the deficiencies identified in this standard including in relation to workforce governance and the management of feedback and complaints. Actions include increased opportunities for engagement with consumers, representatives and staff, additional education and training for staff, revised processes to enhance trending and analysis of data, increased audits and increased monitoring by the management team.

However, I am satisfied that management systems and processes were not effective in those areas relating to workforce governance and feedback and complaints.

I find 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.

* The organisation must ensure that consumers are consistently treated with dignity and respect and that delays in care delivery do not compromise consumer dignity.
* The organisation must ensure that feedback and complaints are used to inform continuous improvement activities that result in improved care and service delivery.
* The organisation must demonstrate that it has sufficient staff to deliver care and services in accordance with consumers’ needs.
* The organisation must demonstrate effective governance systems particularly in relation to workforce governance and feedback and complaints.