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

**Site Audit date:** 18 May 2021 to 21 May 2021

**Date of Performance Report:** 2 July 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | 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) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | 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 conducted on 18 May to 21 May 2021, 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 23 June 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

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.

The Assessment Team found that overall sampled consumers considered that they are treated with dignity and respect, with their identify, culture and diversity valued and can maintain their identity, make informed choices about their care and services and live the life they choose.

The Assessment Team reviewed care plans which contained information about the consumer’s identity, culture, background, decisions and preferences regarding care and services, and strategies to communicate effectively with the consumer. Care documents also identified areas in which consumers are supported to take risks to live the life they wish.

The Assessment Team interviewed sampled staff who were able to describe how they support consumers to make decisions about their care and services and provided examples of how they support consumers to make and maintain relationships of choice, including intimate relationships.

The Assessment Team observed staff interactions with consumers that were respectful, including of consumer privacy.

The Assessment Team observed various methods of communication to ensure consumers have access to current, accurate and timely information that enables them to exercise choice, including for consumers with some communication difficulty.

## Assessment of Standard 1 Requirements

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

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

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

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

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

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

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

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

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

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

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

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.

The Assessment Team found that overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team interviewed consumers and representatives who confirmed that they are involved in care planning to some extent. Consumers interviewed confirmed that they are informed about the outcomes of assessment and planning and have ready access to their care and services plan if they wish.

The Assessment Team found that overall consumers and/or their representatives sampled said their independence was very important in terms of how their care is delivered. This was reflected in their care plans and supported by staff.

The Assessment Team reviewed care plans which demonstrated evidence of ongoing consumer/representative input. While some summary care plans were primarily focused on consumer needs, others were more personalised containing consumer goals and preferences. However, care plans for consumers recently admitted to the service were not completed to schedule, and important documentation such as accident and incident reports were unfinished with interventions not signed off.

The Assessment Team found that care plans of some sampled consumers were not comprehensively reviewed and adjusted when circumstances changed, or substantial acute deterioration occurred in areas such as weight loss, behaviour, wounds and skin integrity. Significant risks and contributing factors were not always recognised and considered, including behavioural triggers such as depression and anxiety. Identification of appropriate care management strategies were then missed and/or delayed, negatively impacting health and wellbeing outcomes for those consumers.

## 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 was unable to demonstrate that assessment and planning for all consumers informs the delivery of safe and effective care and services*.* The Assessment Team reviewed consumers’ files in relation to assessment and planning. The service was unable to demonstrate that all sampled consumers have received comprehensive assessment and planning. For some consumers care plans fail to consider needs that pose significant risks to consumer health, safety and wellbeing.

The Assessment Team identified that consumers who have displayed an escalation of behaviours did not have Dementia Services Australia recommendations for triggers included in their care plans and therefore consideration or review of these triggers or interventions or strategies were not initiated to manage current behaviours.

The approved provider responded to the Assessment Teams report and submitted additional information on the consumers and their individual care plans, however this did not provide evidence contrary to the Assessment Teams report as many had been updated or completed following the site audit.

I find that the approved provider 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 was able to demonstrate that assessment and planning identifies and addresses some of the needs, goals and preferences of sampled consumers. However, the care plans for other consumers are more needs focused, and lack meaningful information about consumer goals and preferences. Only one sampled consumer had an advanced care and end of life plan. Policy and procedural documentation for end of life and advanced care planning and palliative care are in draft form only and have not been formally implemented.

The Assessment Team reviewed care plans and identified that where consumers were experiencing pain or behaviours of concern, there were no effective interventions to manage pain or behaviours.

The Assessment Team found that overall, staff have not spoken with sampled consumers about advance care and end of life planning.

The approved provider responded to the Assessment Teams report and advised that all care plans identified with limited information have now been updated.

I find that the approved provider is not compliant with this requirement at the time of assessment.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) 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 for the consumers sampled, the Care Plan Status Review report shows dates indicating care plans were regularly reviewed regarding effectiveness of care and services. However, some consumers’ care plans marked as reviewed on the report have not in fact been effectively reviewed when circumstances changed, or incidents occurred that impacted on their needs, goals or preferences. This poses significant risks to their health, safety, and wellbeing for themselves, other consumers and staff. Care plans have out of date and missing clinical assessments and absent case conferences documenting partnerships between consumers and representatives in relation to assessment and care planning.

The approved provider responded to the Assessment Teams report and advised there have been some inaccuracies identified in the reports and a new documented schedule will be developed and initiated on 1 July 2021 with all care plan review dates reset. The service will also deliver ‘Icare’ training and education to all staff.

I find that the approved provider 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

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

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.

The Assessment Team found that overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers interviewed confirmed that they have access to a doctor or other health professional when they need it.

The Assessment Team identified that review of care provided to consumers showed that safe and effective personal care is not always delivered in accordance with consumers’ needs, goals and preferences. High impact and high prevalence risks are not always recognised and appropriately managed.

For some sampled consumers, pain, weight loss, behaviours, skin integrity and wounds are not effectively monitored, assessed and managed, resulting in adverse health and wellbeing outcomes for consumers.

Consumers and their representatives confirm their involvement and input regarding care planning, and some care plans evidence consumer goals and preferences in addition to needs. However, there are currently a significant number of care plans that are behind schedule for consumers newly admitted to the service from the organisation’s closed facility, and end of life planning only occurs with a small percentage of consumers and their representatives.

The service has systems and processes to minimise infection related risks. However, it did not demonstrate correct application of these systems and processes during the site audit, in relation to its management of potential and actual MRSA positive consumers, and consumers with potential COVID -19 symptoms. The service did not minimise infection related risks in either case, potentially exposing consumers, staff and visitors to both infections.

### 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 was unable to demonstrate that each of the sampled consumers receive safe and effective personal and/or clinical care. For the consumers sampled, personal and clinical care is not best practice, is not tailored to their needs and does not optimise their health and wellbeing.

The Assessment Team identified that wound care reviews were not always completed with deterioration occurring due to gaps in dressing checks and missed registered nurse reviews. There is inadequate monitoring and assessment of pain for some consumers when there are changes in circumstances or incidents occur. The relationship between pain and aggressive behaviours is often not considered and reviewed.

The approved provider responded to the Assessment Teams report and provided additional information however the new information did not validate a change to the recommendation.

I find that the approved provider 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 was unable to demonstrate that high impact and high prevalence risks associated with the care of each consumer are managed effectively. Risks related to behaviours, falls, weight loss, wounds and pain have not been identified or managed effectively and this has resulted in poor health, safety and wellbeing outcomes for consumers.

The Assessment Team identified that for consumers with behaviour concerns, contributing factors to consider and assess when behaviour deteriorates were not followed for incidents. Possible triggers towards behavioural escalation were not carried out, including assessment using the Abbey pain scale, Cornell depression, or the delirium screen tool used by the service.

The Assessment Team noted that there is a high percentage of unfinished accident and injury reports. The Accident/Incident Completions report dated 21 May 2021 showed that 45% of forms commenced between 8 April 2021 and 13 May have not been closed out. Closure occurs once an action plan is developed and signed off by the care manager. This means that during the specified period, almost half of all accidents and incidents reported, do not have approved action plans regarding immediate management of consumers’ care and minimising the risk of the incidents/accidents re-occurring.

The approved provider responded to the Assessment Teams report and provided further information however the information provided did not address the incident reports not having action plans or the behaviours being managed appropriately with interventions.

I find that the approved provider is not compliant with this requirement.

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

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

The Assessment Team found that most consumers at the service do not have end of life care plans, and the service’s policy and procedural documentation for palliative care, end of life and advanced care planning are either in draft form or out of date. However, on balance the service was able to demonstrate that consumers nearing end of life have their wishes respected and their comfort and dignity preserved.

The Assessment Team interviewed staff who were able to describe changes they make in care delivery for consumers nearing end of life.

I find that the approved provider is 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 that when there has been deterioration or change in a consumer’s mental health, cognitive, physical or functional capacity or condition, timely and appropriate response and effective care management has not always occurred. For some sampled consumers, staff were not aware of acute and severe deterioration in their condition and/or did not always provide timely appropriate care in relation to their deterioration in areas such as wounds, weight loss and behaviours, and pain management.

The Assessment Team found that for the consumers sampled, care planning documents and/or progress notes did not always reflect the identification of, and response to, deterioration or changes in their function/capacity/condition.

The approved provider responded to the Assessment Teams report and acknowledged the findings of the Assessment Team and advised ongoing education has been occurring for the workforce.

I find that the approved provider is not compliant with this requirement.

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

The Assessment Team found that the service did not sufficiently demonstrate that information about consumers’ condition, needs and preferences is documented and communicated within the organisation and with others where responsibility for care is shared. Access to and timeliness of information is facilitated by allied health professionals and medical officers entering information directly into the electronic care management system. However, the completeness and accuracy of information for some sampled consumers is reduced by incomplete care plans that are behind schedule, unclosed incident reports, and incomplete monitoring charts.

The Assessment Team found that new care plans being developed for consumers recently admitted to the service, after the organisation’s other service closed, are running behind the required schedule.

The approved provider responded to the Assessment Teams and advised that all incidents for all consumers have been reviewed and closed by the Care Manager. The findings of the Assessment Team are acknowledged and are reflected in the PCI.

I find that the approved provider is not compliant with this requirement.

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

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

The Assessment Team found that the service was unable to sufficiently demonstrate that timely and appropriate referrals are made to individuals, other organisations and providers of other care and services. The care planning documents for some sampled consumers showed the input ofothers such as GPs, dieticians, physiotherapists and external services such as Dementia Services Australia. However, there were multiple instances where referrals for sampled consumers to appropriate services were not considered, or were delayed or not made, when their condition substantially deteriorated, posing serious risk to consumers’ health safety and wellbeing.

The approved provider responded to the Assessment Teams report and advised that the findings of the Assessment Team are acknowledged and are reflected in the PCI.

I find that the approved provider is not compliant with this requirement.

### Requirement 3(3)(g) Non-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 was able to demonstrate an understanding of effective practices that promote appropriate antimicrobial stewardship to support optimal care and reduce the risk of increasing resistance to antibiotics. Registered nurses and care staff were able to explain standard and transmission-based precautions for infection prevention and control. However, during the Site Audit the service did not effectively apply these precautions in relation to the management of potential and confirmed cases of MRSA, and management of consumers displaying potential COVID-19 symptoms. The service does not have a trained IPC Lead to oversee effective infection prevention and control.

On 20 May 2021, the third day of the Site Audit, the management team informed the Assessment Team in the Site Audit meeting that a number of consumers had been tested for COVID-19 that morning. The Assessment Team noted its concern regarding the service’s infection prevention and control measures given it had not informed the Assessment Team that the COVID tests had occurred before they entered the premises that morning.

The approved provider responded to the Assessment Teams report and advised they had made the Commission aware that due to prior leave commitments the nominated IPC lead would not commence training until June 2021 and that they had reinstated COVID-19 signage.

I find that the approved provider is not compliant with this requirement.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

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 Assessment Team found that 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.

The Assessment Team interviewed sampled consumers who confirmed that they are supported to keep in touch with people who are important to them. Of the consumers interviewed most considered the meals to be of good quality and quantity. They have a choice every meal and there are practices in place to make changes to the menu whether through direct communication, the food focus group or the survey forms.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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.

The Assessment Team interviewed sampled consumers and found that most consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers said the service is clean and well maintained. Consumers said they feel at home; they can bring their own furniture into their rooms and hang pictures on the walls. One consumer said they were getting used to being there saying “everyone is friendly, the helpers are good, and they do anything they can for you.”

Consumers interviewed confirmed that their visitors are made to feel welcome and gave examples of how staff help to welcome their visitors. For example, ensuring they have enough seating and offering to make a cup of tea for them.

The Assessment Team observed the environment to be spacious, clean, well maintained and welcoming.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

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 Assessment Team found that overall most sampled consumers said they did not feel they had a lot to complain about and were satisfied. Consumers said they were encouraged and supported to give feedback and make complaints, and said they felt appropriate action is taken.

The Assessment Team interviewed consumers and representatives, some consumers said they would speak to the staff they knew, and they would fix the problem. However, several representatives said they were not happy with the communication, lack of follow up, adequacy or competency of the workforce, despite some recent improvements.

The Assessment Team identified that there were no posters, brochures or information at the service to encourage consumers or representatives to provide feedback or complaints either internally or to external agencies. There was no information located for consumers and their representatives about how to access advocacy services to assist them with making a complaint. The feedback and complaints box was not easily accessible for consumers and representatives at the service. There was one feedback box only on the upper floor and no feedback box located on the bottom floor for ease of access for consumers with mobility issues downstairs.

## 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 interviewed consumers who identified how they provide feedback and who they speak to when they need to raise an issue. Staff were aware of the complaints process and provided examples of how they address an issue raised by consumers. Resident meeting minutes demonstrate feedback is being received from consumers.

The Assessment Team interviewed sampled staff who said they had not completed training in ‘open disclosure’ and did not know it was related to complaints management or continuous improvement.

The Assessment Team identified that there were no posters displayed encouraging feedback or with instructions of how to make an external complaint to relevant agencies such as the Aged Care Quality and Safety Commission. There was no accessible information on how to make a complaint in the foyer at the service. The service does not have a centrally located feedback box with forms for compliments, comments and complaints besides the box. The box is located away from the forms in a large room called the library. There are no forms next to the feedback box. Feedback forms are located at reception and in consumer ‘homes’ near the servery areas which is not near the metal feedback box. However, many staff said the feedback forms are mostly used for feedback about meals.

The complaints policy or ‘open disclosure’ is not included in consumer or staff handbooks.

The approved provider responded to the Assessment Teams report and provided additional information to support their compliance with this requirement.

I find that the approved provider is compliant with this requirement.

### 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.*

The Assessment Team found that most consumers, representatives and staff sampled said they were not aware of advocacy services that were available. Most staff could not provide examples of advocacy groups but were able to demonstrate how they would support consumers with difficulty communicating to make a complaint.

The Assessment Team identified that there were no brochures for advocacy groups such as ‘OPAN’ or ‘Seniors Rights’, interpreter resources, culturally and linguistically diverse (CALD) services, LGTBI agencies, dementia support services or vision or hearing services displayed at the service. There is no multilingual information on display at the service.

The approved provider responded to the Assessment Team’s report and advised that brochures had been replaced with electronic displays which are available for consumers and their representatives to access. The service also provided evidence of OPAN visiting the service to speak with consumers and their representatives in February 2021.

I find that the approved provider is compliant with this requirement.

### 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 the service can demonstrate that appropriate action has been taken in response to a recent formal complaint and an open disclosure process was adhered to when a consumer complained about manual handling. Records indicate the consumer received a letter and an apology was offered. The letter included an explanation of all actions taken.

However, all staff could not describe what the open disclosure policy was. Staff sampled described rectifying complaints for consumers and not capturing this in feedback forms. The complaints register does not always provide specific documentation of the nature of the complaint or appropriate follow up.

The Assessment Team found that whilst the service was able to demonstrate recent examples of open disclosure principles being followed for responding to consumers complaints, the team found that complaints were not being captured at the service and staff had not received open disclosure training at the service. Care staff, housekeeping and catering staff were not aware of the principle to ‘say sorry’ to a consumer or representative when a complaint is being expressed. Representatives were not aware of how to make a formal complaint and have not been given information in relation to this.

The approved provider responded to the Assessment Teams report and advised that they have commenced training in June 2021 for all staff in open disclosure. They have also updated the complaints register to include when the complaint has been transferred to a plan for continuous improvement.

I find that the approved provider is not compliant with this requirement at the time of assessment.

### 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 some consumers interviewed could identify specific changes made following feedback. They said the feedback they gave in relation to their preferences and meals caused improvement and was followed through by staff. Staff could provide examples of how feedback has influenced the way services are delivered. However, all complaints are not being captured and care staff are unable to document all complaints received and verbally report to their supervisors.

The Assessment Team reviewed a complaints trending report for the year which was completed by the consultant quality advisor and indicates that ‘it is not clear that an open disclosure process is undertaken for each complaint’ at the service. ‘The register is being updated to include verification of open disclosure and formal recording and communication to the consumer and their representative’. ‘Care managers are not always recording complaints into the complaints register if they are raised direct to staff on the floor’. Further details in the report indicate ‘There has been an increase in complaints for Cameron Street’ (the service). ‘The range of issues in a single complaint is increasing’. ‘Complaints often include multiple factors to be addressed, system, process, people and culture’.

The approved provider responded to the Assessment Teams report and advised that the service has initiated some changes to the complaints register to capture further information to inform the continuous improvement plan.

I find that the approved provider is not compliant with this requirement at the time of assessment.

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

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 Assessment Team interviewed consumers and representatives and found that many sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers feedback included that the staff were wonderful and doing the best they can and that the staff were kind, caring and gentle.

However, some representatives said they were dissatisfied. Most representatives said the service needed more staff and staff were sick most days. Representatives were concerned about the adequacy and competency of staff.

The Assessment Team interviewed staff who described the staff morale as low and workload as disorganised and lacking direction and leadership. Staff had not completed their SIRS training that all providers must ensure was completed by 1st April 2021.

## 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 noted that there has been restructure at Bundaleer Gardens and much change for the workforce at Cameron Street. The former residential aged care service at Johnstone Street has been closed and nineteen consumers have now been transferred to Cameron Street. A process of transition is occurring for consumers and staff. There are several senior management positions which have been filled in the last couple of months including a care manager who commenced in April 2021 and a contracted care manager for 12 weeks. Consultants have been engaged to assist the service with human resources to implement a workforce plan and introduce employment contracts with contracted hours and regular casual hours.

The CEO has been with the organisation since August 2020. A new CEO has been appointed who commences on 7th June 2021. There has been no facility manager at the service since 1 January 2021. The CEO has been sharing the on-call roster at the service with other senior management.

The Assessment Team interviewed consumers, who indicated they felt for staff and knew they were doing the best they could, consumers said staff are busy, but their call bells are answered mostly, within a reasonable timeframe. They said they understood they had to wait at times.

However, when the Team interviewed representatives feedback included; that on arrival at the facility, it was often hard to find staff. Representatives said communication was not occurring as it should, and care was not consistent and sometimes chaotic. Representatives were concerned about the adequacy and competency of staff and were not always feeling confident in the ability of staff to manage care effectively. They said there was sick leave of staff at the service most days and had given up on the service improving and had been dissatisfied with care and services for years but had noted recent improvements since the appointment of two new registered nurses.

The approved provider responded to the Assessment Teams report and advised that the restructure has been complex and very emotional for staff and they acknowledge the work to be done. They have and continue to address a number of identified issues including staff shortages and are currently recruiting to fill a number of senior positions as well as nursing staff.

I find that the approved provider is not 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.*

### Requirement 7(3)(c) Compliant

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

The Assessment Team interviewed sampled consumers who indicated they are satisfied that staff are competent and have the right knowledge to provide care and services. However, some representatives interviewed had concerns. The representatives said they felt communication and leadership was still an issue at the service affecting the ability of the staff to provide care that was required for consumers. Management and staff acknowledged further clinical leadership was needed at Cameron Street and the clinical leadership roles of director of care and care manager were currently being advertised.

The Assessment Team reviewed a summary report of training up until 25 January 2021 which indicated 100% of staff had completed online training in bowel management, wound care, falls management and diabetes management, 97% of staff have completed training in pain management, palliative care and infection control.

I find that the approved provider is 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 interviewed management who acknowledged that there is much upheaval for staff during the change process of closing one service and transferring consumers to another. Most consumers and/or representatives sampled said they felt staff know what they are doing. Care staff, laundry, kitchen, housekeeping and clinical staff interviewed said they had not completed SIRS training. Management said all staff were assigned this training on the second day of the site audit. Later it was found no staff had been trained in open disclosure.

The Assessment Team interviewed staff who felt they were currently not equipped to deliver quality outcomes for consumers. Registered nurses and enrolled nurses said they felt they were not equipped to fulfil their role and provided feedback to management about a lack of orientation to Cameron St, incident forms not being investigated and completed, assessments not completed, not enough staff or time to complete work each day, concerns in relation to the storage of medication trolleys, a lack of communication, mentoring and leadership and low morale of staff but said they never heard anything back.

The approved provider responded to the Assessment Teams report and advised that Management and the Board have put in place systems and process to address staff confidence and are confident that these issues will be addressed in the short term. The major issues around communication have been included in the Plan for Continuous Improvement and any key identified issues will be added post the Board Staff Cultural Survey.

I find that the approved provider 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.*

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

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 Assessment Team found that overall most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The Assessment Team interviewed sampled consumers with many saying that they had input into their care and services most days with staff responding appropriately. Some consumers said they asked for dining room furniture to come from Johnstone Street to Cameron Street because it made them ‘feel at home’ and this was arranged much to the consumers delight.

Some representatives had concerns about the adequacy and competency of staff in managing care effectively.

Although the governing body is well engaged and is promoting a culture of safe, inclusive and quality care and services, the Assessment Team found organisational wide governance systems are not being implemented effectively. Staff at the service had not completed SIRS or open disclosure training. Documentation is not being completed effectively at the service. Assessments have not been completed for consumers that have transferred across from Johnstone Street. Incidents involving care for consumers are not being investigated in a timely manner. Review of care plans are not being attended. There is a lack of formal partnership and case conference demonstrating the evaluation of care and services. Communication needs further improvement. Staff morale is low, and staff are working short most shifts due to sick leave not replaced to its full complement on the current roster.

## 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 Assessment Team found that the organisation has a consumer advocate who represents consumers views at the service on their behalf and is involved in the consumer representative meetings. The consumer advocate also attends a leadership and governance meeting monthly at the service.

A consumer survey is conducted as part of the annual service’s audit schedule but the sample is very small. There is no annual survey of all consumers for the evaluation and satisfaction of care and services.

I find that the approved provider is compliant with this requirement.

### 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.*

The Assessment Team found that the organisation has a new energetic chairperson and new directors have joined the board at Bundaleer in December 2020 after some board members retired. The board is very engaged and committed to seeing the service return to compliance and promotes a culture of safe, inclusive and quality care and services. The chairperson acknowledged the service is reporting weekly in relation to current non-compliance and has much more improvement still to implement. Another new board director will also be commencing who is a nurse practitioner.

The board has three subcommittees that comprise of a governance quality and safety subcommittee, a people and culture subcommittee and a finance and risk subcommittee. Monthly reporting occurs to the board from the subcommittees as well as the CEO. Risks have been planned for discussion with a particular focus at the July board meeting 2021. The ‘people and culture’ subcommittee have a goal to be the employer of choice in the area as they once were. Administration staff are members of the ‘people and culture’ subcommittee.

I find that the approved provider is compliant with 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 that although the governing body promotes a culture of safe, inclusive and quality care and services the organisational wide governance systems were not implemented effectively. Staff at the service had not completed SIRS training, this was a requirement that had to be completed by 1 April 2021. Documentation is not being completed effectively at the service. Assessments have not been completed for consumers that have transferred across from the organisation’s closed facility. Incidents involving care for consumers are not being investigated in a timely manner. Review of care plans are not being attended. There is a lack of formal partnership and case conference demonstrating the evaluation of care and services. Communication needs further improvement. Staff morale is low, and staff are working short most shifts due to sick leave not replaced to its full complement on the current roster.

The approved provider responded to the Assessment Teams report and advised that SIRS training has now been completed at the service. The Assessments for consumers transferred from the other service should be completed by the end of June 2021.

I find that the approved provider is not compliant with this requirement at the time of assessment.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found that the organisational risk management systems and practices require improvement in implementation, adherence, management, reporting of high impact high prevalence risks for consumers and documentation.

The Assessment Team identified that pain is not assessed effectively, and behaviours and interventions are not consistently documented in behaviour charts or evaluated for effectiveness. The Assessment Team identified areas of concern regarding COVID-19 infection control and when interviewing staff, it was reported that nursing staff were concerned about incident reports for consumers currently not being followed up, investigated and closed out.

The approved provider responded to the Assessment Teams report and acknowledged that the risk management system requires improvement and will be undertaking a risk management review and associated training for all staff in July 2021.

I find that the approved provider is not compliant with this requirement at the time of assessment.

### 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 interviewed staff about the abovementioned policies and whether these policies had been discussed with them and what they meant for them in a practical way. Staff had not been educated about open disclosure. Staff could not discuss how open disclosure is important to their role with prompting. A demonstrated understanding of the principles was not evident from staff interviews.

The Assessment Team found that care staff sampled demonstrated an understanding of the antimicrobial stewardship principles of hydration to prevent urinary tract infections and the need for antibiotics but were not familiar with the term ‘antimicrobial stewardship’. Registered nurses understood the need for antibiotic therapies after the identification of pathogens. Registered nurses said three medical officers adhered to antimicrobial stewardship principles currently and two did not.

The approved provider responded to the Assessment teams report and advised that they have acted to address the issues identified in the Assessment Team report which should be completed by 9 July 2021.

I find that the approved provider is not compliant 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.

### 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 approved provider must demonstrate that:

* Comprehensive assessment and planning are conducted and identifies risks to consumers
* Triggers and interventions and strategies are documented and reviewed for effectiveness
* Recommendations from other services are documented and considered.

### 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 approved provider must demonstrate that:

* Interventions to manage pain and behaviour concerns are monitored and regularly reviewed for effectiveness
* Care plans are individualised to meet the consumers’ needs and goals.

### 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 approved provider must demonstrate that:

* Care plans are reviewed when circumstances change, or incidents occur
* Care plans contain updates of clinical assessments and case conferences

### 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 approved provider must demonstrate that:

* Wound care reviews are completed as per documented schedule or medical directions
* Pain and behaviour management is assessed, monitored and evaluated
* The service maintains its policy and procedural documentation for best practice.

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

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

The approved provider must demonstrate that:

* Risks related to behaviours, falls, weight loss, wounds and pain are identified and managed effectively
* Contributing factors are considered and assessed when consumers behaviour deteriorates
* Incident/accident reports are completed, investigated and finalised with approved action plans regarding immediate management of consumers’ care to minimise the risk of the incidents/accidents re-occurring.

### 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 approved provider must demonstrate that:

* All staff can identify deterioration in a consumer’s condition and it is responded to in a timely and appropriate manner.

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

#### The approved provider must demonstrate that:

* Care plans contain accurate and complete information
* All transferred consumers care plans are reviewed and updated
* Wound management, charting and documentation is accurate.

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

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

#### The approved provider must demonstrate that:

* Timely and appropriate referrals are made to individuals, other organisations and providers of other care and service.

### Requirement 3(3)(g) Non-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 approved provider must demonstrate that:

* Precautions are in place for the management of potential and confirmed cases of infection
* The IPC Lead is trained to oversee effective infection prevention and control.

### 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 approved provider must demonstrate that:

* All staff are educated and understand the open disclosure policy
* All complaints are documented and have appropriate action followed up.

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

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

#### The approved provider must demonstrate that:

* Feedback and complaints are reviewed to inform the continuous improvement plan.

### 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 approved provider must demonstrate that:

* The workforce is enabled to deliver safe and quality care to consumers with strong leadership.

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

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

#### The approved provider must demonstrate that:

* All staff undertake mandatory training and are supported to provide quality care and services for consumers.

### 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 approved provider must demonstrate that:

* The organisation’s governance systems are effective.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

#### The approved provider must demonstrate that:

* Risks are identified, assessed, monitored and evaluated for effectiveness
* Incidents are documented and investigated
* Risk management system and policy is reviewed, and staff are trained in risk management.

### 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 approved provider must demonstrate that:

* Staff are educated and understand the open disclosure principles
* Staff are educated and understand the antimicrobial stewardship principles
* Staff are educated about the minimising the use of restraint.