Bolton Clarke Rowes Bay

Performance Report

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**Commission ID:** 5286

**Provider name:** RSL Care RDNS Limited

**Site Audit date:** 20 October 2020 to 22 October 2020

**Date of Performance Report:** 4 December 2020

# Publication of report

This Performance Report **may 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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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** | **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) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received on 19 November 2020.
* referral information received by the Commission.
* the infection control monitoring checklist completed 20 October 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers interviewed by the Assessment Team said they were encouraged to do things for themselves and that staff knew what was important for them. They said they were supported to exercise choice and independence and to maintain relationships of choice. The consumers said they felt respected by staff and their identity, culture and diversity was valued. They said they had the information they needed to make informed choices, including what they wanted to eat and the activities they wished to attend. They considered their personal privacy was respected.

Staff described how they supported consumers to make choices for themselves and encouraged independence. Staff were aware of consumers who wanted to take risks and described how they supported them by, for example, supporting consumers who wished to use bed poles or wished to smoke cigarettes.

Care planning documentation identified the cultural backgrounds and needs for consumers. Contact details for telephone translator services were available to assist staff to communicate with consumers who spoke in languages other than English.

The service had guidelines that outlined what it meant to treat consumers with respect and dignity. The organisation had a dignity of risk guideline that recognised consumers had the right to make decisions that affected their lives and take risks.

The Assessment Team found personal information such as wound dressing lists and care planning documentation was not kept confidential. Actions were taken by the service to resolve the privacy issues and staff were reminded of the organisation’s expectations regarding privacy of information through communication processes during the audit.

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

The Assessment Team recommended this Requirement as not met, I have come to a different decision to the Assessment Team. The Assessment Team observed nurses’ stations were unlocked and consumers’ personal information was left accessible on the desk. The Assessment Team did not observe any unauthorised persons accessing the nurses’ stations. The Assessment Team also sighted wound care documentation including consumers’ names and wound descriptions.

In response to these observations, the service’s management reminded staff in an email to keep all consumer information confidential, including information in nurses’ stations and the information carried by staff.

I acknowledge the processes the organisation and the service have in place to protect the personal information of consumers and accept that the lapses were rectified at the time they came to the attention of managers at the service. I have also taken into account the Approved Provider’s response and considered the Assessment Team sampled consumers who stated their personal privacy was respected, and there has not been a breach of privacy relating to consumers’ personal information.

Therefore, it is my decision this Requirement is Compliant.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers interviewed by the Assessment Team advised the service involved them in their initial and ongoing assessments and planning for their care, including advance care planning. Consumers stated they could access copies of their care plans if they chose and they were provided with information about their assessed care needs. They said they were consulted when changes occurred in their care.

Registered staff stated the service liaised with consumers and their representatives when they entered the service to identify consumer needs, goals and preferences, including advance care planning needs. They said members of the allied health team and medical officers were involved in the assessment and care planning process. Registered staff advised the outcomes of assessments were documented in care plans and discussed with care staff.

The service had clinical guidelines relating to assessment and care planning processes, including palliative care and advance care planning. Clinical assessment tools were available to staff on the electronic clinical care system.

The care planning documents identified consumer’s needs, goals and preferences, including in relation to advance care planning and end of life preferences. Care documentation established that consumers and their representatives were consulted in assessments and care planning, and the involvement of other multi-disciplinary team members such as medical officers, physiotherapists and speech pathologists were reflected in the documentation. Care planning documents were individualised and provided guidance on consumer’s needs, goals and preferences such as mobility, pain management, nutrition and hydration, skin integrity, behaviour management and communication. Risks to consumers, such as falls, pain, skin integrity and risk of choking were identified

Care planning documents were readily available to staff delivering care and to visiting health professionals.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 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

Whilst some consumers interviewed by the Assessment Team stated they received the care they needed and had access to medical officers or other health professionals, other consumers did not consider that they received personal care and clinical care that was safe and right for them. Most consumers and representatives said staff had spoken to them about advance care planning and end of life care.

The service has policies and procedures relating to end of life care and advanced care planning. The service has access to palliative care services to support consumers during end of life.

Most staff interviewed were able to describe how the service provided enough information at handover to ensure staff were informed of any changes in a consumer’s condition or care needs, such as infections, recent falls or organised appointments. Staff interviewed said when changes were made to care and services following referral to a medical officer or other health professional, changes were documented in the electronic care planning system and shared at handover to enable changes in care and services to be implemented to meet the consumer’s needs.

The service was unable to demonstrate clinical care delivery was best practice in relation to wound management, catheter care and restraint monitoring. Monitoring processes relating to the effectiveness of care delivery were not effective in identifying deficits. The service did not demonstrate the ability to recognise or respond appropriately to changes or a deterioration in consumers’ health and well-being. Actions to minimise or prevent infection were not adequate, and staff practices did not support an effective infection control program.

Care documentation for the consumers generally provided adequate information for effective sharing of the consumers’ care and reflected timely and appropriate referrals to medical officers, allied health professionals and other health specialists. However, some care planning documentation did not provide updated information in relation to consumers’ care needs.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

Care documentation for some consumers reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. However, the service was unable to demonstrate that consumers received safe and effective personal and clinical care in relation to wound management. Strategies to monitor the use and authorisation of psychotropic medication were not effective.

The Assessment Team identified wound care had not been documented as attended to as prescribed. The Assessment Team also observed a consumer to have soiled and blood-stained bandages and dates recorded on the bandage to indicate it had not been changed for a nine-day period. The service’s management advised wound assessments had not been classified correctly and some wound assessments had not been updated appropriately, this had not been identified through the service’s monitoring mechanisms.

The service’s minimising restraint guidelines instructed staff to review chemical restraints at a minimum every three months. While the Assessment Team identified, and medication chart reviews indicated there was not an excessive amount of psychotropic medication usage, authorisation for the use of chemical restraint had not been reviewed to demonstrate the need for continual usage. The Assessment Team found that ten consumers who had been identified as having psychotropic medications prescribed for the purposes of chemical restraint had not had their restrictive practice assessment and authorisations reviewed for a period of more than four months.

The Approved Provider’s response acknowledged the wound care documentation is an identified area for improvement at the service, and restraint documentation had not been completed as directed. The Approved Provider stated that these areas were remedied during or shortly after the Site Audit.

I acknowledge the Approved Provider’s response which asserted there were omissions in documentation rather than in care. However, in the absence of documentation to support wound care has been provided, I am unable to determine that wound care was provided, or that consumers require chemical restraint. At the time of the site audit, the service did not establish that consumers were receiving care that optimised their health and well-being and while monitoring processes had identified these deficits, action had not been taken to address the deficits. Therefore, I find the service Non-compliant in this requirement.

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

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

The service could not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team identified five consumers who required catheter care did not receive care in accordance with their care plans. Catheter changes had not occurred as directed and care plans had not been updated with relevant information.

In response to the Assessment Team’s findings, the Approved Provider acknowledged that documentation at the service did not support catheter changes occurring when due. The Approved Provider in its written response has stated clinical management at the service had identified deficiencies in relation to catheter care and had implemented processes to address these deficiencies. I note however this process commenced during the site audit following feedback from the Assessment Team.

I acknowledge the Approved Provider’s actions to address the findings of the Assessment Team, however at the time of the site audit consumers were not receiving catheter care that optimised their health and well-being. Therefore, I find the service Non-compliant in this requirement.

### 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.*

The Assessment Team identified a delay in the commencement of antibiotics for a consumer with infected wounds and wound dressings were not attended as directed and have recommended this Requirement as not met, I have come to a different decision to the Assessment Team. It is my decision the delays in wound care have been addressed in Requirement 3 (3) (b), and the delay in administration of antibiotics for one consumer does not demonstrate a lack of response to a deterioration in a consumer’s condition.

The Approved Provider’s response referred to the service’s actions and plan to improve the contemporaneous documentation of clinical care, including wound care education to staff by the Senior Clinical Manager. In addition, the organisation’s wound care specialist has reviewed all consumers’ wounds.

I acknowledge the Approved Provider’s actions to address the findings of the Assessment Team, and it is my decision the service has effective processes to identify a deterioration or change in consumers’ condition. Therefore, it is my decision this Requirement is Compliant.

### 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.*

The Assessment Team observed poor staff practice in relation to infection control during the audit. The service did not have consistent signage in all areas relating to density. The Approved Provider in its written response to the Assessment Team’s findings and observations has acknowledged specific areas for improvement and has taken actions to rectify the issues identified.

Actions have included an organisational Infection prevention and control manager visiting the service completing audits, providing education and ensuring strategies to support the prevention of COVID 19 have been implemented.

Based on the actions taken by the Approved provider to address and action the deficits identified during the site audit, it is my decision this Requirement is Compliant.

# 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

Consumers and representatives said consumers had choices about meals, sleeping times and activities and said there were enough activities and choice to ensure consumers were engaged to the level they wished. Consumers and representatives said consumers were supported to be as independent as possible and to participate in activities that promoted their well-being and quality of life. They said consumers were supported to keep in touch with people who were important to them. Consumers felt emotionally supported by staff when they needed it. Most consumers advised that they liked the food and they had input into food choice. They said their feedback led to improvements in meals and variety.

Consumer documentation established that care plans included information about consumers’ emotional, spiritual or psychological well-being. Care plans identified how consumers wished to participate in activities, outings and maintain relationships. Care planning documents reflected consumers’ dietary needs and preferences.

Lifestyle staff said consumers’ activity preferences were included in the activity program wherever possible. The involvement of families in activities was encouraged. Lifestyle staff said they had enough equipment to provide a range of activities to consumers. Activities were displayed on large chalk boards. The Assessment Team observed equipment used to provide and support lifestyle services was safe, suitable, clean and well-maintained.

Hospitality staff described how dietary information is provided to them in dietary assessments, feedback forms, surveys and regular consumer meetings which the chef attends. The chef advised that he speaks to individual consumers if they do not like the food and checks with registered staff to determine if there are nutritional considerations to take into account in changing menus. The chef said that the organisation changes the menu seasonally or four times a year. The kitchen was observed to be clean and tidy and staff observed general food safety and work health and safety protocols.

Equipment to assist consumers with their independence and mobility was accessible, clean and there was enough equipment to meet consumers’ needs. Equipment used to provide laundry, cleaning and catering was clean and in working order.

A review of the preventative maintenance books demonstrated regular maintenance of equipment was completed according to a schedule. Maintenance documentation evidenced issues with equipment reported by staff or consumers were actioned promptly.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers and representatives stated they feel safe and find the environment comfortable and welcoming. Consumers and representatives said they can find their way around the service and staff are available if they need assistance. Consumers and representatives interviewed confirmed that the service is generally clean and well maintained. Consumers interviewed said they feel safe with the equipment provided to them. They said if there are issues reported to maintenance, they are followed up promptly. Consumers said when they activate their call bell, staff respond in a timely manner.

The service environment was observed by the Assessment Team to be welcoming and easy to navigate, appeared safe, clean and well-maintained. Furniture, fittings and equipment was safe, clean and well-maintained. Mobility aids and hoists were in good condition and stored securely. Equipment in the kitchen and laundry was clean and appeared well maintained.

Maintenance staff said they ensure the environment is safe and well maintained through scheduled preventative maintenance and reactive maintenance. Review of the preventative maintenance books demonstrated regular maintenance of the service environment was completed according to a schedule. Maintenance and care staff said the mobility equipment such as hoists, and chairs were regularly checked and serviced to ensure they were safe and fit for use. Cleaning staff advised that consumers’ rooms were cleaned daily.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

### Requirement 5(3)(c) Compliant

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

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives said they were encouraged to provide feedback and raise concerns with management or staff and they felt safe doing so. They said feedback can be provided at consumer meetings or directly with staff or on feedback forms and submitted in suggestion boxes located throughout the service. Consumers and representatives demonstrated an awareness of advocacy services and external complaints agencies. Several consumers and their representatives said the service did not always respond promptly or appropriately to feedback.

Consumers were provided with written information about how to make complaints in their residential services agreements. The consumer information handbook contained information about internal and external complaints handling mechanisms. The organisation has a ‘feedback management guideline’ which sets out the organisation’s feedback and complaints procedure.

Staff said they were aware they could access language, interpreter and advocacy services on behalf of the consumer to assist them in raising a complaint or suggestion.

A review of the complaint register identified most complaints were recorded in the electronic complaints system. However, the service did not record all feedback and complaints were not used to inform continuous improvement.

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

Consumers and representatives interviewed by the Assessment Team raised concerns about the service’s lack of responsiveness to complaints and provided several examples where the service had failed to respond or act on the issues raised by them. A number of consumers had raised complaints at the ‘residents’ monthly meetings, these complaints had not been entered in the complaints register and actioned.

Care staff did not demonstrate a common understanding of the service’s complaints handling processes. Management said a number of complaints had not been actioned and the service was working towards resolving the issues raised in the complaints.

The Approved Provider’s response stated that the issues relating to complaints management were historical and did not reflect complaints handling by the new management at the service.

I acknowledge the Approved Provider’s actions to address the findings of the Assessment Team, however at the time of the site audit the service did not demonstrate that appropriate action was taken in response to complaints. I acknowledge there has been changes in management at the service, however this does not diminish the feedback provided by consumers and their representatives regarding complaints management. Therefore, I find the service Non-compliant in this Requirement.

### Requirement 6(3)(d) Compliant

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Most consumers considered that they received quality care and services from people who were knowledgeable, capable and caring. Consumers were generally satisfied with the number of staff although some representatives said the service needed more staff to provide care and services.

Staff attended mandatory training in elder abuse reporting, manual handling and fire safety, and participated in COVID-19 education, infection control and the use of personal protective equipment. The service’s electronic education register demonstrated staff had completed mandatory training modules and training on the Aged Care Quality Standards.

The Service’s manager stated that staff are assessed as competent and capable in their role from consumer feedback, completion of on-line learning modules and observation of staff practice. Staff are required to have the appropriate qualifications and experience for the role. Position descriptions specify the core competencies and capabilities for each role.

Management advised they were reviewing their roster and handover processes to ensure staff were aware of current consumer care needs. Vacancies were filled by staff who had capacity for additional hours or agency staff. Staff were allocated to a specific area of the service to promote cohorting and to comply with COVID-19 infection control protocols.

The Quality Standard is assessed as Compliant as five of the five specific Requirements has been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.*

### 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 recommended the service did not meet this Requirement as the service’s performance management processes did not identify deficits in staff performance relating to clinical care delivery. I have come to a different decision to the Assessment Team. It is my decision the service does have a performance management framework which is effective. The Approved Provider in its written response was able to provide examples of performance management of staff. It is my decision the deficits the Assessment Team refer to relating to staff practice, relate to ineffective clinical monitoring processes rather that performance of staff. Therefore, it is my decision this Requirement is Compliant.

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Most consumers considered that the organisation was well run and that they could partner in improving the delivery of care and services. For example, in response to consumer feedback about the food, meals had improved and consumers were provided with meal choices.

Management advised consumers and representatives were actively engaged in the development, delivery and evaluation of care and services. Changes had been made to the menu following a food survey that identified consumer dissatisfaction with the meals.

The service used smart phone technology to communicate important information to consumers and representatives, such as COVID-19 visitor restrictions.

Management advised the Board satisfied itself that the Quality Standards were being met from the outcomes of visits by the Agency Care Quality and Safety Commission and feedback from the Regional Operations Manager.

The service provided a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how the abuse and neglect of consumers was identified and responded to. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

The organisation has a framework which outlines the organisation’s quality management system. The framework is inclusive of consumer feedback and surveys and a quality improvement plan. Suggestions for improvements from staff, consumers/representatives and stakeholders are captured through a variety of mechanisms.

The Quality Standard is assessed as Compliant as five of the five specific Requirements has been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team recommended the service did not meet this Requirements as feedback and complaints were not captured consistently, addressed in a timely manner or used to identify opportunities for improvement and management did not demonstrate an open disclosure process was used when things went wrong. I have come to a different decision to the Assessment Team in relation to this Requirement.

The written response from the Approved Provider demonstrates the organisation does have effective organisation wide governance systems including continuous improvement and feedback and complaints. Therefore, it is my decision this Requirement is Compliant.

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

### 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 recommended this Requirement was not met due to deficits in staff knowledge in relation to antimicrobial stewardship and an open-disclosure policy. I have come to a different decision to the Assessment Team and have found this Requirement is Compliant.

The intent of the Requirement relates to a clinical governance framework relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. The Approved Provider’s written response to the Assessment Teams findings demonstrates the presence of an effective clinical governance framework.

# 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 3(3)(a) – Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that optimises their health and well-being.
  + Wound care is to be delivered in accordance with directives.
  + Restraint authorisations are required to be reviewed to ensure the requirement for restraint is assessed.
* Requirement 3(3)(b) – Ensure effective management of high impact or high prevalence risks associated with the care of each consumer.
  + Catheter management is required to be effective and safe.
* Requirement 6(3)(c) – Ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
  + Complaints raised need to be recorded, actioned and responded to in a timely manner