Brightwater Madeley

Performance Report

95 Imperial Circuit   
MADELEY WA 6065  
Phone number: 08 9303 0300

**Commission ID:** 7272

**Provider name:** Brightwater Care Group Limited

**Assessment Contact - Site date:** 19 January 2021 to 21 January 2021

**Date of Performance Report:** 9 March 2021

# Publication of report

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

# Overall assessment of this Service

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| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | 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)(d) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | 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 Assessment Contact - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received 16 February 2021
* the Assessment Team’s report and Performance Report for Site Audit conducted in July 2020.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Assessment Team assessed Requirement (3)(a) in relation to Standard 1 Consumer dignity and choice as this Requirement was found Non-compliant following a Site Audit conducted on 28 to 30 July 2020.

The Assessment Team found the service did not demonstrate the improvements implemented have been effective in addressing the deficits.

The Assessment Team found Requirement (3)(a) not met. Based on the Assessment Team’s report and the Approved Provider’s response which acknowledges the deficits identified, I find the service Non-compliant in Requirement (3)(a) in relation to Standard 1 Consumer dignity and choice and have provided reasons in the relevant Requirements below.

The Quality Standard is assessed as Non-compliant as one of the six specific requirements has 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 improvements implemented by the service to address Non-compliance in relation to Standard 1 Requirement (3)(a) found following a Site Audit in July 2020 have not been effective. Improvements implemented included staff training on continence management, review and update of consumers’ personal profiles to reflect consumers’ social histories and preferences in relation to care. The Assessment Team identified the following ongoing deficits:

* Two consumers and three consumer representatives interviewed confirmed insufficient staffing to assist consumers with toileting has negatively impacted consumers’ dignity. Consumers have experienced incontinent episodes resulting in consumers feeling embarrassed and consumers have had falls and been found on the floor as they can’t wait any longer for staff assistance to the toilet.
* Three representatives raised concerns about their family members’ personal care and hygiene. Representatives provided examples of consumers looking unkempt, untidy and to smell like they hadn’t had showers attended to.
* The Assessment Team observed a consumer was told repeatedly by care staff to stay on the toilet as there was no one to help them off, the staff were observed to leave the bathroom door open while the consumer was on the toilet.
* Care staff confirmed they do not always have time to assist consumers to the toilet when required and personal care can be rushed.
* Management confirmed training in relation to ‘consumer dignity and respect’ had only been provided to new staff at orientation.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team in relation to consumers not always being treated with dignity and respect or their unique identities supported. The service has implemented a plan for continuous improvement to address the ongoing deficits.

The service does not ensure each consumer is treated with dignity and respect or each consumer’s individual identity and needs valued. Consumers are not receiving timely or effective continence care and personal care impacting on consumers’ dignity. Consumers report being embarrassed after incontinent episodes and consumer representatives are not satisfied personal care and hygiene is delivered in a manner which respects the individual consumer’s identity, preferences or needs. Observations confirmed staff do not treat consumers with dignity and respect when delivering care.

Based on the summarised evidence above I find the service Non-compliant with this Requirement.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Assessment Team assessed Requirements (3)(a) and (3)(e) in relation to Standard 2 Ongoing assessment and planning with consumers as these Requirements were found Non-compliant following a Site Audit conducted on 28 to 30 July 2020.

The Assessment Team found the service did not demonstrate the improvements implemented have been effective in addressing the deficits.

The Assessment Team found Requirements (3)(a) and (3)(e) were not met. Based on the Assessment Team’s report and the Approved Provider’s response which acknowledges the deficits identified, I find the service Non-compliant in Requirements (3)(a) and (3)(e) in relation to Standard 2 Ongoing assessment and planning with consumers and have provided reasons in the relevant Requirements below.

The Quality Standard is assessed as Non-compliant as two 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 improvements implemented by the service to address Non-compliance in relation to Standard 2 Requirement (3)(a) found following a Site Audit in July 2020 have not been effective. Improvements implemented included staff training on assessment, reassessment of consumers’ personal care and clinical care and new behaviour policy and assessment tools. The Assessment Team identified the following ongoing deficits:

* Assessment and planning processes are not effectively used to inform safe and effective care and service delivery for consumers who are new admissions, and existing consumers with challenging behaviour, diabetes and high falls risk.
* One consumer did not have all assessments completed to inform care delivery on entry to the service including in relation to known risks of diabetes and falls.
* One consumer was not reassessed effectively following falls and no new strategies to manage behaviours and continence relating to falls were implemented on the care plan.
* One consumer did not have assessments completed appropriately or in consultation with consumer and representative to inform care delivery.
* One consumer was not appropriately reassessed in relation to mobility and falls risk following a fall resulting in hospitalisation and a fracture and no new strategies to manage have been identified or updated in the care plan.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team in relation to consumers’ assessments not consistently being completed, reassessed or assessed on admission. The service has implemented a plan for continuous improvement to address the ongoing deficits.

The service has assessment tools and processes to guide the development of consumer care plans. However, the service does not consistently or effectively complete assessments for consumers entering the service or when consumers require reassessment. Consumers’ risks are not effectively reassessed following change or incidents to implement new strategies on the care plan or inform the delivery of safe and effective care. Consumers have had ongoing falls and behaviours not resulting in effective or appropriate assessments to inform the delivery of care to reduce falls, manage behaviours or provide appropriate care. The improvements implemented by the service to address the deficits in consumers’ assessments not being consistently or appropriately completed for new consumers or when changes occur have not been effective and monitoring processes have not identified or rectified the ongoing deficit.

Based on the summarised evidence above I find the service Non-compliant with this Requirement.

### 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 improvements implemented by the service to address Non-compliance in relation to Standard 2 Requirement (3)(e) found following a Site Audit in July 2020 have not been effective. Improvements implemented included staff training on assessment, reassessment of consumers’ personal care and clinical care and alert systems for reassessment and review following incidents. The Assessment Team identified the following ongoing deficits:

* One consumer with a change in medication did not have their medication management plan including monitoring the consumer following administration of the medication reviewed and updated following the change.
* One consumer did not have their falls risks assessment and strategies reviewed following a fall requiring hospitalisation and returning from hospital in a deteriorated condition.
* One consumer with known risks associated with falls did not have current falls management strategies reviewed for effectiveness following two falls in two days.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team in relation to consumers’ assessments and care plan strategies not consistently being reviewed for effectiveness following incidents. The service has implemented a plan for continuous improvement to address the ongoing deficits.

The service has processes to identify and report incidents and changes and policies to direct when reassessment and review of care plans are required. However, the service does not appropriately or effectively review consumers’ assessments and strategies in care plans following incidents and changes in consumers’ care. Three consumers had falls and were not reassessed or reviewed in relation to the effectiveness of the current care plan strategies to prevent and manage the risk of falls. One consumer had a change in medication requiring monitoring following administration, the change did not result in a review and the required monitoring was not recorded in the care plan. The improvements implemented by the service have not been effective at ensuring consumers are appropriately reviewed following incidents and changes and the service’s monitoring systems have not been effective in identifying and rectifying the ongoing deficit.

Based on the summarised evidence above I find the service Non-compliant with this Requirement.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Assessment Team assessed Requirements (3)(a), (3)(b) and (3)(d) in relation to Standard 3 Personal care and clinical care as these Requirements were found Non-compliant following a Site Audit conducted on 28 to 30 July 2020.

The Assessment Team found the service did not demonstrate the improvements implemented have been effective in addressing the deficits.

The Assessment Team found Requirements (3)(a), (3)(b) and (3)(d) were not met. Based on the Assessment Team’s report and the Approved Provider’s response which acknowledges the deficits identified, I find the service Non-compliant in Requirements (3)(a), (3)(b) and (3)(d) in relation to Standard 3 Personal care and clinical care and have provided reasons in the relevant Requirements below.

The Quality Standard is assessed as Non-compliant as three 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 improvements implemented by the service to address Non-compliance in relation to Standard 3 Requirement (3)(a) found following a Site Audit in July 2020 have not been effective. Improvements implemented included review of continence assessments and products for all consumers, training on continence and skin integrity and review and implementation of pathways for all consumers with complex wounds. The Assessment Team identified the following ongoing deficits:

* One consumer was not receiving assistance to the toilet or to manage continence in line with the assessment and care plan. Resulting in the consumer having a fall when trying to go to the toilet resulting in skin tears and bruising.
* One consumer’s representatives were not satisfied staff managed the consumer’s continence resulting in the consumer being embarrassed, agitated and upset.
* One consumer was not satisfied they received care and assistance to shower, undress and to go to the toilet in line with their needs resulting in the consumer having to toilet and shower themselves and having episodes of incontinence.
* One consumer’s representative was not satisfied with the hygiene and continence care provided to the consumer and reported they often find the consumer soaked in urine and appeared as though they had not had a shower or hair wash.
* One consumer’s representatives confirmed the consumer has had recent incontinent episodes waiting for staff to take the consumer to the toilet.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team in relation to consumers not having their continence and personal care needs managed in line with consumers’ needs. The service has implemented a plan for continuous improvement to address the ongoing deficits.

The service implemented staff training and review of consumers’ continence assessments, needs, aids and management plans. However, the service failed to ensure consumers were receiving assistance and care in line with consumers’ assessed needs in relation to the provision of personal care and specifically toileting, continence and hygiene. Consumers were not receiving safe and effective personal care in line with their needs. The failure has resulted in consumers having incontinent episodes, being left in urine-soaked clothes or beds, having falls with injury, feeling embarrassed, going unwashed and having to attend to their needs without assistance putting consumer health and safety at risk. The improvements implemented by the service have not been effective and the service’s monitoring systems have identified the ongoing deficits in the provision of safe and effective personal care.

Based on the summarised evidence above I find the service Non-compliant with this Requirement.

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

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

The Assessment Team found improvements implemented by the service to address Non-compliance in relation to Standard 3 Requirement (3)(b) found following a Site Audit in July 2020 have not been effective. Improvements implemented included implementation of a behaviour and well-being policy in relation to management of challenging behaviours and management of restraints. The Assessment Team identified the following ongoing deficits:

* One consumer has not had strategies to manage behaviours of entering others’ rooms or trying to mobilise unassisted effectively implemented resulting in falls and incidents of entering other consumers’ rooms.
* One consumer has had ongoing falls and strategies to manage the known risks are not effective to prevent or reduce the falls including supervision and monitoring by staff.
* One consumer who has been assessed as high risk of falls and requires supervision and assistance to mobilise was observed to not have the required staff assistance to mobilise to the toilet on two occasions during the visit. The consumer had a recent fall resulting in bruising and skin tears.
* One consumer’s representative is not satisfied staff implement strategies or provide sufficient and timely assistance to the consumer in relation to toileting. The consumer has had a recent fall while mobilising to the toilet resulting in a skin tear and pain in wrist requiring medical investigation. Falls risk and strategies were not reviewed following the fall. The consumer’s representative had raised the issues of falls and not enough staff to assist in July 2020 and is still not satisfied the falls risks are managed effectively.
* One consumer does not consistently have strategies implemented to manage known and ongoing risks associated with challenging behaviours in relation to a diagnosis of dementia. Ongoing incidents of aggression towards others has occurred since implementing strategies, new strategies have not been recorded in the care plan following ongoing incidents.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team in relation to consumers’ strategies to manage high impact and high prevalence risks are not consistently implemented or effective. The service has implemented a plan for continuous improvement to address the ongoing deficits.

The service has incident reporting systems and assessments to identify risk and document and implement strategies to manage risks. However, the service is not consistently implementing strategies to reduce and prevent known high impact risks including falls and behaviours. Four consumers with known risks associated with falls with strategies in place including sensor mats, call bells and staff supervision and monitoring have not had the strategies effectively implemented resulting in ongoing incidents of falls including with injury. Two consumers with known risks associated with behaviours in relation to dementia have not had the strategies implemented consistently to prevent further incidents of behaviours which impact other consumers. The service’s monitoring systems failed to identify the deficits in staff implementing the strategies including staff being busy and unable to provide the strategies of supervision and monitoring to ensure consumers are safe and delivered the care in line with their needs.

Based on the summarised evidence above I find the service Non-compliant with this Requirement.

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

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

The Assessment Team found improvements implemented by the service to address Non-compliance in relation to Standard 3 Requirement (3)(d) found following a Site Audit in July 2020 have not been effective. Improvements implemented included staff training on assessment and review and promotion of policies in relation to deterioration of consumers. The Assessment Team identified the following ongoing deficits:

* One consumer was identified with reduced consciousness requiring hospitalisation. The hospitalisation identified delirium secondary to an infection. However, the service did not demonstrate they had identified any deterioration in the consumer in the two weeks prior to requiring hospitalisation.
* One consumer did not have appropriate monitoring following blood glucose levels being recorded as outside of the acceptable range to ensure any deterioration was identified. The consumer did not have their care plan reviewed and updated following a return from hospital where they were treated for an infection.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team in relation to consumers’ assessments and care plan strategies not consistently being reviewed for effectiveness following incidents of admissions to hospital. The service has implemented a plan for continuous improvement to address the ongoing deficits.

The service has processes to guide staff in recognising deterioration in consumers and responding appropriately. However, the service did not demonstrate for two consumers the deterioration or change in their health condition was identified in a timely manner or lead to appropriate actions to monitor the changes.

Based on the summarised evidence above I find the service Non-compliant with this Requirement.

# STANDARD 4 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

The Assessment Team assessed Requirements (3)(a) and (3)(b) in relation to Standard 4 Services and supports for daily living as these Requirements were found Non-compliant following a Site Audit conducted on 28 to 30 July 2020.

The Assessment Team found the service was able to demonstrate that the improvements implemented have been effective in addressing the deficits.

The Assessment Team found Requirements (3)(a) and (3)(b) were met. Based on the Assessment Team’s report I find the service Compliant in Requirements (3)(a) and (3)(b) in relation to Standard 4 Services and supports for daily living and have provided reasons in the relevant Requirements below.

All other Requirements in this Standard were not assessed and therefore an overall rating for the Quality Standard is not provided.

## 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.*

The service was found Non-compliant in this Requirement following a Site Audit conducted on 28 to 30 July 2020.

The Assessment Team found the service has implemented improvements to address the deficits identified including a review of the therapy program, review of individual consumer’s care plans and lifestyle and activity preferences and additional therapy assistant for four hours a day.

Consumers and their representatives interviewed confirmed the improvements and are now satisfied consumers are engaged and supported in activities of interest to the consumer. Consumer files viewed showed consumers’ lifestyle and social engagement preferences and needs are identified, recorded and directives for how staff are to support the consumers’ needs are documented. Observations by the Assessment Team confirmed consumers were engaged in a variety of activities during the visit.

Based on the summarised evidence above, I find the service Compliant in this Requirement.

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

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

The service was found Non-compliant in this Requirement following a Site Audit conducted on 28 to 30 July 2020.

The Assessment Team found the service has implemented improvements to address the deficits identified including implementation of well-being records to identify and report consumers’ emotional and psychological changes, review of therapy assistant role in relation to one to one support for consumers and additional four hours a day of therapy assistant role.

Consumers and their representatives interviewed confirmed they are satisfied consumers receive appropriate emotional and psychological supports. Consumers interviewed confirmed staff regularly ask how they are going and the additional one to one support has benefited consumers’ emotional well-being. Consumers’ care plans and progress notes viewed confirmed staff complete well-being records and individual consumer’s emotional, spiritual and psychological supports are identified and recorded.

Based on the summarised evidence above, I find the service Compliant in this Requirement.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Assessment Team assessed Requirements (3)(a) and (3)(b) in relation to Standard 7 Human resources as these Requirements were found Non-compliant following a Site Audit conducted on 28 to 30 July 2020.

The Assessment Team found the service was able to demonstrate that the improvements implemented have been effective in addressing the deficits in relation to Requirement (3)(b). The Assessment Team have recommended the service now meets this Requirement. Based on the Assessment Team’s report I find the service Compliant in Requirement (3)(b) in relation to Standard 7 Human resources and have provided reasons in the Requirement below.

The Assessment Team found the service did not demonstrate improvements implemented in relation to Requirement (3)(a) have been effective in addressing the deficits. The Assessment Team have recommended the service does not meet this Requirement. Based on the Assessment Team’s report and the Approved Provider’s response acknowledging the deficits I find the service Non-compliant in Requirement (3)(a) in relation to Standard 7 Human resources and have provided reasons in the Requirement below.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found improvements implemented by the service to address Non-compliance in relation to Standard 7 Requirement (3)(a) found following a Site Audit in July 2020 have not been effective. Improvements implemented included a review of staff rosters to ensure clinical staff in all areas, review of allocations and an additional four hours a day of therapy staff in one area. The Assessment Team identified the following ongoing deficits:

* Two consumers and eight representatives interviewed provided feedback that indicated they were not satisfied with staffing levels and provided examples of how lack of staff impacts consumers’ care and services. Examples included:
  + Consumers having extended wait times when they require assistance for personal care and toileting resulting in anxiety, falls, incontinence and showers not being completed.
  + Consumers with dementia having behaviours impacting on others including physical aggression and intrusive into others space due to no staff supervision.
  + Representatives are assisting consumers with meals daily as there is not enough staff to assist consumers.
* Call bell reports show staff response times to consumers’ call bells are consistently in excess of 30 minutes with over 100 call bells not responded to four over an hour in the last three months.
* Consumers with high falls risks do not have their sensor alarms to alert staff the consumer is mobilising and requires assistance to prevent falls responded to in a timely manner including responses of over and hour.
* The service does not actively monitor call bell response times to ensure sufficient staff numbers are provided to attend to consumer needs.
* Staff were observed telling a consumer they had to wait on the toilet as there were no staff to assist them.
* Consumers in the dementia support area were observed to have no staff supervision for extended periods of time during the visit.
* Staff confirmed there are not enough staff to assist consumers when required.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team in relation to consumers’ call bells not being responded to in a timely manner and consumers and representatives not being satisfied there is sufficient staff to provide safe and effective care. The service has implemented a plan for continuous improvement to address the ongoing deficits.

The service has staff rostering and allocation processes including filling vacant staff shifts and the additional four hours a day of a therapy assistant has contributed to consumers being more engaged and supported. However, the service has not implemented effective improvements to review care staff numbers and to ensure there are sufficient care staff to provide personal care to consumers. Consumers and representatives continue to be dissatisfied with the staffing numbers at the service and have continued to raise concerns with the service. Consumers are not provided safe and quality care as there are insufficient staff to provide the care resulting in consumers being incontinent, not being showered, not having hygiene completed, not having adequate supervision resulting in falls and behaviours which impact others. The service has not monitored call bell response times and does not actively use call bell data to review staff rosters and allocations. Consumers at risk and who require assistance to ensure their safety do not have their sensor alarms and call bells responded to in a timely manner including significant waits of over an hour. The service has not monitored improvements implemented in staffing and has not addressed the ongoing deficits in staff numbers, resulting in ongoing significant impacts to consumers’ safety and well-being.

Based on the summarised evidence above I find the service Non-compliant with this Requirement.

### Requirement 7(3)(b) Compliant

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

The service was found Non-compliant in this Requirement following a Site Audit conducted on 28 to 30 July 2020.

The Assessment Team found the service has implemented improvements to address the deficits identified including relevant staff training, discussion topic at staff meetings and communication tools to staff about expectations.

Consumers and their representatives interviewed confirmed staff interactions with consumers are kind, caring and respectful. Consumers confirmed staff treat them like family and while there are not enough staff, the staff do the best they can. Staff were observed throughout the visit to interact with consumers in a kind, caring and respectful manner.

Based on the summarised evidence above, I find the service Compliant in this Requirement.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Assessment Team assessed Requirements (3)(a), (3)(c) and (3)(d) in relation to Standard 8 Organisational governance as these Requirements were found Non-compliant following a Site Audit conducted on 28 to 30 July 2020.

The Assessment Team found the service was able to demonstrate the improvements implemented have been effective in addressing the deficits.

The Assessment Team found Requirements (3)(a), (3)(c) and (3)(d) were met in relation to Standard 8 Organisational governance. Based on the Assessment Team’s report I find the service Compliant in Requirements (3)(a) and (3)(d). However, based on evidence in Standards 1, 2, 3 and 7 which have identified ongoing deficits in staff practice in relation to the delivery of care and services I find the service Non-compliant in Requirement (3)(c) in relation to workforce governance systems not being effective. I have provided reasons in the relevant Requirements below.

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

## Assessment of Standard 8 Requirements

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

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

The service was found Non-compliant in this Requirement following a Site Audit conducted on 28 to 30 July 2020.

The Assessment Team found the service has implemented improvements to address the deficits identified including focus group meetings and ‘resident and relative meetings’ have recommenced regularly, a lifestyle survey completed, and consumers and their representatives are actively involved in assessment and planning of all aspects of consumer care.

Consumers and their representatives interviewed confirmed engagement in meetings, surveys and care planning has occurred and information and involvement in evaluating and development of care and services has improved. Meeting minutes confirmed the increased engagement and consumer input into evaluating the service. Consumers’ files show documented evidence of consultation and engagement in development of assessments and plans. Management demonstrated feedback from surveys is being used to improve the delivery of the lifestyle program.

Based on the summarised evidence above, I find the service Compliant in this Requirement.

### 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 improvements implemented by the service to address Non-compliance in relation to Standard 8 Requirement (3)(c), specifically information management and workforce governance, found following a Site Audit in July 2020 have been effective. Improvements implemented included a review of nursing staff rosters and clinical support and additional four hours a day of therapy assistant role.

I have considered the Assessment Team’s evidence in Standard 7 Requirement (3)(a) and deficits identified in staff practice impacting consumer outcomes in Standard 1, Standard 2 and Standard 3 which are relevant to the service’s workforce governance system. Based on the evidence in the Assessment Team’s report I find improvements implemented by the service have not been effective at addressing the systemic deficit in workforce governance including the assignment of clear responsibilities and accountabilities. Relevant evidence included:

* The service has not implemented effective monitoring processes to identify deficits in staff practice including; completion of assessments and updating care plans, provision of safe and quality personal care in line with consumers’ preferences and needs.
* The service has not implemented monitoring systems or used current feedback processes to review the sufficiency of staff numbers and skill mix at the service to ensure safe and quality care. Examples include:
  + Staff response to call bells are not monitored and no action is taken to address ongoing significant wait times for consumers’ call bells and sensor alarms to be answered.
  + Complaints and feedback about staff numbers and the impact on consumers’ personal care have not been actively gathered, encouraged or used to review rosters and staff allocations.

The Approved Provider’s response did not specifically respond to this Requirement. However, the response acknowledged the deficits identified throughout the Assessment Team’s report including in relation to staff practice and staff extended response to consumers’ call bells. The service has implemented a plan for continuous improvement to address the ongoing deficits.

The service does not have an effective workforce governance system. Consumers and their representatives interviewed were not satisfied improvements had addressed the ongoing complaints and concerns raised over insufficient staff to ensure safe and quality care is provided. The service has not used their monitoring systems of complaints processes or call bell reports and data to identify and evaluate the effectiveness of the current workforce. The service does not effectively identify deficits in staff practice, to ensure staff are accountable for the delivery of care and services. The service was found Non-compliant in July 2020 in relation to staff numbers, workforce governance and deficits in staff practice. The service has not demonstrated it has effectively reviewed or implemented improvements to address the deficits in monitoring staff and the workforce.

Based on the summarised evidence above I find the service Non-compliant with this Requirement.

### 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.*

The service was found Non-compliant in this Requirement following a Site Audit conducted on 28 to 30 July 2020.

The Assessment Team found the service has implemented improvements to address the deficits identified including implementation of daily meetings for clinical staff to review incidents and risks, introduction of policy and procedure in relation to alcohol consumption and review of behaviour risks for consumers and implementation of new strategies.

Documentation including incident reports, analysis and consumer clinical files show the service identifies risks associated with the care of consumers and provide guidance and procedures for staff on how to manage the risks. Majority of risks are managed effectively. However, the Assessment Team identified some ongoing issues with risk assessments not always being completed or reflected in the care plan and consumers’ risks such as falls not always being managed. I find the service has implemented an effective risk management system and the ongoing deficits are related to insufficient staff numbers and insufficient monitoring of the workforce, which I have addressed in Standard 8 Requirement (3)(c).

Based on the summarised evidence above, I find the service Compliant in this Requirement.

# 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.

Standard 1 Consumer dignity and choice:

* Requirement (3)(a): Ensure consumers are treated with dignity and respect and their unique individual identities and needs are supported and valued including during the provision of personal care.

Standard 2 Ongoing assessment and planning with consumers:

* Requirement (3)(a): Ensure assessments are completed and strategies are documented in the care plan including to inform the management of risks.
* Requirement (3)(e): Ensure consumers’ assessments and strategies in care plans are reviewed following incidents or changes.

Standard 3 Personal care and clinical care:

* Requirement (3)(a): Ensure consumers are provided with appropriate personal care including hygiene, toileting, continence and grooming in line with their needs and preferences.
* Requirement (3)(b): Ensure consumers identified with high impact risks associated with their care including falls and behaviours have strategies implemented by staff to prevent and reduce incidents or impact of the risks.
* Requirement (3)(d): Ensure deterioration or change in a consumer’s condition is recognised and responded to in a timely manner including appropriate monitoring of the consumer’s condition.

Standard 7 Human resources:

* Requirement (3)(a): Ensure sufficient staff are available to provide safe and effective care in a timely manner and in line with consumers’ needs.

Standard 8 Organisational governance:

* Requirement (3)(c): Ensure the workforce is monitored effectively to identify areas for improvement in relation to staff practice and sufficiency of staff.