Booroongen Djugun Limited

Performance Report

337-351 River Street
GREENHILL via KEMPSEY NSW 2440
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**Commission ID:** 0457

**Provider name:** Booroongen Djugun Limited

**Site Audit date:** 11 February 2020 to 13 February 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | 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) | 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** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Non-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) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-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) | Non-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 20 March 2020

# STANDARD 1 NON-COMPLIANTConsumer 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 15 sampled consumers and representatives confirmed that the consumer’s culture and diversity are valued and can maintain their identity. Seven of the consumers sampled confirmed they are treated with dignity and respect always or most of the time whereas eight of the consumers said this was some of the time. Most of the consumers confirmed that they can make informed choices about their care and services, are supported to maintain relationships and live the life they choose.

For example:

* Some of the consumers interviewed confirmed that they are treated with respect. Most of the consumers aid staff do not always treat them with respect.
* Most of the consumers interviewed confirmed that they are encouraged to do things for themselves and that staff know what is important to them
* Most of the consumers interviewed confirmed that their personal privacy is respected, and their information is kept confidential however, some consumers said staff do not always respect their privacy.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

* Information derived from staff interviews mostly aligned with consumer’s choice and preferences recorded on care planning documents. A staff member could not articulate a consumer’s life journey when asked.

A minority of the consumers confirmed they are treated with dignity and respect. Consistent feedback from majority of the consumers indicate that staff are not always respectful, and consumers are not always provided with information to enable them to exercise choice. The Assessment Team observations indicate that consumer’s dignity is not consistently maintained.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

The assessment team found that consistent feedback from most consumers indicate they are not always treated with respect and the Assessment Team’s observations also indicate consumer’s dignity is not always maintained.

In their response, the approved provider accepts the findings of the assessment team. I acknowledge that they have proposed actions to address the issues raised by the assessment team to address the non-compliance.

The approved provider does not comply with this requirement as they do not demonstrate that they treat consumers with dignity and respect and that they value consumers identity, culture and diversity.

### 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) Non-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.

The assessment team found that most of the consumers interviewed provided consistent feedback they are not provided information to support them to exercise choice. The Assessment Team observed some information displayed in public areas did not reflect current guidelines.

In their response, the approved provider does not dispute the findings of the assessment team. I acknowledge that they have proposed actions to address the issues raised by the assessment team to address the non-compliance.

The approved provider does not comply with this requirement as they did not demonstrate that they provide information to consumers which is current, accurate and timely and communicated in a way that is clear and 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

Most of the consumers and representatives sampled for this requirement confirmed that they feel like partners in the ongoing assessment and planning of their care and services; whereas some consumers said they do not always feel like partners in the planning of their care and services.

For example:

* Most of the consumers and representatives interviewed confirmed they are involved in care planning to some extent and are kept abreast of consumer’s care. Some consumers said they are not always involved in care planning.
* While most consumers sampled did confirm they are informed about the outcomes of assessment and planning, a minority of them said they have ready access to consumer’s care and services plan. Most consumers said staff do not always explain things prior to care or services delivery or when changes are made to their care.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

* For some consumers, care planning and assessment documentation do not always reflect comprehensive details of how care and services are planned according to consumers goals, needs and preferences. While risks are considered they are not consistently reassessed or reviewed as part of consumer’s ongoing care.

The Assessment Team identified gaps in care planning and assessment documentation including interim and other care plans are not updated when due; information about consumer’s needs, preferences are not consistently reflected in care plans. While medical and physiotherapy reviews are regularly conducted; monitoring, other clinical and allied health reassessments are not promptly undertaken following incidents or changes to consumers care.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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 found that assessment and planning, including consideration of risks to the consumer’s health and well-being, does not always inform the delivery of safe and effective care and services. Assessments are not always completed, updated as needs change and do not always reflect consumer needs. While risk to consumers are generally identified, they are not consistently managed to ensure each consumer’s safety and wellbeing.

In their response the approved provider stated that while care staff do use the care plans to deliver care, and risk factors are documented in these care plans, Booroongen Djugun acknowledges improvements can be made to ensure assessments are comprehensively completed in a timely manner and risk is well assessed (including referral to specialists and other providers). I acknowledge that they have proposed actions to address the issues raised by the assessment team to address the non-compliance.

The approved provider does not comply with this requirement as they do not demonstrate that assessment and planning include consideration of risks to consumers health and wellbeing, and 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) 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.

The assessment team found that while information about consumer’s care and services are generally communicated to consumers and their nominated representatives, care and services plans are not always readily accessible to most of the consumers sampled. Care plans do not always include information that is relevant to the consumers’ goals, needs and preferences.

In their response, the approved provider accepts the findings of the assessment team. I acknowledge that they have proposed actions to address the issues raised by the assessment team to address the non-compliance.

The approved provider does not comply with this requirement as they do not demonstrate that outcomes of assessment and planning are effectively communicated to consumers 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 found that while physiotherapy and activities of daily living care plans for the consumers sampled are regularly reviewed; reassessments of strategies are not always undertaken when required or when incidents occur. Care plans are not always updated or evaluated when incidents or changes are recorded

In their response the approved provider stated that whilst Booroongen Djugun has a process established for reassessment and review of care plans following a change in care needs, this has not been followed. They recognize that registered nurses have a responsibility to ensure the changes are made following the incident or changed needs.

The approved provider does not comply with this requirement as they do not demonstrate that care and services are reviewed regularly for effectiveness, and when circumstances change.

# 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

Majority of the 16 sampled consumers and representatives sampled in relation to this requirement, consider that consumers receive personal care and clinical care that is safe and right for them most of the time.

For example:

* Most of the consumers and representatives interviewed did confirm that consumers get the care they need.
	+ Most of the consumers commented they were grateful and impressed on how the service managed their clinical issues; enable them to regain their confidence and maintain their independence. Some consumers also mentioned that some of the staff are not well trained.
	+ Two consumers said they do not always get the care they need.
	+ Another consumer said they get the care they need “on and off, depend who is on”.
* Majority of the consumers and representatives confirmed that consumers have access to a doctor or other health professional on a regular basis and when they need it.
	+ Three consumers said they do not always have access to a doctor or other health care professional when they need it.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

* The organisation’s approach to this requirement does not always reflect individualised care that is safe and effective. Consumer palliative care and end of life wishes were well documented and implemented as required. The service has in place some processes to minimise infection risks and promotes the appropriate use of antimicrobial agents
* The service has a high proportion of consumers with complex mental health and physical conditions; psychotropic medications are used as part of their treatment. Some consumers including those living with dementia are also prescribed psychotropic medications as chemical restraint and risks associated with their use are not consistently well managed. High impact high prevalent risks are (e.g. falls, behaviour, pain and medication management) are not always managed to enhance consumer’s wellbeing.

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.

The assessment team found that risks to consumers have not been consistently managed to provide prompt and effective personal care or clinical care that is best practice; is tailored to their needs; and optimises their health and well-being. While consumers with mental health diagnosis are prescribed chemical and physical restraint as part of their treatment, restraint use for other consumers is not consistently managed according to the service’s policy on restraint minimisation. While effort was made to provide effective pain relief to some consumers, this did not always enhance their comfort. The service records low incidents of skin integrity issues however consumers identified with high risk of pressure injury are not always well managed.

In their response, the approved provider does not dispute the findings of the assessment team. I acknowledge that they have proposed actions to address the issues raised by the assessment team to address the non-compliance.

The approved provider does not comply with this requirement as they do not demonstrate that consumers get safe and effective clinical and personal care which considers best practice, is tailored to the individual and optimises consumers wellbeing.

### 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 found that high impact high prevalence risks including challenging behaviour, choking and risks associated with medication errors for the consumers sampled, are not adequately addressed by the service, or properly managed.

In their response, the approved provider accepts the findings of the assessment team. I acknowledge that they have proposed actions to address the issues raised by the assessment team to address the non-compliance.

The approved provider does not comply with this requirement as they do not demonstrate that they effectively manage high impact and high prevalence risks associated with the care of consumers.

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

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

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

Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

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

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

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

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

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

Minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

# STANDARD 4 NON-COMPLIANTServices and 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

Most sampled consumers did confirm that they 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.

For example:

* Mostly consumers said they feel supported to do the things they like to do including attendance at music concerts, religious and cultural services.
* Consumers mostly said they were supported to keep in touch with people who are important to them. However, one consumer said the service was not allowing her to contact family and friends about relocation.
* Most consumers said they like the food. One consumer said if they would like something to eat all they do I ask. They really enjoy the Sunday roast and Saturday breakfast of bacon and eggs. Another consumer said there “is not enough food, but all I have to do is ask, and someone will make a sandwich”.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

* The service has access to external organisations to support consumers in doing things that are important to them. This includes; a weekly visit from the local mental health team, a monthly visit from a clinical nurse consultant dementia specialist and a monthly visit by a team from the Prince of Wales Hospital. The service also advised that many consumers have family and friends who take them out and/or have access to NDIS carers.

The Assessment Team find this requirement not met due to:

* Inadequate bariatric equipment for staff to use when moving consumers and the difficulty in obtaining shower chairs when needed.
* Consumer walkers, wheelchairs, lifters and sofa chairs to be unclean.
* Consumers emotional and psychological needs have not been identified on entry to the service and information relevant to why they are feeling low has not been provided to the consumer in a timely manner.

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

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

The assessment team found that assessment and planning documentation do not consistently identify how to promote and support consumers emotional or psychological wellbeing. Consumer feedback identified they have not been supported through their entry to the service or that information has been provided to them appropriately reducing their risk of feeling low.

In their response, the approved provider accepts the findings of the assessment team. I acknowledge that they have proposed actions to address the issues raised by the assessment team to address the non-compliance.

The approved provider does not comply with this requirement as the did not demonstrate that they provide services and supports to daily living to 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) Non-compliant

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

The assessment team found that the lifestyle equipment used at the service was demonstrated to be in working order and maintained. However numerous pieces of equipment used to support consumers with day to day activities such as walkers and wheelchairs were not adequately cleaned. Whilst there is equipment available for staff to use there is insufficient numbers to support staff with consumer needs.

In their response, the approved provider does not dispute the findings of the assessment team. I acknowledge that they have proposed actions to address the issues raised by the assessment team to address the non-compliance.

The approved provider does not comply with this requirement as it does not demonstrate that where equipment is provided, it is safe, suitable, clean and well maintained.

# STANDARD 5 COMPLIANTOrganisation’s services 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 sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* All consumers interviewed said they feel safe at the service.
* Mostly consumers said they feel at home in the service with one consumer saying the staff are important to her.
* All consumers interviewed confirmed the service is clean and well maintained.
* One consumer said she did not feel at home in service since returning from leave approximately a week ago. On returning she had been moved to another area of the service without prior knowledge.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

* Both indoor and outdoor areas of the service were observed to be clean and welcoming to visitors. The outdoor areas were observed to well-kept and in use throughout the Performance Assessment by consumers.

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

 Majority of the sampled consumers and representatives did consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Most consumers and representatives interviewed felt they could always make complaints and felt safe to do so.
* A minority of the consumers said they feel confident their concerns and complaints would be addressed and also felt that changes were made at the service in response to complaints and feedback.
* Some consumers provided positive feedback when asked how management responded when they last raised a concern or an issue about consumer’s care and/or services. Other consumers provided neutral or negative feedback. Comments include:
	+ A consumer said they were not happy with how management initially dealt with an issue between “residents”, but they were later satisfied with how the DOC “fixed” the issue at the “last resident meeting”.
	+ Another consumer said when they raised concerns staff would say “they would look into to it, but they don’t”.
	+ A consumer said they cannot be bothered to raise issues and they don’t know how to make complaints.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

* The organisation’s approach to reviewing and acting on consumers and representatives’ complaints and concerns is not always consistent and results are not always used to improve care and services for consumers.

Majority of the consumers said they were not satisfied about the outcomes of their complaints and did not feel confident that their concerns or issues would be addressed. Some of the consumers also said they did not feel that changes were made when they last raised a concern about their care and services. Review of complaints and feedback documentation indicate that issues are not always actioned or addressed as required by the service’s complaint handling and open disclosure process. Feedback from staff interviews indicate they have minimal training on and/or understanding of the complaint and open disclosure process.

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 found that some of the consumers said they did not feel that changes were made when they last raised a concern about their care and services. Review of complaints and feedback documentation indicate that issues are not always actioned or addressed as required by the service’s complaint handling and open disclosure process. Feedback from staff interviews indicate they have minimal training on and/or understanding of the complaint and open disclosure process.

While the approved provider submitted information in their response to address the issues raised by the assessment team and have proposed actions for future to address these issues, I am not satisfied that this is sufficient to demonstrate compliance at the time of the assessment of performance.

The approved provider does not comply with this requirement as it does not demonstrate that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

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

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

The assessment team found that consistent feedback from consumers and review of the service’ complaint handling documentation showed that issues have not been addressed and actioned to the satisfaction of consumer and/or to improve care and services for the consumer; outcomes have not been documented and complaints have not been consistently addressed in line with open disclosure policy.

In their response, the approved provider does not dispute the findings of the assessment team. I acknowledge proposed actions to address the issues raised in the assessment teams report to return to compliance.

The approved provider does not comply with this requirement as it does not demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services.

# 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

Some sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* The majority of consumers said staff were not always kind, caring and respectful in their interactions.
* Most consumers confirmed staff know what they are doing with one consumer saying the keep losing her puffer.
* Some consumers stated there are not enough staff which impacts their wait times on meals, drinks and toileting.

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

* The service does not use agency staff or keep a casual pool. The service currently has staff vacancies however these are open to ATSI staff. The staff shortage impacts consumers as they have to wait for toileting and meals.

The Assessment Team find this requirement not met due to:

* Inadequate number of workforces to deliver safe, quality care to consumers. With no system to monitor and review the impact to consumers.
* Lack of competent and knowledgeable staff to perform their roles. With no system to ensure staff remain competent in their role.
* Lack of training and education needs analysis with minimal training and education provided on key aspects of the new Quality Standards relating to antimicrobial stewardship, open disclosure, risk management and minimising the use of restraint.

The Quality Standard is assessed as Non-compliant as four 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 found that based on consumer and staff feedback the service does not demonstrate the workforce number and mix enables safe and quality care and services. The performance of the service in other Standards predominantly Standard 1, 2 and 3 provides further evidence of non-compliance with this requirement.

In their response the approved provider did not dispute the findings of the assessment team. I acknowledge the actions proposed to be taken to address the issues raised by the assessment team, to address the noncompliance.

The approved provider does not comply with this requirement as it does not demonstrate that it has a workforce that 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) Non-compliant

Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

The assessment team found that significant consumer feedback identifies staff interactions are not consistently kind, caring and respectful. The service has not effectively identified these issues and taken appropriate disciplinary or training action. The findings of this requirement do not support that workforce interactions respect consumer identity, culture and diversity.

In their response the approved provider did not dispute the findings of the assessment team. I acknowledge the actions proposed to be taken to address the issues raised by the assessment team, to address the noncompliance.

The approved provider does not comply with this requirement as it does not ensure that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

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

The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

The assessment team found that the workforce is not sufficiently competent, and members of the workforce do not have the knowledge to effectively perform their roles. There are significant gaps across Standards 1, 2, 3, 4, 6 and 8 which indicate the workforce do not have the appropriate skills and knowledge.

In their response the approved provider did not dispute the findings of the assessment team. I acknowledge the actions proposed to be taken to address the issues raised by the assessment team, to address the noncompliance.

The approved provider does not comply this requirement as they do not demonstrate that 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.

The assessment team found that the organisation has not effectively identified training needs for staff through staff feedback or review of consumer care needs. The findings of this requirement do not support the workforce is trained, equipped and supported to effectively deliver care and services in line with the new Quality Standards. Examples throughout the report demonstrate the workforce is not knowledgeable particularly in relation to managing challenging behaviour and compulsory reporting.

In their response the approved provider did not dispute the findings of the assessment team. I acknowledge the actions proposed to be taken to address the issues raised by the assessment team, to address the noncompliance.

The approved provider does not comply with this requirement as it does not demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

### Requirement 7(3)(e) Compliant

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Some sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Most consumers interviewed said sometimes the service is well run.
* Consumers said the Director of Care (DOC) does a great job and cares for the consumers. They said the DOC should be well recognised for what the DOC has given to the service. Consumers they know the governing body supports the service, but the DOC could do with a bit more help, could do with a bit more staff and training for the staff.
* One consumer said she was asked to go on the governing body and is considering the invitation.

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The service could not demonstrate how the governing body is accountable for the delivery of safe and quality care and services. While it is acknowledged the service has policies in place around key aspects of the new quality standards there has been no education, training or implementation of the practices included within. Key documents relating to risk management and clinical governance have not been implemented with key performance indicators not being utilised for clinical governance.

The Assessment Team find this requirement not met due to:

* Lack of information accessibility and accuracy for staff including; policies, procedures, care plans, assessments and meeting minutes.
* Lack of clinical oversight by the governing body particularly around antimicrobial stewardship, reportable assaults and minimising the use of restraint.
* Lack of workforce governance around continuous improvement and reportable assaults.
* Lack of governance, understanding and effective risk management systems. Specifically, around identification, monitoring and review of high impact high prevalence risks.

The Quality Standard is assessed as Non-compliant as three 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 found that feedback from staff about information management identifies they are unable to access information. Review of the continuous improvement plan identifies this is not kept up to date and lacks relevant information about closure of actions and review/evaluation. Feedback from consumers and review of the service’ compulsory reporting register showed that all levels of staff lack understanding of compulsory reporting requirements.

In their response Booroongen Djugun accepts and acknowledges the findings of the assessment of performance.

The approved provider does not comply with this requirement as it does not demonstrate that it effective organisation wide governance systems.

### Requirement 8(3)(d) Non-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.

The assessment team found that Management had not previously identified high impact or high prevalence risks and they agreed there is not a documented risk management framework. However, management could identify the top three high impact, high prevalence risks at the service.

Based on information provided by the service and its staff, there is minimal understanding of high impact and high prevalence risks. Discussions with management identified there is no documented risk management framework or formal analysis completed to assist in identifying risks. The Assessment Team did not receive information relating to abuse and neglect and supporting consumers to live the best life they can.

In their response the approved provider did not dispute the findings of the assessment team. I acknowledge the proposed activities to address the areas of non-compliance identified by the assessment team.

The approved provider does not comply with this requirement as it does not demonstrate that it has effective risk management systems and practices.

### 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.

The assessment team found that while the organisation demonstrated they have policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure these do not form a documented clinical governance framework. Antimicrobial stewardship and minimisation of restraint usage policies do not accurately reflect the current daily practice of staff and key performance indicators are not reported accurately or effectively to the board and Department of Health. This impacts directly on consumers throughout the service as there is limited clinical oversight and governance to ensure safe, quality care and services are provided.

In their response, the approved provider did not dispute the findings of the assessment team. I acknowledge the proposed actions to address the issues raised by the assessment team, which have the intent to return the service to compliance.

The approved provider does not comply with this requirement as they do not demonstrate that they have 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 1(3)(a)

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

The approved provider must ensure:

* consumers are always treated with respect and consumer’s dignity is always maintained.

### Requirement 1(3)(e)

*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.*

The approved provider must ensure:

* that consumers are provided with information to support them to exercise choice. Information displayed in public areas must reflect current guidelines.

### Requirement 2(3)(a)

*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 approved provider must ensure:

* assessment and planning, including consideration of risks to the consumer’s health and well-being, always informs the delivery of safe and effective care and services.
* Assessments are always completed, updated as needs change and reflect consumer needs.
* Identified risks are consistently managed to ensure each consumer’s safety and wellbeing.

### Requirement 2(3)(d)

*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.*

The approved provider must ensure:

* information about consumer’s care and services are communicated to consumers and their nominated representatives and that care and services plans are readily accessible to consumers.
* Care plans always include information that is relevant to the consumers’ goals, needs and preferences.

### Requirement 2(3)(e)

*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 approved provider must ensure:

* care plans for consumers are regularly reviewed; reassessments of strategies are always undertaken when required or when incidents occur.
* Care plans are always updated or evaluated when incidents or changes are recorded.

### Requirement 3(3)(a)

*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 approved provider must ensure:

* risks to consumers are consistently managed to provide prompt and effective personal care or clinical care that is best practice; is tailored to their needs; and optimises their health and well-being.
* restraint use for consumers who do not have a mental health diagnosis is consistently managed according to the service’s policy on restraint minimisation.
* effective pain relief for consumers which enhances their comfort.
* skin integrity for consumers identified with high risk of pressure injury are well managed.

### Requirement 3(3)(b)

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

The approved provider must ensure:

* that high impact high prevalence risks including challenging behaviour, choking and risks associated with medication errors are adequately addressed by the service, and properly managed.

### Requirement 4(3)(b)

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

The approved provider must ensure:

* that assessment and planning documentation consistently identify how to promote and support consumers emotional or psychological wellbeing.
* Consumers are supported through their entry to the service and information has been provided to them about how to reduce their risk of feeling low.

### Requirement 4(3)(g)

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

The approved provider must ensure:

* that the lifestyle equipment used at the service is in working order and maintained.
* pieces of equipment used to support consumers with day to day activities such as walkers and wheelchairs are adequately cleaned.
* there is equipment available for staff to use there is sufficient numbers to support staff with consumer needs.

### Requirement 6(3)(c)

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

The approved provider must ensure:

* that consumers feel that changes are made when they raise a concern about their care and services.
* Review of complaints and feedback documentation indicate that issues are actioned or addressed as required by the service’s complaint handling and open disclosure process.
* Feedback from staff indicates they have sufficient training on and/or understanding of the complaint and open disclosure process.

### Requirement 6(3)(d)

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

The approved provider must ensure:

* that feedback from consumers about issues is addressed and actioned to the satisfaction of consumer and/or to improve care and services for the consumer;
* that outcomes have been documented and complaints have been consistently addressed in line with open disclosure policy.

### Requirement 7(3)(a)

*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 approved provider must ensure:

* that based the service demonstrates that the workforce number and mix enable safe and quality care and services.

### Requirement 7(3)(b)

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

The approved provider must ensure:

* that significant staff interactions are consistently kind, caring and respectful.
* The service addresses issues and takes appropriate disciplinary or training action.
* that workforce interactions respect consumer identity, culture and diversity.

### Requirement 7(3)(c)

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The approved provider must ensure:

* that the workforce is sufficiently competent, and members of the workforce have the knowledge to effectively perform their roles.

### Requirement 7(3)(d)

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

The approved provider must ensure:

* that the organisation has effectively identified training needs for staff through staff feedback or review of consumer care needs.
* The workforce is knowledgeable particularly in relation to managing challenging behaviour and compulsory reporting.

### Requirement 8(3)(c)

*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 approved provider must ensure:

* that staff are able to access information.
* the continuous improvement plan is kept up to date and has relevant information about closure of actions and review/evaluation.
* all levels of staff understand compulsory reporting requirements.

### Requirement 8(3)(d)

*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.*

The approved provider must ensure:

* that Management identify high impact or high prevalence risks and they have a documented risk management framework.
* Based on information provided by the service and its staff, there is minimal understanding of high impact and high prevalence risks.
* There is analysis completed to assist in identifying risks.
* The service has a system to identify and respond to abuse and neglect and support consumers to live the best life they can.

### Requirement 8(3)(e)

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 approved provider must ensure:

* they have a documented clinical governance framework.
* Antimicrobial stewardship and minimisation of restraint usage policies accurately reflect the current daily practice of staff.
* key performance indicators are reported accurately and effectively to the board and Department of Health.
* there is adequate clinical oversight and governance to ensure safe, quality care and services are provided.