Blue Care Lowood Glenwood Aged Care Facility

Performance Report

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LOWOOD QLD 4311
Phone number: 07 5426 2530 / 07 5427 8800

**Commission ID:** 5284

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

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

**Date of Performance Report:** 7 April 2022

# Performance report prepared by

Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** |  **Non-compliant** |
| Requirement 4(3)(a) | Non-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) |  Non-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) | Non-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 22 March 2022.
* other relevant information held by the Commission including internal referrals received.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers and representatives said staff were respectful towards them and their individual identity, culture and diversity recognised and valued. They said they were encouraged to do things for themselves and were confident that staff knew what is important to them and delivered care that was culturally, socially and emotionally safe for consumers. Consumers and representatives said they were supported by the service to exercise choice and independence and to maintain relationships of importance to them.

Consumers described to the Assessment Team how the service supports them to live the life they choose which included; continuing to go out onto the community when they choose, having family regularly visit them within the service and consumers being able to make informed choices about their care.

Consumers were confident that staff knew what is important to them and said staff respected their personal privacy and discussed information regarding their care in a confidential manner.

Staff understood the individual circumstances and life journeys of consumers which influenced the planning and delivery of their care and demonstrated a shared understanding of how consumers’ culture and background influenced the delivery of their care and services. Staff were aware of people most important to consumers and supported consumers to maintain these relationships. Management confirmed information updates were provided to consumers and representatives through electronic mail correspondence and case conferences.

Care planning documentation reflected the diversity of consumers and included information regarding what and who were important to them, their life journey, cultural background, spiritual preferences, family relationships and their individual personal preferences and the Assessment Team observed staff interacting with consumers in a friendly, warm, dignified and respectful manner.

Care documentation also reflected ongoing engagement and planning with consumers, including the identification and assessment of risk. The Assessment Team reviewed care documentation for two consumers who were supported to take risks as detailed in the initial and ongoing assessment and planning by the Approved Provider.

Regular communication with consumers and representatives involved in their care occurred through informal discussions, case conferences, electronic mail correspondence and telephone calls which was evidenced in consumers’ care information. Care information evidenced discussions had occurred with staff and consumers to support consumers who expressed a desire to take risks.

The service had policies and procedures relating to diversity and inclusion and staff code of conduct, which outlines how staff are to treat consumers and how consumers are to be supported to express their culture, diversity, identity, and preferences.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

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

Consumers and representatives said they were involved in assessment and care planning and that the care delivered, met their needs. Consumers and representatives described how staff consulted them through initial assessment and planning to develop a plan of care that was then reviewed on an ongoing basis or as needs change. Consumers and representatives reported they were provided with information about their assessed care needs, had a copy of the care and service plan or could access a copy if they wanted.

Care and service plans were individualised and included identified risks to each consumer’s health and well-being including and demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers.

Staff had a shared understanding of the service’s process for referrals to allied health professionals and communication planning processes which were completed on entry to the service and reviewed regularly. Clinical staff confirmed advance care planning and end of life discussions occurred on entry to the service and during care plan review processes. Care staff confirmed clinical staff ensured they were updated when changes in consumers’ care needs occurred.

The organisation had documented policies and procedures regarding assessment and care planning processes, end of life processes, referral processes and information sharing.

Care planning documentation reflected end of life and advance care planning discussions had occurred between consumers and their representatives. Care planning documentation detailed the individual needs, goals and preferences of consumers. Under Requirement 2(3)(b) the Assessment Team identified two consumers for whom advance health directives had not been fully completed by the service and raised this with management during the Site Audit. Management subsequently advised they would attempt to have these completed after speaking with consumer representatives. The Assessment Team did not consider the incomplete directives a demonstration of Non-Compliance with this requirement and recommended the requirement Met.

In its written response dated 22 March 2022 the Approved Provider submitted further evidence and explanation of the issues raised by the Assessment Team that satisfied me the service has effective systems and processes in place to support assessment and planning. Based on the information brought forward by the Assessment Team and the additional evidence provided by the Approved Provider I am satisfied that that the Approved Provider is compliant with all Requirements under this Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers said they felt confident and were satisfied they were receiving care that was safe and right for them and that met their needs and preferences. Consumers described to the Assessment Team the different ways the service provided individualised care, tailored to their needs. Consumers and representatives felt risks associated with their care were monitored and managed by staff effectively.

Care and service plans reflected care that was supported by best practice and was individualised to ensure consumers received care that was safe, effective and tailored to their needs. Risks associated with the care of consumers including, but not limited to, falls, medications and skin tears were well managed by the service through ongoing staff education and through a suite of risk assessment tools. Care information reflected the timely identification of, and response to, deterioration or changes in consumers’ conditions. Care plans reflected input form health professionals and other providers of care including, the Medical officer, wound specialists and physiotherapists.

Staff demonstrated a shared understanding of the individual needs, preferences and risks of consumers and how to effectively manage and monitor them. Staff were aware of how to access further support and information on best practice from the senior clinical management team or relevant policy and procedure guidance. Staff described how they care for those who needed end of life care and were aware of how to access information regarding a consumer’s end of life preferences.

The organisation had policies, procedures, guidelines and flowcharts for key areas of care including restraint, nutrition, skin integrity, post-falls management, pain management, palliative care and clinical deterioration, which were in line with best practice. The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. An outbreak management plan supported the service’s preparedness in the event of a COVID-19 outbreak.

Under Requirement 3(3)(a) the Assessment Team brought forward evidence from one consumer that stated they did not consistently receive care tailored to their needs in relation to personal care preferences, I have considered this evidence further under Requirement 7(3)(a). The Assessment Team also found there were some gaps in staff understanding of restrictive practices that did not impact consumer care, neither issue was found to be a demonstration of Non-Compliance.

In its written response dated 22 March 2022 the Approved Provider submitted further explanation of the issues raised by the Assessment Team and advised staff ensure sufficient information is gathered in order to provide tailored care to each consumer based on their personal preferences. Further education and resources have been provided to staff in relation to restrictive practices.

Based on the information brought forward by the Assessment Team and the additional evidence provided by the Approved Provider I am satisfied that that the Approved Provider is complaint with all Requirements under this Standard.

### 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 NON-COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers expressed confidence in the way the service shared and communicated their needs and preferences both internally and to external health professionals. Consumers provided various examples to the Assessment Team of how the service ensured they maintained relationships that were important to them.

Staff explained how they were updated on the changing condition, needs and preferences of consumers through documentation and verbal communication which included; shift handovers, communication diaries and care documentation.

Staff also described how they work with other individuals, external organisations and volunteers to supplement the lifestyle activities within the service which included citizen’s clubs, entertainers and personal care services.

The Assessment Team observed a variety of brochures and resources available to support referrals to external organisations as required.

However, not all consumers were satisfied they received safe and effective services and supports for daily living. Consumers were not satisfied they were provided supports to engage in activities of interest to them both within and outside the service. Some consumers were also dissatisfied with the variety and quality of food offered by the service. I have explored this further under the specific requirement.

## Assessment of Standard 4 Requirements

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

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

The Assessment Team found the service did not ensure each consumer received safe and effective services and supports for daily living that met the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. Relevant (summarised) evidence included:

* One consumer who stated that they are not able to leave the service as often as they like and that the organised outings are not to their liking.
* Representatives who stated that nothing on the activity schedule was of interest to the consumer.
* One consumer who stated that activities such as art, indoor bowls and sewing were previously offered but have since ceased.
* A consumer and representative that stated the activities offered were not particularly challenging or interesting.
* Lifestyle staff who advised that the service relied on volunteers to provide some programs, making it difficult to accommodate all requests for activities.

In its written response dated 22 March 2022 the Approved Provider gave explanation of steps taken prior and since the Site Audit in relation to gaining understanding of individual interests and needs in relation to activities. The Approved Provider advised of actions taken in response to consumer feedback, these included a review of the activities offered by the service, the establishment of a sewing room and group as a regular activity, bus trips around the local area and work undertaken by the lifestyle officer to create alternate activity options for those who do not wish to participate in the scheduled group activity.

While I acknowledge the actions taken by the Approved Provider to address the deficiencies identified under this requirement, at the time of the site audit the service did not ensure each consumer received safe effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimised their independence, health, well-being and quality of life. I find the service Non- Compliant with this Requirement.

### 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) Non-compliant

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

The Assessment Team found the service did not demonstrate that meals were varied and of suitable quality and quantity. Relevant (summarised) evidence included:

* Consumers and representatives gave general negative feedback about the quality of food provided by the service, meaning that at times their preferences aren’t met.
* One consumer stated that they do not like a particular vegetable, and despite never eating it and returning it each meal, continued to be served it
* One consumer advised that they are brought specific food in by their representative as suitable dietary options were not made available for them by the service. This consumer also advised that the food quality and level of preparation is low.
* One consumer stated that the food offered does not always cater to individual dietary needs and meals lack healthy options.
* Staff advised that communication between hospitality and care staff broke down at times, affecting the delivery of meals and services.

In its response dated 22 March 2022, the Approved Provider disagreed with the findings of the Assessment Team and provided further evidence of the steps taken to ensure the quality of meals provided, these included:

* Monthly food focus groups in place prior to the Site Audit and offered to all residents on an ongoing basis with feedback used to improve the quality.
* In relation to the consumer who stated they are served a vegetable they do not like, the care plan has been updated to reflect their desire to not be served this at meals, with a plan to follow up to ensure this occurs
* Processes put in place to provide food specifically to the liking of individual consumers, so they do not have to be brought in from outside the service.
* An audit of dietary information used by the kitchen to ensure communication between care and hospitality staff is supported and remains accurate.

While I acknowledge the actions taken by the Approved Provider in response to the Site Audit, I remain of the view that at the time of the Site Audit the service did not demonstrate that the meals provided, were varied and of suitable quality and quantity. I find this Requirement Non- Compliant.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers felt they belonged in the service and felt safe, at home and comfortable in the service environment. Consumers liked their rooms and could easily navigate the service layout including outdoor areas. Consumers considered that the service was clean and well maintained, and equipment, furniture and fittings in the service were clean, safe, well maintained and suitable to their needs and preferences.

The service environment was observed to be welcoming and easy to navigate with communal indoor and outdoor areas with well-maintained pathways and consumers were observed using these to move about the service. The outdoor areas were easy to navigate and there were shaded areas and outdoor furniture. Cleaning staff were observed to be attending to the service, and the service environment, furniture, fittings and equipment were generally clean, well maintained and appropriate for consumer needs.

The service had a preventative maintenance program which was managed through inhouse and outsourced providers, and maintenance log books which were used by staff to log ad hoc requests. Staff were aware of the process for recording maintenance issues and identified they would escalate to the maintenance officer directly if required, or by raising a request in a maintenance book, placed in several areas around the facility.

## 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-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers and representatives felt comfortable and encouraged to raise complaints and provide feedback through established complaints processes. The service had various feedback and complaints mechanisms to encourage and support consumers in providing feedback. These included meetings, feedback forms, focus groups, visitor feedback and consumer engagement groups.

The organisation ensured complaints information and mechanisms, advocacy services and language services information were available and accessible to all consumers and their representatives. Focus and engagement groups were held with consumers with supports and tools to accommodate and gather feedback from consumers. Complaints and feedback were supported to be made anonymously if a consumer chose.

Staff were aware of feedback procedures and mechanisms and supported and encouraged consumers to make complaints. The service was able to demonstrate it gathered feedback data and is able to track and analyse trends.

However, the service could not demonstrate that feedback was used to identify and lead to improvements in the delivery of care and services, the Approved Provider could also not consistently demonstrate appropriate action was taken in response to complaints.

## 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) Non-compliant

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

The Assessment Team found that staff were able to effectively explain the open disclosure policy and the complaint handling system in place and provide examples of actions taken to respond to complaints. However, management was unable to demonstrate complaints were consistently registered in the service’s electronic system in alignment with the organisation’s feedback management policy or actioned to the satisfaction of the consumer.

The Assessment Team found the service did not demonstrate appropriate action was always taken in response to consumer feedback and open disclosure was not consistently used when things go wrong.

* Two consumers described attending meetings but not seeing any change from issues raised.
* One consumer and their representative stated that they had raised a specific complaint but not heard anything further.

In its written response of 22 March 2022, the Approved Provider explained the process it took in response to the complaint raised directly by the consumer and their representative, which included an apology and investigation into the issue. The Approved Provider also advised that feedback obtained during resident meetings was not routinely entered into the feedback register as it was recorded and tracked through meeting minutes, the service has since changed the process and now all feedback is entered into the electronic feedback system.

While I acknowledge the actions taken by the Approved Provider in response to the Assessment Team’s report, I am not satisfied that at the time of the Site Audit it was able to demonstrate appropriate action was taken in response to complaints, I find this requirement Non-compliant.

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

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

The service demonstrated that feedback and complaints were trended, analysed and used to improve the quality of care and services. However, the service was unable to demonstrate effective reviews of complaint resolutions, with the Assessment Team identifying consumer feedback and documentation which showed some consumers were not fully satisfied with improvements or resolutions made.

The Assessment Team spoke to consumers and representatives who advised they had attempted to raise concerns during meetings and through complaints forms but did not feel that the issues had been satisfactorily resolved.

The Assessment Team spoke to Management who identified that issues regarding the food service has been a trend in the complaints received from consumers and representatives and advised of the improvements made to the service that were as a result of the feedback. Management also described how consumers were involved in discussions relating to food choices and lifestyle activities at consumer monthly meetings, through the food focus group, and a recently established resident engagement group.

Management demonstrated to the Assessment Team how feedback and complaints have been used to inform continuous improvements across the service, and how feedback, complaints and incidents were recorded and actioned. However, management was unable to demonstrate consistent review of the effectiveness of complaint resolutions and improvements, in alignment with the organisation’s quality framework.

In its written response of 22 March 2022, the Approved Provider disagreed with the Assessment Team’s findings and provided further explanation of the investigation and escalation process in response to a complaint. The Approved Provider also undertook to review its practices around working with complainants and completing appropriate evaluation prior to considering a complaint resolved.

Based on the evidence brought forward by the Assessment Team and further information provided by the Approved Provider, I am not satisfied that at the time of the Site Audit, the Approved Provider was able to demonstrate feedback and complaints were reviewed and used to improve the quality of care and services, I find this Requirement Non-compliant.

# 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

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

Consumers received quality care and services from staff who were knowledgeable, kind, capable and caring. Consumers and representatives were confident staff were competent and adequately trained.

The organisation had documented policies and procedures relating to human resource management which outlined processes to be implemented by the service to ensure staff were equipped, trained and supported to meet the needs and preferences of consumers across all areas of service delivery. There were defined position descriptions for all positions at the service, mandatory training and core competency requirements, processes to ensure vacant shifts are filled, and processes to monitor staff performance and rectify any training or knowledge deficiencies as required.

Interactions between management, staff and consumers and representatives were observed to demonstrate a kind, caring and respectful approach.

However, the Assessment Team identified some deficiencies relating to sufficiency of staff resulting in delays in care delivery and consumer preferences not being adhered to.

## 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.*

While some consumers spoke positively about staffing levels within the service, five of fourteen consumers and/or representatives interviewed expressed their concern around the capacity of the service’s workforce to adequately attend to consumers care and service needs in a timely way.

* One consumer stated to the Assessment Team that there are often delays to having blood glucose levels tested by the registered nurse of a morning.
* One consumer reported that staff are often stressed with pressures and they are sometimes asked to wait when they use the call bell.
* One representative stated they felt staff were too busy to provide emotional support and spend time with them when needed.
* A representative stated they have often observed staff being delayed in providing care to a consumer.

Staff advised they felt there were not enough staff and advised that while they felt they had time to complete their tasks, they did not have time to spend with consumers, particularly in the morning. Some staff also reported working longer or additional shifts to cover unplanned leave.

In its written response of 22 March 2022, the Approved Provider addressed some of the posits raised by the Assessment Team by stating;

* In relation to the consumer who reported delays to their blood glucose readings; management had reassigned the responsibility to the evening shift to avoid delays in the morning.
* In relation to the consumer who stated staff sometimes ask them to wait, the Approved Provider confirmed that at times staff do need to assess competing priorities and assess consumer needs during busier periods. The Approved Provided did confirm that if the need is assessed as urgent they escalate call bell requests to Registered staff or management as appropriate.

The Approved Provider also gave additional evidence to address the issues raised by the Assessment Team in relation to staffing sufficiency and staff ability to spend time with consumers. The Approved Provided stated that staff were encouraged to spend time with consumers where possible and undertook to continue monitoring staffing levels through data, resident engagement and clinical indicators.

While I acknowledge the actions taken by the approved provider, I remain of the view the number and mix of members of the workforce deployed does not enable the delivery and management of safe and quality care and services. I find this Requirement 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-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

The Assessment Team recommended Requirement (3) (a) was Not Met. I have considered the Assessment Team’s findings; the evidence documented in the site audit report and the Approved Provider’s response and have come to a different view. I have provided reasons for my findings in the specific Requirement below.

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

Consumers considered the organisation well run and explained how they were engaged in initiatives such as monthly consumer meetings and focus groups to contribute to the delivery of care and services.

The service’s management promoted a culture of safe, inclusive and quality care through being accountable, analysing information to inform improvement actions and having oversight of potential risks.

Overall the service’s governance systems were suitable, though some deficits in the deployment of the systems were identified by the Assessment Team.

The service had appropriate systems for recording risk, though in practice the service had not demonstrated effective management of risk on some occasions, particularly in relation to documentation and incident reporting.

The service has a clinical governance framework which included policies on antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated understanding of the policies and could give examples of how they comply with them.

The service was able to demonstrate that effective organisation-wide information management and financial governance are in place. However, gaps in workforce governance, regulatory compliance, continuous improvement, and feedback and complaints led to this requirement as being not met.

## 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.*

The Assessment Team found the service demonstrated that the development, delivery, and evaluation of care is made in consultation with consumers. The Assessment Team found regular meetings involving consumers and representatives, focus groups, surveys, and feedback mechanisms in place across the facility, designed to engage with consumers.

The Assessment Team also found that consumers and representatives were able to describe ways they have been involved in improving care and services and described the service as well run. The Assessment Team identified ongoing feedback relating to the food offered by the service and considered the Approved Provider had not met its obligations in relation to this requirement.

In its written response of 22 March 2022, the Approved Provider brought forward additional evidence that demonstrated the ways consumers are supported to give feedback and impact changes to care and services offered within the service. The service engages with consumers through consumer focus groups, consumer engagement groups, feedback forms for both consumers and visitors.

I have considered information and have formed the view that based on evidence brought forward by the Assessment Team and the Approved Providers response I am of the view that the Approved Provider has demonstrated that consumers are supported and engaged in the development and delivery of care and services. The Assessment Team did bring forward evidence in relation to how the service uses consumer engagement to improve the quality of care and services, which I have explored further under Requirement 6(3)(d) and Requirement 4(3)(f). I find this Requirement Compliant.

### 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 service demonstrated it had effective information and financial governance systems in place. Staff expressed to the Assessment Team that they had ready access to information they needed to deliver care and the service’s records management policies and processes were built on best practice principles. The service also demonstrated effective financial governance

The Site Audit report provided information that the service did not demonstrate effective organisational wide governance systems in relation to workforce governance, regulatory compliance, continuous improvement and feedback and complaints.

In relation to workforce governance, the Approved Provider was not able to demonstrate how workforce monitoring processes identified there were sufficient staff to provide quality care and services, or whether staff were attending to consumers’ care needs in a timely way. For example, call bell data was not analysed sufficiently to inform care and services 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.

In relation to regulatory compliance, the service did not demonstrate sufficient or effective training had been provided in relation to restrictive practices with training records showing that limited training had been given to staff on restrictive practices. The Approved Provider could not demonstrate that all staff had relation to the Serious Incidents Response Scheme, including reportable incident reporting obligations.

In relation to continuous improvement, management was unable to consistently demonstrate continuous improvement is used to improve care and services. The Assessment Team observed consumer feedback in relation to the food being discussed in minutes during several consumer forums and interviews with consumers identified not all issues raised at meetings have been fully resolved. Review of consumer meeting minutes identified continued review of menu and lifestyle program captures regular feedback and suggestions, however consumer feedback provided to the Assessment Team indicate issues raised at meetings continue to be experienced.

In relation to feedback and complaints, the service was unable to evidence all feedback and complaints made by consumers are fully resolved to the consumer's satisfaction. Consumers and representatives interviewed said they do not feel appropriate action is taken when they raise complaints or give feedback, and that complaints they made have not always resulted in improvements.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report and the assertion of commitment to continuous improvements to address the identified deficiencies. At the time of the Site Audit the service did not demonstrate effective organisational wide governance systems in relation to information management, continuous improvement, workforce governance and regulatory compliance. 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.

* Requirement 4(3)(a) – The service is to ensure that consumers receive safe and effective services that meet consumer needs and optimise their well- being, health and quality of life.
* Requirement 4(3)(f) – The service is to ensure the meal provided by the service are of suitable quality and quantity.
* Requirement 6(3)(c) – The service is to ensure that appropriate action is taken in response to complaints and open disclosure is practiced when things go wrong.
* Requirement 6(3)(d) – The service is to ensure that feedback and complaints are reviewed and used to improve the quality of care and services.
* Requirement 7(3)(a) – The service ensures the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.
* Requirement 8(3)(c) – The service ensures that effective organisation wide governance systems are in place relating to workforce governance, regulatory compliance, continuous improvement and feedback and complaints.