Bolton Clarke Rowes Bay

Performance Report

9 Havana Street
ROWES BAY QLD 4810
Phone number: 07 4750 3700

**Commission ID:** 5286

**Provider name:** RSL Care RDNS Limited

**Site Audit date:** 21 January 2020 to 23 January 2020

# 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) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-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) | Compliant |
| Requirement 3(3)(c) | Non-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) | Non-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) | Non-compliant |
| Requirement 7(3)(e) | Non-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) | Non-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 2 March 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

Overall sampled consumers and/or their representatives (consumers) confirmed 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. For example:

* Consumers confirmed the service supports them to be independent and encourages them to exercise choice about the care and services they receive.
* Consumers said staff know their needs and preferences and support them to maintain relationships with friends and family members, both inside and outside of the service.
* Consumers are satisfied with the way their care and services are undertaken to ensure their privacy is respected.

The Assessment Team observed staff treating consumers with dignity and respect and interacting in a friendly manner with consumers and their visitors.

Staff interviewed understood and demonstrated individualised consumer care and could explain how they support consumers to make choices as to how they want to live their life.

Care planning documentation was individualised and identified consumers’ identity and background, their personal preferences, and decisions they have made to maintain independence.

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

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-COMPLIANTOngoing 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

While some consumers confirmed they are involved in the initial assessment of their care needs and preferences, consumers generally reported they were not a partner in planning and review of their care and services and were not aware they could access a copy of their care plan.

Most consumers reported the service had not discussed end of life planning with them. Care planning documents did not consistently include advance care planning and end of life planning, including for three consumers who were at end stage of life.

Care planning documentation for consumers did not demonstrate that reviews are completed regularly or in conjunction with the consumer and/or representative.

Consumers and care planning documents confirmed the service involves medical officers and other health professionals in consumers’ care and services.

The Quality Standard is assessed as non-compliant as four of the five specific requirements have been assessed as non-complaint.

## 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) Non-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.

While consumers said staff involved them initially in discussions about funeral arrangement, most said the service had not discussed end of life and or advanced care planning with them.

Care planning documents generally detailed consumers’ needs, goals and preferences, however, did not consistently include advance care planning and end of life planning, including for three consumers who were at end stage of life. For example:

* A consumer did not have pain management or end of life care planning completed and no consultation with the consumer/representative was documented despite the progress notes recording clinical deterioration and episodes of pain prior to their death.
* A consumer with end stage renal failure did not have documentation which reflected end of life preferences or wishes.
* A consumer receiving palliative care did not have an end of life plan in place.

Management said the service attempts to discuss end of life wishes with consumers and their representatives on entry to the service, however, was unable to demonstrate this occurs consistently or is documented.

The approved provider’s response identified end of life care documents have been developed and will be used to form a palliative care plan with consumers, and care staff will receive palliative care training.

While I acknowledge the approved provider is addressing the deficiencies identified under this requirement, at the time of the site audit the service did not undertake appropriate assessment and planning processes in relation to consumers’ advanced care and end of life planning. Therefore, this requirement is non-compliant.

### Requirement 2(3)(c) Non-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.

Care planning documents reflected the involvement of others in assessment and planning, including the medical officer and allied health staff, however, did not consistently reflect partnership with consumers and/or others the consumers wishes to involve in the planning and review of the consumer’s care and services.

Some consumers reported they or the people who are important to them had not been involved in care planning and reviews of their care and services.

Clinical Managers reported they were in the process of partnering with consumers/representative to complete care plan reviews and case conferences.

Registered staff described the process of involving allied health professionals and other providers of care and services in the care of consumers and staff reported any changes made by external professionals are communicated to staff through progress notes and handover.

The approved provider’s response identified all consumers and/or representatives have been contacted and an appointment made to discuss and review their care plan.

While I acknowledge the approved provider has commenced a process to partner with consumers and others the consumer wishes to involve, at the time of the site consumers were not a partner in the assessment and planning of their care and services. Therefore, this requirement is non-compliant.

### Requirement 2(3)(d) Non-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.

Initial care planning documentation is completed by registered staff; however, reviews of consumers’ ongoing care needs are not completed and mostly do not involve consumers/representative. While management identified some consumers/representatives have been communicated with regarding assessment and review of care through three-monthly care plan reviews, most consumers had not been involved in this process.

Care plans are not available to consumers/representatives and consumers reported that while staff talk to them about their care, they were not offered or aware they could request a copy of their care plan.

The Assessment Team observed registered staff accessing care planning documentation in the electronic care system for documented directives following allied health assessment and care delivery.

The approved provider’s response identified all consumers will be offered a copy of the Agreed Care and Services Plan and will be involved in the ongoing review of the care and services plan.

While I acknowledge the approved provider has commenced a process to ensure the outcome of assessment and planning is effectively communicated to consumers, this was not occurring at the time of the site audit. Therefore, this requirement is non-compliant.

### 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.

While progress notes for some consumers recorded information about changes for the consumer, care plans for consumers sampled did not demonstrate regular reviews are conducted and when circumstances change and/or incidents occur. For example:

* A consumer who entered the service from hospital had two incidents of aggressive behaviours towards consumers and others and was not assessed or reviewed following these incidents.
* A consumer reporting pain was not assessed or provided pain interventions.

Staff are aware of incident reporting processes and how incidents may trigger a reassessment and described the service’s three-monthly or as needed review process, however, staff reported consumer reviews had not occurred.

The Assessment Team’s findings in relation to Requirement 2(3)(d) identified reviews of consumers’ ongoing care needs are not consistently completed and most consumers had not had a regular review of their care.

The approved provider’s response identified:

* All care plans will be reviewed in consultation with consumers and/or representatives and a three-monthly review process will be reimplemented.
* All consumers will have a pain assessment and plan completed, and for the consumer named in the Assessment Team’s report, a behaviour care plan and a specialist review was completed.

While I acknowledge the approved provider has commenced actions to ensure care and services are reviewed, this was not occurring at the time of the site audit. Therefore, this requirement is non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal 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 considered they receive personal care and clinical care that is safe and right for them. For example:

* Consumers interviewed reported staff meet their care needs and ask them about the way their care is delivered.
* Consumers confirmed they have access to a medical practitioner and other allied health professionals when required.

Care documentation for consumers generally demonstrated the delivery of safe and effective care and the involvement of other health professionals. While care documentation for some consumers did not provide sufficient instruction to staff on the management of diabetes, the service had rectified the deficiencies in documentation and no adverse outcome for these consumers was identified.

Staff said they understand consumers’ care needs and preferences consistent with care planning documentation.

However, end of life care planning and delivery of care was not consistently documented and, for some consumers nearing end of life, their needs in relation to pain were not consistently met.

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.

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

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

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

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

Management advised the organisation has a palliative care policy and procedure to guide staff practice and the service has access to a palliative care specialist. Registered staff are available onsite 24 hours a day to support and monitor care delivered to consumers nearing the end of life and senior management are available on call.

However, the Assessment Team reviewed consumers’ clinical documentation and identified consumers’ end of life care was not consistently documented and did not meet consumers’ needs in relation to pain. For example:

* Care planning documentation for sampled consumers did not consistently record consumers’ end of life needs and wishes.
* End of life care plans were not in place for some consumers who required end of life care.
* While progress notes generally demonstrated staff implemented comfort care measures, including pressure area care and personal care, clinical documentation for two consumers who were nearing end of life identified:
	+ Pain medication was not given when required or as directed by clinical staff.
	+ No documented pain assessment or charting was completed.

The approved provider’s response identified an action plan to address the deficiencies identified, which included:

* consulting with consumers/representatives about end of life wishes and care and developing associated care plan documents;
* educating staff on palliative care and end of life needs and preferences; and
* conducting pain assessments on all consumers.

While I acknowledge the approved provider is addressing the deficiencies identified under this requirement, at the time of the site audit the service did not effectively ensure consumers’ end of life care needs and preferences were recognised and documented, and two consumers’ nearing end of life had their comfort needs met in relation to pain. Therefore, this requirement is non-compliant.

### 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 consumers confirmed they get the services and supports for daily living that are important to them and enable them to do the things they want to do. For example, consumers interviewed:

* confirmed they are supported to undertake a range of lifestyle activities of interest to them within the service and outside in the community, and the service supports them to keep in touch with people who are important to them; and
* expressed general satisfaction with the meals, noting the food offered by the service was varied and of good quality and quantity, and they have the opportunity to provide feedback about meals.

The Assessment Team observed a variety of activities being undertaken at the service during the audit, including bingo, concerts and outings on the service bus.

Consumers’ care planning documents demonstrated lifestyle assessments had been undertaken to determine the preferences of each consumer. Lifestyle plans are reviewed every three months and consumers engage in the planning of activities to enable them to feel socially connected and be involved in things they choose to do.

Staff demonstrated an understanding of what was important to individual consumers regarding their lifestyle and activities preferences, and described strategies used to support consumers.

Menu documentation and interviews with hospitality staff demonstrated food options are varied and cater to specific dietary preferences.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

Services and supports for daily living assist each consumer to:

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall consumers reported they feel they belong in the service, and feel safe and comfortable in the service environment. They said the service is clean, well maintained and easy to get around.

The Assessment Team observed:

* Consumers’ rooms were decorated with personal items, furniture and photographs.
* The physical environment at the service is comfortable, clean, welcoming, well-maintained and easy to navigate. Equipment, furniture, and indoor and outdoor communal areas are available to consumers.
* Consumers’ family and/or friends utilising the indoor, outdoor communal areas including the chapel and the library.

Staff interviewed confirmed there is adequate equipment to support consumers and any reported maintenance issues are resolved promptly.

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-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Overall consumers reported they felt comfortable and supported to provide feedback and make complaints, either using the service’s feedback forms or talking directly to management and staff. Staff described the service’s internal complaints and feedback mechanisms and confirmed they have supported consumers to raise concerns. However:

* While resources regarding advocacy and external feedback mechanisms were displayed throughout the service, consumers, representatives and staff were unaware of these and confirmed they had not been informed about advocacy or external complaints services or how to access them.
* Consumers were unable to provide examples of changes made in response to feedback and some consumers reported changes made in response to feedback/complaints were temporary and not sustainable.
* Feedback and complaints are not consistently documented, reviewed and used to improve the quality of care and services.

The Quality Standard is assessed as non-compliant as three 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) Non-compliant

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

While staff and consumers have access to language and translator services if needed and the service displays posters and brochures about advocacy services and external feedback mechanisms throughout the service, the Assessment Team found:

* All consumers, representatives and staff interviewed confirmed there is a lack of awareness about advocates and external complaints services and the service had not informed them about these services or how to access them.
* Staff interviewed were unaware of external complaint services and do not inform consumers and representative how to access these services.
* Management was unable to demonstrate how the service informs consumers about other methods for raising or resolving complaints, such as access to advocates or external complaints services.
* The consumer orientation checklist identified the service discusses the internal complaint process and feedback channels with consumers upon entry, however, does not include information regarding external advocacy services.

The approved provider’s response described the organisation’s processes to ensure consumers, representatives and staff are made aware of and have access to advocates, language services and other methods for resolving complaints, including via written materials such as the resident handbook, displays throughout the service, and additionally for staff via the feedback management process and displays in staff areas.

In response to the Assessment Team’s findings, the service commenced improvement actions in relation to this requirement, including adding complaints handling mechanisms as a standard agenda item at resident meetings, provide consumers a copy of the new resident handbook, and requiring staff to read the feedback management guidelines and resident handbook.

While the approved provider’s response identified the service’s complaints processes in place to advise consumers and representatives about advocates and other methods for raising and resolving complaints, the Assessment Team found these were not effective as all consumers/representatives and staff interviewed were unaware of these at the time of the site audit. Therefore, this requirement is non-compliant.

### 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 service did not demonstrate feedback and complaints are consistently documented or escalated by staff, appropriate and sustainable action is taken, and staff understand and apply open disclosure. While complaints documented in the feedback register contained information about outcomes and strategies to resolve the complaint, the Assessment Team found:

* While some consumers advised the service had taken steps to address their complaints, most consumers/representatives reported that while complaints are sometimes addressed, actions taken to resolve complaints are not sustainable.
* Staff interviewed did not have a consistent understanding of the service’s feedback management protocol, including when to document and escalate complaints, and were not consistently aware of actions taken in response to consumer feedback.
* Management advised only the regional manager has the system access for the service’s complaints/feedback register, and could not demonstrate how the service monitors whether actions taken in response to feedback/complaints were appropriate, sustainable and acknowledged by the complainant.

While the service has an open disclosure policy, all staff interviewed did not demonstrate an understanding of open disclosure, awareness about the service’s open disclosure policy or guidelines, and confirmed they had not received relevant training.

The approved provider’s response identified actions taken and planned in response to the Assessment Team’s findings, including:

* All complaints and feedback will be documented and actioned as per the organisation’s policy.
* All staff now have the appropriate complaints system access and are aware of how to create and update complaints information.
* All staff are required to read and acknowledge the service’s feedback management guidelines, resident handbook and open disclosure process, and will undertake education in open disclosure and complaints management.
* Consumer complaints and feedback will be a standing agenda item at staff meetings.
* Individual meetings have occurred with consumers/representatives to apologise and address any unresolved issues.

While I acknowledge the approved provider is addressing the deficiencies identified under this requirement, at the time of the site audit, the service was not consistently documenting and taking appropriate and sustainable action in response to complaints/feedback, and staff did not have an understanding of open disclosure. Therefore, 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.

Complaints and feedback are collated as part of a quality report, which is discussed at monthly quality meetings and reviewed by the organisation’s governing body, however, management was unable to demonstrate generally how complaints and feedback are used to improve care and service delivery.

While complaints and feedback entered in the service’s electronic management system were actioned and outcomes documented, complaints received verbally, via email, during consumer meetings and discussions with staff are not routinely documented in the service’s complaints register, and do not form part of the quality report.

The approved provider’s response identified all complaints will be documented and actioned and Quality Improvement Plans will be updated with actions following complaints and feedback.

While I acknowledge the approved provider is addressing the deficiencies identified under this requirement, at the time of the site audit the service did not demonstrate feedback and complaints were consistently documented, reviewed and used to improve the quality of care and services. Therefore, this requirement is non-compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers were generally satisfied their interactions with the workforce were kind, caring, and respectful of their identity and culture. While consumers spoke positively about the way staff interacted with them, they reported concerns about the sufficiency of the workforce.

Some consumers, representatives and staff identified the workforce responsible for the delivery of care was not adequate and this resulted in delays in care delivery. For example, during the afternoon, evenings and weekends, consumers and representatives reported they can wait extended periods of time for staff to attend to them. This was consistent with a review of call bell response data that identified delays in staff responsiveness and a high number of lengthy call bell response times.

Staff reported concerns about training for the workforce and reported they had not received sufficient training to perform their roles effectively.

While management reported they monitor and review staff performance on an ongoing basis, the service did not demonstrate this routinely occurs.

The Quality Standard is assessed as non-compliant as three 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.

Some consumers expressed dissatisfaction with staffing at the service. They said there are not enough staff, staff are busy and they reported experiencing delays in the provision of care and services, for example, waiting extended periods of time for staff to attend to them.

While staff reported they can complete their duties and they prioritise consumers based on need, staff across the service expressed concern regarding the levels of staff, including for example, availability of registered staff to attend to consumers.

Data used to monitor call bell response times identified delays in staff responsiveness as a high number of call bells exceeded 10 minutes. While the service aggregates call bell response times, management was unable to demonstrate how it uses this data.

The approved provider’s response described the organisation’s processes to allocate and monitor the appropriate number and mix of staff to meet consumer needs, including monitoring call bell response times. While these organisational systems may be in place, feedback from consumers, representatives and staff and call bell response data indicates there are delays in consumers receiving their care and services.

The approved provider’s response also identified the organisation completed a review of the staffing profile and rosters in February 2020 and concluded while staffing numbers were appropriate, the distribution and skill mix required adjustment and this will take affect by April 2020. An additional registered staff member has also been employed.

While the approved provider has commenced actions to address the deficiencies identified in this requirement, during the site audit, feedback from consumers, representatives and staff and the service’s monitoring records indicated the workforce was not consistently able to deliver care and services in a timely manner. Therefore, 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) Non-compliant

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Some consumer representatives reported staff need training in knowing consumer choices and preferences.

While management explained the service uses an online training portal for mandatory training and training records confirmed staff complete mandatory training, staff reported not feeling adequately trained to effectively undertake their role.

Management could not demonstrate how additional training needs are identified for the workforce and staff advised they had not received training on the Quality Standards, complaints management or other areas such as diabetes management, dementia care, palliative care or pain management.

While management described the service’s induction and orientation processes for temporary/agency staff, service staff said temporary/agency staff are not adequately trained in service processes or consumer needs, which impacts the timeliness of care.

The approved provider’s response described the organisation’s processes for recruitment, learning and development and monitoring performance, including agency staff. The approved provider’s response confirmed not all staff had completed training on the Quality Standards or complaints, however, identified resources were available to staff on these areas. The service also has a learning management system that has modules available to staff to independently access on topics such as diabetes, dementia, pain and palliative care. Staff will be reminded about the availability of these modules and required to complete certain modules, and the service will review the agency staff orientation processes. A training plan will be developed and staff training needs will be identified during performance review processes and through a training needs analysis.

While the organisation has processes for staff recruitment and training and the approved provider has commenced actions to address the deficiencies identified in this requirement, feedback from consumers/representatives and staff during the site audit indicated staff training does not adequately equipped staff to perform their roles and deliver the outcomes required by the Quality Standards. Therefore, this requirement is non-compliant.

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

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

While management reported they monitor and review staff performance on an ongoing basis and described the ways performance is monitored, the service did not demonstrate this routinely occurs. For example:

* Management advised while the organisation’s policy is to undertake formal staff performance reviews, this has not consistently occurred.
* Registered staff reported that while they monitor staff practices during rounds and speak to staff regarding their practice, they do not document instances of poor performance.
* Some staff reported dissatisfaction with the performance review process and one staff member confirmed they had not had a performance review in three years.

The approved provider’s response identified all staff will receive a performance review as per organisational policy.

While the organisation has commenced processes to ensure staff performance is assessed, monitored and reviewed, these processes were not consistently occurring at the time of the site audit. Therefore, this requirement is non-compliant.

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# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Most sampled consumers indicated that the organisation is well run and they are can access forums such as meetings to participate in improving the delivery of care and services at the service.

The organisation’s governing body meets and regularly reviews risks from an organisational and consumer perspective. The organisation has governance systems in place that are used to guide the delivery of care and services. There are systems to provide reports on quality indicators to the governing body, and changes and improvements are made in response.

However, while governance systems are established to manage the delivery of safe quality care, these systems have not been effective in key areas of the organisation. For example, the organisation has failed to ensure the service had:

* Sufficient staff that were adequately trained to deliver timely and quality care.
* Information systems that provided staff and consumers/representatives with adequate access to information, including in relation to care and complaints.
* Feedback and complaints systems to ensure consumers are aware of advocates and other methods for raising complaints, appropriate action is taken in response to complaints, and feedback and complaints are used to improve the quality of care and services.
* A clinical governance system, that identified and responded to deficiencies in the provision of safe and quality care, as identified in Quality Standards 2 and 3.

The Quality Standard is assessed as non-compliant as two 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.

While the organisation demonstrated effective governance systems in relation to continuous improvement, financial governance and regulatory compliance, the Assessment Team identified deficiencies in relation to information management, workforce governance and feedback and complaints.

Information systems and processes have not ensured that information is current, accurate and timely to support effective decision making and governance. The approved provider’s response described the organisation’s information systems including relating to the documentation of care information for consumers; the process to communicate information to consumers, representatives and staff; and the various channels used to disseminate information. Despite these processes, consumers, representatives and staff reported during the site audit that they did not have adequate access to information, including in relation to care and complaints. The approved provider’s response outlines actions commenced to address information system issues relating to care and complaints and these are included above in response to non-compliant requirements in Quality Standards 2, 3 and 6.

Workforce governance systems and processes failed to ensure the organisation had sufficient staff that were trained to deliver safe and quality care to consumers in a timely manner. The approved provider’s response outlines actions that are being taken to address workforce issues including recruitment of registered staff, readjustment of staff distribution and mix, staff training, and performance monitoring and reviews. (Refer to Standard 7)

Feedback and complaints systems and process have failed to ensure consumers are aware of advocates and other methods for raising complaints, appropriate action is taken in response to complaints, and feedback and complaints are used to improve the quality of care and services. The approved provider’s response outlines actions being taken to address feedback and complaints processes including providing staff education and staff access to the complaints system, distributing information to consumers, and including feedback and complaints as a standing agenda item at resident and staff meetings. (Refer to Standard 6)

### 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) Non-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.

During the site audit, management provided a policies on minimising the use of restraint and complaints management (that covered open disclosure), however, was unable to provide a documented clinical governance framework or policy relating to antimicrobial stewardship. The approved provider’s response provided evidence of these in place organisationally, however, confirmed clinical governance processes in place at an organisation level, were not operating at the local service level.

While staff demonstrated an understanding of antimicrobial stewardship and minimising the use of restraint, staff did not demonstrate awareness or understanding of open disclosure. (Refer to Standard 6, requirement (3)(c))

The organisation’s clinical governance and monitoring processes have not identified deficiencies in Quality Standards 2 and 3. The approved provider’s response acknowledged the deficiencies identified in these Quality Standards and has commenced actions to rectify the deficiencies.

While the organisation has a clinical governance framework in place, this was not effectively deployed at the service, and had not identified deficiencies in Quality Standards 2 and 3. Therefore, this requirement is non-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.

* Requirement 2(3)(b)
* Requirement 2(3)(c)
* Requirement 2(3)(d)
* Requirement 2(3)(e)
* Requirement 3(3)(c)
* Requirement 6(3)(b)
* Requirement 6(3)(c)
* Requirement 6(3)(d)
* Requirement 7(3)(a)
* Requirement 7(3)(d)
* Requirement 7(3)(e)
* Requirement 8(3)(c)
* Requirement 8(3)(e)