Bundaleer Gardens Hostel

Performance Report

142a Cameron Street   
WAUCHOPE NSW 2446  
Phone number: 02 6585 2811

**Commission ID:** 0434

**Provider name:** Bundaleer Care Services Ltd

**Assessment Contact - Site date:** 23 February 2021 to 25 February 2021

**Date of Performance Report:** 16 April 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

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the 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 26 March 2021

# STANDARD 1 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

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.

Overall sampled consumers considered that they are treated with dignity and respect, are enabled to maintain their identity, make informed choices about their care and services, and live the life they choose.

For example:

* Consumers said that their privacy is maintained and that felt respected.
* Most consumers believed they were able to maintain independence and exercise choice, and that staff enable them to live the life they chose.
* Consumers spoke about maintaining their spiritual connections and that staff assisted them to do this.
* Consumers spoke about being able to make decisions on how care and services were delivered and were able to maintain connections with family and friends. Information pertaining to their care was provided to them by the service provider, external service providers or trusted family members.
* Consumers were able to make communicate their decisions regarding the service through committees such as the resident committee and the dining with dignity committee.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 1 Requirements

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

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

The Assessment Team found that the service demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include additional training for staff in dignity and personalised care. Consumer’s needs, preferences, and routines were known by staff, and any changes to the consumer’s needs or wellbeing observed by staff, are reported to the registered nurse to modify the consumers care plan. Consumers interviewed said they feel respected and their privacy is maintained. All information provided by care staff to the Assessment Team in relation to consumer choices, correlated to the information contained in the care plan

The approved provider in their response, has supplied additional and updated detail about consumers mentioned in the Assessment Team’s report. This additional detail has been helpful in establishing the approved provider’s understanding of the Quality Standards.

I am of the view that the approved provider complies with this requirement.

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

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

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

The Assessment Team found that the service demonstrates that each consumer is supported to exercise choice and independence, including to make decisions about their own care and the way care and services are delivered; and make decisions about when family, friends, carers or others should be involved in their care; and communicate their decisions; and make connections with others and maintain relationships of choice, including intimate relationships.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include consumer meetings occurring again, and updated policies including the ‘Risk taking – care recipients right to choose and participate in any activity that may involve risk’ policy. Consumers interviewed spoke about being able to make decisions on how care and services were delivered, and the ability to maintain connections with family and friends. Consumers spoke about their ability to do the things they wanted, see the people they want to inside and outside the service, and maintain communication via phone calls to those people they choose.

I am of the view that the approved provider complies with this requirement.

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

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

The Assessment Team found that the service demonstrates that 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 provided information that the service has made several improvements in response to the previous performance review. These include weekly zoom meetings for representatives, monthly resident meetings and the publication of an internal newsletter. Consumer and/or representative feedback received was positive.

I am of the view that the approved provider complies 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

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.

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

For example:

#### The service was unable to demonstrate that the risk to the consumer’s health and wellbeing informs the delivery of safe and effective care. This was evident in the care planning and assessment of the sampled consumers specifically around behaviour assessment and planning.

#### The Assessment Team found most of the staff interviewed to be knowledgeable about the needs, goals and preferences of consumers and they knew their consumers’ needs which aligned with consumer feedback.

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 that the service did not demonstrate that 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. This was evident in the care planning and assessment of the sampled consumers specifically around behaviour assessment and planning.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented, including the establishment of an auditing tool and tool to assist in identifying consumers with complex high care needs. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service did not demonstrate that 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.

The Assessment Team found staff interviewed to be knowledgeable about the needs, goals and preferences of consumers and they knew their consumers’ needs which aligned with consumer feedback. However, the Assessment Team noted that the service is still working through improvements including personalising consumer’s care plans and identifying some consumers who needed further assessment to identify and address their current needs and preferences.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented, including an updated palliative care plan. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit.

I have reviewed these findings and consider that the organisation is not 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

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 team also examined relevant documents.

Some sampled consumers did not consider that they receive personal care and clinical care that is safe and right for them.

For example:

#### Most consumers and/or representatives said consumers do not get the care that is tailored to their needs, specifically when care is provided by an agency registered nurse or agency care staff.

#### For the sampled consumers, whilst high impact or high prevalence risks have evidence of being managed via review of progress notes, care planning documentation did not accurately reflect management of high impact of high prevalence risks.

#### Staff interviewed understood the importance of infection control, could describe infection control processes in their work and infection control processes were observed to be in practice.

The Quality Standard is assessed as Non-compliant as two 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 the service did not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being.

The Assessment Team found that consumer’s personal and clinical care is inconsistent and not tailored to their needs and optimises their health and well-being. Consumers and representatives provided feedback that consumers receive inconsistent personal and clinical care. The Assessment Team also identified that the process to manage skin integrity for two consumers was inconsistently applied.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented, including increased staff supervision, the reduction in the use of agency staff and efforts to recruit more permanent staff. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit.

I have reviewed these findings and consider that the organisation is not 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 that the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team found that while the service has a management system and tools to assist in identifying high impact or high prevalent risks associated with care; not all staff are aware of what constitutes high impact or high prevalent risks to care.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented, including additional training on the underutilised tools in their clinical system, and the use of tools to assist with the identification of high impact and high prevalence risks. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found that the service demonstrates minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include new policy for managing a suspected COVID-19 positive case as well as all staff being trained in COVID-19 related competencies and management plans.

I am of the view that the approved provider complies 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

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.

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

For example:

#### Consumers confirmed that they felt they were able to communicate with staff, and that requests were passed onto other staff members within the service for resolution such as maintenance requests or meals.

#### Consumers interviewed said they were provided with information on their care or condition.

#### Consumers reported significant improvements with the meal service, with most reporting they were happy with the service.

The service demonstrated that spiritual care and religious service are provided. Care plans sighted reflect the preferences of the consumer, with staff interviewed demonstrated their knowledge of the consumer.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 4 Requirements

### 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.*

The Assessment Team found that the service demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include a ‘Stop and watch’ form that is completed by care staff and they inform a registered nurses of any changes. Consumers said their needs, preferences and condition are communicated at the service. Information gathered by the Assessment Team from consumer and staff interviews correlated to the consumer’s care plans.

I am of the view that the approved provider complies with this requirement.

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

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

The Assessment Team found that where meals are provided, and they are varied and of suitable quality and quantity.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include commencement of a “Dining with Dignity” committee who’s role and purpose is to improve the dining experience for consumers through the quality and choice of food and service environment. Consumer feedback indicates that meal and food services are improving, with most consumers satisfied with the quality and quantity of food now being provided

I am of the view that the approved provider complies with this requirement as they have demonstrated meals are provided, and they are varied and of suitable quality and quantity.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Most consumers interviewed reported they felt safe, the environment was clean, and staff were friendly.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 5 Requirements

### 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.*

The Assessment Team found that the service demonstrates that the service environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include access to the outdoor areas are now enabled with a code, and the front doors allow access. Most consumers interviewed by the Assessment Team stated that the service is clean and well maintained, and all consumers interviewed said they felt safe living at the service. Most consumers reported that they could freely access all areas of the service including leaving the service if they chose.

I am of the view that the approved provider complies with this requirement.

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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.

Most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

However, review of documentation showed that not all complaints are logged or evidence that adequate review and close out has been done. Trend analysis and oversight does not appear to have been regularly completed resulting in minimal improvement in quality of care for consumers.

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

The Assessment Team found that the service demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include fortnightly resident meetings recommenced in October 2020 in response to prior Performance Assessment feedback. Consumers and/or representatives say they feel comfortable and safe to raise complaints or provide feedback. Consumers said they are aware of how to lodge a complaint and/or provide feedback. Staff interviewed could provide information on how they would assist consumers and/or representatives to make a complaint.

I am of the view that the approved provider complies with this requirement.

### 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 the service did not demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services.

The Assessment Team found the service has acted to improve some areas of the feedback and complaints system which was identified in the previous report however the analysis of trending data to inform improvements to the quality of care and services needs further development to be effective.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented, including a dedicated officer to review all feedback and providing trending analysis. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit.

I have reviewed these findings and consider that the organisation is not compliant with 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

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.

Some sampled consumers considered that they get quality care and services from people who are knowledgeable, capable and caring. However, consumers made numerous comments about call bell response times and staffing levels at the service.

For example:

#### Most consumers said staff are kind and caring with two consumers saying ‘mostly’ staff are kind and gentle and or “occasionally you get one that isn’t”.

#### Most consumers said staff know what they are doing however two consumers said staff need more training in using the lifter and air mattresses.

Generally, consumers said there is enough staff with some saying night shift could do with a few more. However, most consumers said they have to wait on call bells to be answered which at times impacts on them getting a drink or making it to the bathroom.

#### The Assessment Team reviewed call bell reports for the period of 1 January 2021 to 14 January 2021 and identified numerous extended call bell response times.

#### Unfilled shifts for the period of 1 January 2021 to 31 January 2021 were still high. Management demonstrated they have systems in place to improve on staffing levels and culture at the service however this still requires time for improvement.

#### Staff competencies, education and training have not been completed. This has resulted in staff unaware of the service procedures and expectations in delivery of care to consumers.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found that the service did not demonstrate that 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 consumers and/or representatives said at times there are not enough staff and at times have to wait for the call bell to be answered. Review of call bell data identified call bells are not always responded to within the 10 minutes as set by the service with a significant number exceeding one hour. Review of unfilled shifts identified a high level of unfilled shifts over a four-week period.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented and some have already been reviewed since the performance review. This includes a new sub-committee in People and Culture to assist workforce planning and managing risk, various recruitment initiatives including the engagement of long term agency personnel and daily rostering meetings to ensure sufficient staff cover. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### 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 service did not demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

The Assessment Team found consumers and/or representatives said they feel staff are competent and capable to perform in their roles. However, one consumer said getting “competent staff at the service is an issue”. Management advised they have ongoing training with skill assessments however review of the consolidated mandatory spreadsheet (both Bundaleer Gardens Hostel and Bundaleer Nursing Home) did not identify competency and assessments to be up to date.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented, including a new workforce project to oversee and improve staff training and competency. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### 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 service did not demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

The Assessment Team found consumers and/or representatives said staff know what they are doing, however, two consumers provided feedback regarding inadequate training for staff on the use of lifters and pressure mattresses. Management advised they have not undertaken a training needs analysis and review of the training records identified that not all staff have attended or completed training.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented including a new HR project. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These included reviewing the performance appraisal process resulting in a new process whereby registered nurses and senior staff’s performance is reviewed every three months. The new process will assist in identifying and addressing underperformance quicker, hold staff more accountable, initiate conversations more frequently than once a year and assist in driving cultural change at the service. Management confirmed all performance appraisals for staff across the service are up to date.

I am of the view that the approved provider complies with 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 2**

### 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.*

Demonstrate that assessment and planning considers all relevant information in relation to consumers and is incorporated into care processes to inform delivery of safe and effective care and services.

### Requirement 2(3)(b)

*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.*

Demonstrate that assessment and planning identifies and addresses the consumers current needs, goals and preferences.

**Standard 3**

### 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.*

Demonstrate that care is appropriate to each consumer’s needs, and that it is reviewed and evaluated in a timely manner. Staff are trained, equipped and supported in best practice skin/wound management and strategies are effectively documented.

### Requirement 3(3)(b)

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

Demonstrate that high impact and high prevalence risks are identified and monitored with staff equipped and supported to manage these risks.

**Standard 6**

### Requirement 6(3)(d)

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

Demonstrate that all feedback is reviewed and contributes to improving the quality of care and services.

**Standard 7**

### 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.*

Demonstrate the workforce is sufficient and supported to effectively deliver safe and quality care and services.

### Requirement 7(3)(c)

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

Demonstrate the workforce is competent and the members of the workforce have the qualifications and 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.*

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

# Other relevant matters

It is important to note, that during this last performance assessment the following Non-compliant Requirements were not assessed; and as such, are still considered by the Aged Care Quality and Safety Commission to remain as Non-compliant:

Requirements: 2(3)(e), 3(3)(c), 3(3)(d), 3(3)(e), 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d), 8(3)(e).