Blue Care Mackay Homefield Aged Care Facility

Performance Report

87-95 George Street   
MACKAY QLD 4740  
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**Commission ID:** 5122

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

**Site Audit date:** 17 August 2021 to 19 August 2021

**Date of Performance Report:** 6 October 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-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 Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 16 September 2021.

# 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

Overall sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers/representatives interviewed said staff treat them with dignity and respect and that their background preferences are accepted and valued.

Consumers/representatives sampled confirmed that consumers are encouraged to do things for themselves, exercise choice and independence and staff know them as individuals and know what is important to them. Consumers/representatives sampled said they can make decisions about their care and are supported to take risks.

Consumers/representatives said that consumers’ personal privacy is respected. They talked about the areas and ways within the service they can utilise to spend time alone or with others.

Staff were observed interacting with consumers in a kind, caring and respect manner.

Care documents include information on specific needs, such as gender preference for personal care; religious/cultural preferences and strategies for ensuring these are met. Staff interviewed described religious and personal preferences for consumers and demonstrated a knowledge of what matters to them.

The service demonstrated information is provided to consumers that enables them to exercise choice.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Consumers/representatives sampled said staff involve them in the assessment and planning of the consumer’s care through conversations with staff, case conferences and care documentation reviews. Consumers sampled, described how the people who are important to them are involved in discussion about their care including family members, representatives or nominated health professionals

All Consumers/ representatives confirmed staff have spoken to them about advanced care and end of life planning.

However, the Approved Provider did not demonstrate that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team provided information that the service was unable to demonstrate that assessment and care planning documentation consistently reflects the consumer’s care and services and that all risks to consumer’s health and wellbeing have been identified and addressed. The Assessment Team’s review of assessment and care planning information identified the service does not consistently complete care planning in relation to consumers’ individual health and well-being needs, including identifying the risk for consumers in response to changes in consumers’ health or when incidents occur.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as a range of supporting documents including clinical records extracts, memorandum, polices and training records. The Approved Provider did not agree with the Assessment Teams finding of not met.

In relation to the named consumer with identified inconsistent documentation of information related to diabetic management and mobility, I note the Assessment Team identified that whilst there was some inconsistent documentation, the consumer was receiving care as directed by the medical officer. The Approved Provider has held meetings with the consumer’s representative and care documentation has been updated to reflect current needs.

In relation to the named consumer with dietary concerns, I note the consumer and the representative advised the Assessment Team they are aware of the risks with the consumer’s diet and the consumer is making informed choices about their care, including what diet they have. The Approved Provider has updated care documentation to reflect the current care needs.

In relation to the named consumers and the use of bed mobility equipment, I am satisfied from the Approved Provider response that the risks associated with this equipment had been assessed.

In relation to the named consumer who consumes alcohol, I agree with the Approved Provider that the volume consumed did not warrant a risk assessment for the consumption of alcohol and the consumer was exercising choice about what is important to them.

In relation to the named consumers who smoke at the service, I note there was no dedicated smoking area and consumers were smoking outside their rooms, this is considered further under Requirement 5(3)(b). In relation to the risks of smoking, I am satisfied with the Approved Providers response that risk assessments have been documented, with conversations about the risks having already occurred. I note the improvements the Approved Provider has implemented, including the issue of call bell pendants to consumers who smoke.

In relation to consumers documentation not being updated, I have considered this further under Requirement 8(3)(c).

I have considered the Assessment Teams report and the Approved Providers response and I note that whilst there were identified deficits in documentation it was demonstrated that staff were aware of consumers care needs and that risks were being assessed and discussed with the consumers.

I find this Requirement is compliant.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) Non-compliant

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

The Assessment Team provided information that the service did not demonstrate it reviews the care and services of consumers for effectiveness when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. For consumers sampled care plan documentation did not identify reviews are consistently undertaken when circumstances change and/or incidents occur, including related to falls, mobility and scheduled care plan reviews.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as a range of supporting documents including clinical records extracts, memorandum, polices and training records. The Approved Provider did not agree with the Assessment Teams finding of not met.

In relation to the named consumer who was not reassessed post fall, the Approved Provider has reassessed the consumer and updated clinical records since the audit. I note an increase in falls risk from a low falls risk to a medium falls risk was identified with this delayed reassessment. I note the mobility care plan has been updated.

In relation to the named consumer who had out of date information on their care plan, I note that the review post audit, confirmed that care strategies planned were consistent with care provided and the documentation has been amended to reflect this.

For the three other names consumers who had not had aspects of their care reviewed in the in line with organisational timeframes, I note the issues and challenges faced by the Approved Provider following the recent cyber-attack. The Approved Provider acknowledge there were delays in meeting review timeframes and undertook corrective action during and post the audit to address this. This included case conferences with the named consumers and updates to clinical records.

I have considered the Assessment Team report as well as the Approved Providers response. I find that whilst the service experiences ongoing challenges following the cyber-attack, manual processes implemented were not effective in ensuring 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. I note the change in a consumers condition that was not identified until a reassessment occurred approximately one month post an incident.

I find this Requirement is non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Overall consumers/representatives said consumers get the care they need. They said they feel staff have the information to look after them and are attentive to their comfort needs.

Consumers/representatives said staff speak to them regarding advanced care planning and their end of life preferences. Consumers/representatives said they are satisfied timely and appropriate referrals occur when needed and that the consumer has access to relevant health professions such as allied health professionals, medical specialists and specialist services.

Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

The service was unable to demonstrate that high impact or high prevalence risks associated with the care of the consumers is consistently identified and appropriate interventions planned.

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

The Assessment Team provided information that management have taken some action to improve the performance of the service in this requirement following an Assessment Contact by Commission in February 2021. However, the service was unable to demonstrate clinical staff understand and monitor restrictive practices, including chemical restraint.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as a range of supporting documents including clinical records extracts, memorandum, polices and training records. The Approved Provider did not agree with the Assessment Teams finding of not met.

For the named consumers receiving psychotropic medications that was not recorded on the psychotropic register, the Approved Provider identified this was a clerical error of recording on the register and that both consumers were receiving the medication to treat a known condition. There was no adverse impact on either consumer. I have considered this further under Requirement 8(3)(c).

I accept the Approved Providers stance that the omission of two consumers on the psychotropic register does not in and of itself represent a knowledge deficit in the management of restrictive practices. I note the Assessment Team identified staff demonstrated an awareness of the principles of minimising restrictive practices and could discuss how they utilise different strategies prior to the use of any pharmacological intervention. I also note the during July and August 2021 six consumers have had psychotropic medication reduced or ceased following as review by the consumers Medical Officer. Both of these actions indicate staff do have a knowledge of restrictive practice and were actively working to reduce psychotropic usage.

I find this Requirement is compliant.

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

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

The Assessment Team provided information that management have taken some action to improve the performance of the service in this requirement following an assessment contact by the Commission in February 2021. However, the service was unable to demonstrate they identify and effectively manage high impact or high prevalence risks for some consumers at the service. This included for consumers who smoke, the management of psychotropic medications, management of falls and risks associated with alcohol consumption.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as a range of supporting documents including clinical records extracts, memorandum, polices and training records. The Approved Provider did not agree with the Assessment Teams finding of not met.

In relation to the two consumers who choose to smoke, I note the Approved Provider has since the audit conducted risk assessments and updated care plans. I note both consumers have been engaged in the location of a new designated smoking area, and that fire blankets have been allocated to each consumer, these are located on their verandas until the new area is established.

In relation to the two consumers on psychotropic medications. I am satisfied with the explanation given by the Approved Provider, supported by clinical records extracts that these consumers were not being chemically restrained.

In relation to the consumer with a risk of falls, I note the consumer was reassessed approximately one month post a fall, and this reassessment resulted in an increased risk of falls being identified. I note the care plan was updated to reflect this increased risk.

In relation to the consumer who consumes alcohol, I agree with the Approve Provider that the amount consumed was minimal and did not warrant a risk assessment, and that the consumer was aware of their consumption.

I have considered the Assessment Teams report and the Approved Providers response and whilst I accept some of the actions and responses from the Approved Provider demonstrated management of risk to consumers, I also note that consumers were smoking in non-designated areas without firefighting equipment provided to mitigate risk, and a change in a consumers falls risk was not identified in a timely manner. I note the actions taken to rectify this by the Approved Provider, however I find that at the time of the Site Audit these actions had not occurred or been planned.

I find this Requirement is non-compliant.

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

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

### Requirement 3(3)(d) 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 support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers/representatives said consumers have choices when it comes to meals, sleeping and rising times, and whether consumers wish to attend scheduled activities. They said they are supported to attend outings with the service and with their families and friends. Most consumers interviewed advised they like the food and they have a choice from the menu. They said they are asked for feedback during consumer meetings.

Consumers/representatives said there are enough activity choices to ensure consumers are engaged in activities of interest to them both internally and externally. They confirmed that they are supported to keep in touch with people who are important to them by means of going out on social leave, and through contact by telephone or facetime and visits from family and friends.

Staff interviewed said that when they identify a negative change in a consumer’s demeanour and are concerned for their emotional or psychological well-being, they provide support to address the issue.

The service demonstrates that consumers are supported to participate in the community within and outside the service, have social and personal relationships and engage in personal interests.

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 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers/representatives interviewed confirmed consumers feel safe and find the environment comfortable and welcoming.

Consumers/representatives interviewed confirmed that consumers feel at home, and their visitors feel welcome. Most consumers/representatives interviewed confirmed that the service internally is mostly clean.

Consumers/representatives said consumers are free to go outside when they want and can go out with family and friends.

However, the service did not demonstrate the external service environment is safe, clean and well maintained and consumers reported having to wait for extended periods or repeating their requests for maintenance repairs and assistance.

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

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The Assessment Team provided information that the service was not able to demonstrate the environment is safe, clean or well maintained. Some preventative and reactive scheduled arrangements relating to consumer’s comfort and safety to maintain the internal and external service environment were not actioned. The service had not identified a designated smoking area for consumers/representatives to utilise and permitted consumers to smoke in an area that is not inline with current legislation.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as a range of supporting documents including plans for a designated smoking, consultation records with consumers, memorandum, polices and training records. The Approved Provider did not agree with the Assessment Teams finding of not met.

In relation to a designated smoking area that complies with Queensland legislation, I find that at the time of the Site Audit the service was not meeting their legislative responsibilities, there was not a designated smoking area for consumers. I note that since the audit, consultation has been held with consumers who smoke, on the location of a designated smoking area, and that temporary safety measures including call bell pendants and available fire blankets have been implemented.

In relation to outstanding maintenance requests, I note that the maintenance officer position was vacant at the time of the Site Audit. I accept the Approved Providers statements in relation to the number of maintenance items on the outstanding schedule and that these are being prioritised and actioned. However, I note the delay in attending to some individual consumers maintenance requests. These have been actioned since the audit. The Approved Provider has met with individual consumers and apologies for the delays.

In relation to the condition of the grounds, I acknowledge the Approved Provider has taken action to remove rubbish, tidy up garden beds and trim hedges.

In relation to cleanliness of consumers rooms, I note the Approved Provider has met with the consumer and representative and apologised for not meeting the expectations of the consumer. The Approved Provider has improved monitoring practices around cleanliness of consumer rooms.

I have considered the Assessment Teams report as well as the Approved Providers response. Whilst I acknowledge the actions taken by the Approved Provider in relation to this Requirement, I note that at the time of the Site Audit the Approved Provider had not identified the absence of a designated smoking area and that consumers were smoking in areas that was not in accordance with legislation and this created a potentially unsafe environment. The corrective actions taken in relation to this requirement have not had sufficient time to be reviewed for the effectiveness nor the consumers compliance with the new smoking area.

I find this Requirement is non-compliant.

### Requirement 5(3)(c) Non-compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The Assessment Team provided information that the service was unable to demonstrate outdoor furniture was clean and consumer’s equipment was safe, well maintained and suitable.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as a range of supporting documents. The Approved Provider did not agree with the Assessment Teams finding of not met.

The Approved Provider has since the Audit, cleaned the outdoor furniture, fixed and or replaced faulty equipment for both the service and consumers. Additional processes to monitor equipment has been developed and implemented. I acknowledge the vacant maintenance position has had an impact on the timely identification and actioning of maintenance requests. I note that since the Audit corrective action has been taken for items that consumers raised with the Assessment Team as not being repaired in a timely manner.

I find that at the time of the Site Audit the Approved Provider did not demonstrate Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. I was persuaded by the reported observations by the Assessment Team.

I find the requirement is non-compliant.

# 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

Overall sampled consumers considered they are encouraged and supported to give feedback and make complaints. Consumers/representatives advised they know of the various avenues to raise concerns; they feel comfortable providing feedback and feel safe to do so. Consumers/representatives sampled said they are aware of advocacy and language services available to assist them to raise concerns.

However, the service did not demonstrate effective management of the service’s complaints processes. The service was unable to demonstrate that staff had received training in complaints processes or provided education on open disclosure.

Some consumers reported a culture of waiting for extended periods or repeating their concerns before their issues were addressed.

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

### 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 provided information that the service was unable to demonstrate that staff had a shared understanding of the complaints handling process and understood the meaning of open disclosure in accordance with the organisations policy. Consumers reported having to wait for extended periods of time or repeating their concerns before their issues were addressed.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as range of supporting documentation, the Approved Provider acknowledge there was room for improvement in this Requirement. The Approved Provider has experience turnover of key staff and felt this had impacted the management of complaints.

Whilst I note the feedback provided about discontentment with the complaints system was from anonymous sources, I also note that the complaints raised with the Assessment Team did not appear on the complaints register.

Whilst some staff did not demonstrate a full understanding of the complaints process, I note that the need for additional training on complaints had already been identified and was planned before the Site Audit. I also note the improvement actions taken by the Approved Provider including additional resources and training on complaints handling.

Based on the feedback from consumers about delays or no action to complaints and the fact that complaints reported as raised with the service did not appear on the complaints register I find that at the time of the Site Audit the Approved Provider did not demonstrate appropriate action is taken in response to complaints and an open disclosure process is not consistently used when things go wrong.

I find this Requirement is non-compliant.

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

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

The Assessment Team provided information that the service was unable to demonstrate that they monitor, analyse or share the outcomes of feedback and complaints information with consumers/representatives and staff. The service could not demonstrate they provide feedback and lessons learnt from information received from consumers/representatives and staff to improve the delivery of care and services.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as range of supporting documentation, the Approved Provider acknowledge that review of feedback and complaints data provides valuable insight into the consumer or representative experience and the Approved Provider is committed to using this information to improve the service.

The Approved Provider has attended to complaints from named consumers, as well as meeting with a range of consumers to review care and services. Additional training is being provided to staff and steps to increase consumer awareness of complaints processes are ongoing. Additional processes to monitor complaints data for trends has been implemented.

I have considered the Assessment Teams report and the Approved Providers response and I find that based on consumer and staff feedback, at the time of the Site Audit the Approved Provider did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

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

Overall, sampled consumers consider they receive quality care and services from staff who are knowledgeable, kind, capable and caring. Consumers/representatives expressed confidence that staff are competent and adequately trained. However, several consumers/representatives said there is insufficient staff to deliver timely care and services.

The organisation has documented policies and procedures relating to human resource management which outlines processes to be implemented by the service to ensure staff are equipped, trained and supported to meet the needs and preferences of consumers across all areas of service delivery. For example, there are defined position descriptions for all positions at the service, mandatory training and core competency requirements and processes to ensure vacant shifts are filled.

During the Site Audit, all interactions between management, staff and consumers/representatives were observed to demonstrate a kind, caring and respectful approach.

Several consumers/representatives said there is insufficient staff to deliver timely care and services with consumers often having to wait for up to an hour for assistance.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team provided information that the service was not able to demonstrate that the workforce is planned and adequate in number to enable the delivery of safe and quality care. Consumers/representatives sampled said there are insufficient staff to attend to their requests for assistance in a timely manner and provide cares in accordance with their preferences and care and service plan. Staff interviewed said they are not able to consistently meet the care needs of consumers, particularly in relation to the delivery of hygiene cares, toileting needs, assistance with meals and providing emotional support.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as range of supporting documentation. The Approved Provider accepts the feedback of consumers and staff at the service and have immediately acted to address sufficiency and consistency concerns.

This included a full review of the current roster which identified when the roster is fully staffed it meets the needs of the consumers. However, it was identified that the shortages have been experienced as a result of inability to replace unplanned leave. The Approved Provider is actively pursing additional recruitment of staff. The Approved Provider is also engaging with consumers to seek feedback on satisfaction with staffing.

I have considered the Assessment Teams report and the Approved Providers response and I find that based on consumer and staff feedback, at the time of the Site Audit the Approved Provider did not demonstrate 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.

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.*

The Assessment Team provided information that the service was unable to demonstrate that the performance of the workforce is regularly assessed, monitored and reviewed.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as range of supporting documentation. The Approved Provider acknowledge that scheduled annual performance reviews for staff had not occurred as scheduled. However, the Approved Provider did demonstrate that the performance of staff is reviewed and monitored, this includes through probation processes and monitoring of staff practices on a daily basis via senior staff walk arounds, and consumer feedback.

I accept the Approved Providers response that monitoring of staff is not solely based on an annual interview, but rather ongoing human resource processes and observations and interventions from senior staff. I note consumers and representative feedback thought the Assessment Teams report that indicates consumers and representatives are satisfied with the individual performance of staff, whilst dissatisfied with the sufficient number of staff.

I have considered the outlined additional monitoring processes and consumer/representative feedback on staff knowledge of consumers care needs and respectful staff interactions.

I find this Requirement is compliant.

# 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

Consumers/representatives sampled said they can choose to be involved in the development and evaluation of changes to the service and the care and services they receive, such as through their participation in consumer meetings, consumer experience surveys.

Consumers/representatives said they are encouraged to make suggestions to enable the service to support them to live the best life they can.

Consumers/representatives confirmed they engage with staff on a daily basis and have regular meetings with medical officers\s and other health professionals regarding their care and service provision.

The governing body sets the strategic priorities and expectations for the organisation and meets regularly to identify and review risks at an organisational and consumer level. The governing body generally monitors and evaluates how the organisation performs against the Quality Standards through meetings and monitoring and reporting processes.

The Assessment Team reviewed the organisational policies, procedures and documentation which demonstrated, the existence of the core elements of clinical governance and how the outcomes of effective clinical governance are achieved.

The organisation was unable to demonstrate an effective wide governance system relating to Information management, continuous improvement and regulatory compliance.

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 Assessment Team provided information that the service was not able to demonstrate that there are effective organisation wide governance systems in place which guide information management, the workforce, regulatory and legislative compliance, and feedback and complaints. As a result, the governing body was not aware of performance issues at the service and actions to address these issues have not occurred in a timely manner.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as range of supporting documentation. The Approved Provider does not agree with the Assessment Teams findings and state they have a history of highly effective governance processes.

In relation to information management, I acknowledge the recent cyber-attack and the impact this has had on the electronic care systems at the service. And whilst I acknowledge that a range of alternate paper-based processes were implemented to manage information during and post the cyber-attack, I note that organisational monitoring processes had not identified deficits with the management of information at the service. This included deficit in the accuracy and currency of consumers clinical information, the recording of complaints and accurately maintaining the psychotropic medication register.

In relation to workforce governance, I accept the Approved Provider has established workforce governance processes, whilst acknowledging local circumstance around vacant positions and recruiting and retaining staff has impacted care and service delivery. I do not find this is a result of a lack of workforce governance processes.

In relation to regulatory compliance, I find that at the time of the Site Audit monitoring processes had failed to identify that the service was not complaint with the Queensland smoking laws. I note the actions taken since to correct this.

In relation to complaints governance, I note the Approved Provider has complaints handling processes established and had identified the need for additional staff training on complaints. However, monitoring of these processes had not identified the deficits in complaints handling at the service.

In relation to continuous improvement, I note the Approved Providers processes to monitor ongoing compliance with the Aged Care Quality Standards had not identified the non-compliance at the service.

Based on the findings in this report, I find that the Approved Provider had not effectively monitored organisation wide governance systems to ensure compliance at the service level.

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.*

The Assessment Team provided information that the organisation did not demonstrate there are effective risk management systems and practices in place at the service. The service was not able to demonstrate how they minimise the risk associated with high impact or high prevalence risks associated with the care of consumers and how those risks are managed. This included for falls management, smoking risks, use of protective assistance and staff knowledge of protective assistance and the serious incident response scheme.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as range of supporting documentation. The Approved Provider acknowledged there were some issues around documentation completeness but did not accept that they do not effectively manage risks for consumers, as confirmed by consumers and representatives.

In relation to management of falls risks, I accept that for one consumers the service had not identified an increase in falls risk, and I considered this information under Requirement 3(3)(b). However, I am not persuaded by the information presented by the Assessment Team that this constituted a system wide deficit in organisational governance.

In relation to smoking risk, I accept the Approved Provider did not manage the risks of smokers, and they were not compliant with Queensland smoking legislation. I acknowledge the Approved Provider has implemented improvements to manage the risks of smoking since the Site Audit. I have considered this information in Requirement 5(3)(b) and Requirement 8(3)(c).

In relation to protective assistance, I am satisfied that the Approved Provider has organisational governance systems to manage this risk. Further education in protective assistance had been previously identified and was planned.

In relation to staff knowledge of the serious incident response scheme, I accept that whilst not all staff have received training in the scheme, all staff interviewed were able to describe the incident reporting and escalation processes at the service. I am satisfied that senior staff responsible for reporting were aware of their responsibilities.

I have considered the Assessment Teams information and the Approved Providers response and on balance of the information above, I acknowledge there is room for improvement in this Requirement, however I am not persuaded that there are not organisational effective risk management systems in place.

I find this requirement is compliant.

**Requirement 8(3)(e)** **Compliant**

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

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

The Assessment Team provided information that the service was able to demonstrate that the organisation’s clinical governance systems are available for guidance and use in services to ensure the quality and safety of clinical care, and promote antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process.

The Approved Provider agreed that they have a clinical governance framework.

Whilst the Assessment Team recommended this requirement was not met, they also identified they Approved Provider has a clinical governance framework. I did not support that there were deficits in the management of protective assistance or open disclosure.

I find this requirement is compliant.

# Areas for improvement

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

* Ensure care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Ensure effective management of high impact or high prevalence risks associated with the care of each consumer.
* Ensure the service environment is safe, clean, well maintained and comfortable.
* Ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.
* Ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Ensure feedback and complaints are reviewed and used to improve the quality of care and services.
* Ensure 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.
* Ensure effective organisation wide governance systems relating to the following information management; continuous improvement; and regulatory compliance.