Bupa Bateau Bay

Performance Report

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**Commission ID:** 0017

**Provider name:** Bupa Aged Care Australia Pty Ltd

**Site Audit date:** 20 April 2021 to 22 April 2021

**Date of Performance Report:** 7 June 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) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | 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) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(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 site audit; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the site audit report received 18 May 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

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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

All consumers who spoke to the Assessment Team considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers confirmed they feel respected and valued as individuals, that staff know what is important to them and that their privacy is respected by staff.

Documents reviewed by the Assessment Team included information about consumers’ background, what is important to them and how they are supported to take risks and to live the life they choose. Staff described consumers backgrounds, preferences and culture and how this influences the delivery of care and services for each consumer.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
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

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.

Most consumers who spoke to the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services and that they can participate and contribute to the process. However, consumers and representatives said staff have not explained information in consumers’ care plan, care plans are not regularly reviewed or discussed with them and they do not have readily available access to care plans.

The service has a range of policies and procedures that guide and instruct staff on how to undertake assessment and planning processes and when to communicate with consumers and representatives about consumers’ needs, goals and preferences. Documentation reviewed by the Assessment Team showed that consumer care plans are not always reviewed when a consumer’s condition or needs change. Risk assessments have not always been completed and care planning documentation does not always reflect that recommendations by external organisations have been implemented or if these have been effective in meeting the needs of the consumer.

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) 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 informs the delivery of safe and effective care and services to consumers. Review of documentation identified that generally consumer care plans cover most of their care needs. However, the Assessment found there was inconsistency for two consumers with their care planning and risk assessment and for one other consumer a risk assessment was not completed. Overall consumers and representatives who spoke with the Assessment Team said they feel consumers receive safe and effective care.

In their response the approved provider submitted supporting evidence which demonstrated the service has policies and processes to guide staff in assessment and planning processes and to promote feedback with consumers and representatives. In the approved providers response, they provided further evidence to demonstrate consumers’ assessment and planning includes consideration of risks to the consumers health and well-being and that this informs the delivery of safe and effective care and services.

I find this requirement is Compliant.

### Requirement 2(3)(b) Compliant

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

The Assessment Team found the service was unable to demonstrate that assessment and planning is communicated or that care plans are readily available for access by the consumer or representative. Consumers and representatives who spoke with the Assessment Team confirmed this and said they were not always made aware of changes to consumers’ care and services, and most confirmed they were unaware they could access care planning documentation. Management and some staff told the Assessment Team that it is against the service policy and procedure to provide care plans to the consumer or representative.

In their response the approved provider demonstrated the process of care plan discussions and reviews has been undertaken for some consumers during resident of the day processes and family conferences. The approved providers response shows that since the site audit they have communicated with consumers and representatives to remind them about their access to consumers' care plans.

While I acknowledge the service has acted to improve communication with consumers and representatives, at the time of the site audit this was not evident. I have considered the approved providers response, supporting information and the Assessment Teams report and I find that this requirement is Non-Compliant.

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found that the service did not demonstrate that review of care and services is consistently undertaken when a consumer’s condition or needs change. Overall consumers and representatives who spoke with the Assessment Team said care plans are not regularly reviewed.

Staff who spoke with the Assessment Team said the service has processes for review of consumer care plans including resident of the day, family conferences and annual conferences. Staff said that all incidents are reported, risk assessed, and this outcome then informs changes to care plans. The service has policy and procedure to guide staff on the reassessment and resident of the day process, however the Assessment Team found this had not been consistently followed by staff.

The Assessment Team reviewed care planning documentation and found that for one consumer their care plan does not accurately reflect changes in their condition, that it was reported to the registered nurse or that further analysis of the condition has taken place. Review of the services incident management system identified that consumer incidents are not always recorded and have not resulted in care plan reviews for several consumers. Care planning documents show that resident of the day reviews and annual case conferences are not always communicated or held with the consumers or representatives.

In the approved providers response, they provided further information on the consumers identified by the Assessment Team and some actions taken since the site audit. The approved provider also states they have made recent changes to the service policy and procedure for resident of the day process and will ensure that staff will document consumer and representative involvement in the process.

At the time of the site audit care and services were not being reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

I find this requirement is Non-Compliant.

# 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 Assessment Team also examined relevant documents.

Consumers and representatives who spoke with the Assessment Team considered they receive personal care and clinical care that is safe and right for them. Consumers and representatives said they get the care they need and have access to doctors and other health professionals when they need it. When asked about end of life wishes consumers and representatives confirmed they have been consulted about their needs, goals and preferences. Observations made by the Assessment Team and interviews with staff during the site audit demonstrated the service has appropriate infection control practices, and this was supported with positive consumer and representative feedback relating to infection control practices and the prescribing of antibiotics.

However, the Assessment Team found the service was unable to demonstrate they are providing consistent personal care and clinical care that is best practice, safe and effective for each consumer. The Assessment Teams review of clinical documentation identified gaps in the identification and evaluation of consumer causes for behaviour, recording and use of psychotropic medication, and that action is taken to reduce risks to the consumer. Referrals to specialist services and allied health professionals is not done in a timely manner, and information relevant to the current consumers condition was not easily accessible by staff or others where responsibility of care is shared.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

Overall consumer and representatives who spoke to the Assessment Team considered consumers received clinical care and personal care that is safe and right for them. However, the Assessment Team found deficiencies in care planning documents which do not support the tailored, safe and effective clinical and personal care for each consumer.

The Assessment Team identified that the service did not consistently provide the care required in areas of behaviour management, psychotropic medication use and pain management for some consumers. For one consumer there was a failure to identify potential causes, effectively manage and evaluate escalating behaviours. The Assessment Team found the service did not have complete and up to date documentation to support the use of chemical restraint and psychotropic medications for several consumers and the service has not undertaken evaluation of the effectiveness of antipsychotic medication for one consumer. Consent and authorisations for the use of chemical restraint and psychotropic medications had not been documented for all consumers. The service provided the Assessment Team a register of psychotropic medications for consumers however this was inaccurate and did not include a relevant diagnosis for each consumer. Consent, authorisations and risk assessments for consumers using physical restraint at the service were also found by the Assessment Team to be poorly documented and did not demonstrate effective monitoring and evaluation of the physical restraint. The Assessment Team found there was limited information to show effective care being provided to consumer who was losing weight.

The approved provider in their response, has outlined improvements and actions made by the service since the site audit for the consumer the Assessment Team identified to have escalating behaviours. This includes referrals to external organisations and updates to pain, nutrition and hydration care plans. However, for one other consumer the approved provider has not addressed all areas of the Assessment Teams report. While I acknowledge there has been improvements made to care planning documentation to include current information, this was done after completion of the site audit. In their response the approved provider disagrees with the Assessment Team findings of consumers who are prescribed chemical restraint and provided further information of consumers diagnosis. The approved provider has given further information on how they manage physical restraints at the service outlining that physical restraint consents and authorisations have been reviewed and details about risk conversations are now recorded in consumer care plans.

I acknowledge the service has undertaken some actions to improve clinical care and personal care for each consumer however, this was not evident for all consumers identified in the Assessment Teams report or at the time of the site audit. I have considered the approved providers response, supporting information and the Assessment Teams report and find each consumer was not receiving safe and effective personal care and clinical care, that is tailored to their needs and optimises their health and well-being.

I find this requirement is Non-Compliant.

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

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

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

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

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

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

Consumers and representatives who spoke to the Assessment Team said consumers have access to their medical officer when the consumers condition changes and they are notified immediately if there are any changes in the consumers health. In the Assessment Teams report reference is made about two consumers and the lack of information in care planning documentation about how behaviours are assessed, managed and evaluated. I have considered this information in my assessment of Standard 3, Requirement 3(3)(a).

The approved providers response gives additional information on this to show how they recognise and respond to deterioration or change in consumers mental health, cognitive or physical function, capacity or condition.

I find this requirement is Compliant.

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

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

The Assessment Team found that care planning documents were not always up to date with the changing needs of consumers and recent assessments relevant to two consumers current condition were archived and not easily accessible by staff or others. I have considered this information in my assessment of Standard 2 Requirement 2(3)(e). Consumers who spoke with the Assessment Team said the staff are aware of their needs and preferences. Staff interviewed demonstrated a good understanding of consumers care needs and preferences and said they are informed of changes to consumer needs during handover or by the registered nurse.

In their response, the approved provider gave further information on how consumer information in the organisation is documented and communicated.

I have considered the approved providers response and the Assessment Teams report. 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.

I find this requirement is Compliant.

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

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

The Assessment Teams report showed that timely and appropriate referrals are made to some organisations and other providers of care and services. However, referrals to allied health professionals and behavioural specialists have not always be done in a timely manner for all consumers. For one consumer a referral to a dietitian following unplanned weight loss has not occurred while for two consumers due to gaps in the ongoing monitoring and review, referrals to behavioural specialists has not occurred. Consumers and representatives said they have access to medical officers and the physiotherapist when they need. Staff who spoke with the Assessment Team said the service has a system for referrals and they have access to dietitians and the physiotherapist without referral from the medical officer.

In the approved providers response, they have submitted supporting information to demonstrate referrals have previously been made to allied health professionals, mental health team and behavioural specialists for one consumer. Referral to the dietitian for this consumer has occurred since the site audit. For the other consumer the approved provider has not submitted further information to support that referrals to a behavioural specialist has been made.

I have considered the Assessment Team’s report, the approved providers response and supporting information and I find this requirement is Non-Compliant.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 Assessment Team also examined relevant documents.

## Overall consumers and representatives who spoke with the Assessment Team confirmed that they get the services and supports for daily living that are important for their health and well-being and enables them to do the things they want to do. Consumers interviewed said they are supported to keep in touch with people who are important to them and that meals are of a suitable quality, variety and quantity.

## The Assessment Team found that information about the consumer’s condition, needs and preferences is not always communicated. Consumer care plans do not always provide adequate and current information to support effective and safe services for daily living that meet the consumer’s needs, goals and preferences. Documentation reviewed, consumer interviews and feedback from staff shows referrals to individuals, organisations and providers of other care and services are timely, appropriate and optimise their independence, health, wellbeing and quality of life.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

The Assessment Team found the service was unable to demonstrate that information is effectively documented and communicated within the organisation and with others where responsibility for care is shared. The Assessment Team found that consumer care plans do not identify clear goals for some consumers and the map of life or activity plans have limited information for one consumer. For another consumer changes in their condition has not led to a review of the activity plan. Consumers interviewed said they are satisfied staff are aware of their needs and preferences. Staff interviewed by the Assessment Team were aware of consumer’s condition, needs, goals and preferences and could identify where to locate this information in consumer documentation.

In the approved provider’s response, they have included additional information to show the consumers’ condition, needs and preferences are communicated within the organisation and with others where responsibility for care is shared.

I find this requirement is Compliant.

### 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

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 Assessment Team also examined relevant documents.

Most consumers and representatives who spoke with the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers and representatives interviewed said the service is clean, well maintained and they can access indoor and outdoor areas freely.

The Assessment Team observed the service environment to be welcoming, easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Furniture in consumers rooms and living areas was observed to be clean and well maintained.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 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 Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall consumers and representatives who spoke with the Assessment Team considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken in response to their feedback or complaint. Consumers said they felt safe to make a complaint and could explain different ways they can provide feedback or make a complaint at the service.

The Assessment Team found the service had comprehensive documentation which demonstrated that consumer and representative complaints and feedback are captured, analysed and resolved. The service has policy and procedures in place to inform and guide staff on complaint management processes and staff interviewed said they had received education on open disclosure and management provided examples of when open disclosure had been practiced.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

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

### Requirement 6(3)(c) Compliant

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

### Requirement 6(3)(d) Compliant

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

# 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.

Overall consumers considered they get the quality care and services when they need the and from people who are knowledgeable, capable and caring. Consumers who spoke with the Assessment Team said they are confident in staff using equipment correctly and that staff are gentle when providing personal care. Consumers said they do not have to wait long for staff to respond to call bells, however, some consumers feel that there are not enough staff to deliver care particularly, during the morning shift. Some consumers said their morning routines of showering and toileting are not always adhered to. Observations by the Assessment Team identified interactions between staff and consumers to be respectful and kind.

Review of documentation showed that the service responds to call bells within the services policy and the service has systems in place to ensure that staff are qualified, trained and competent in their roles. Staff interviewed by the Assessment Team said they have performance appraisals annually and confirmed they had current plans in place.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has 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 the service was unable to demonstrate they have an adequate number of staff to deliver care and services to consumers when they need them. Feedback from consumers interviewed by the Assessment Team indicated staff levels to be inadequate particularly in the morning shift, with changes to preferred personal care routines frequently made. Staff and management who spoke with the Assessment Team said there is a lot of unplanned leave by staff and staff are often working double shifts to cover this. Staff said they are exhausted, rushed and stressed and are unable to spend quality time with consumers due to the inadequate number of staff.

The Assessment Team reviewed call bell documentation and identified that call bell response times are monitored and investigated when they exceed the service benchmark. For the one-month period reviewed by the Assessment Team call bells had been responded to promptly and well within the service benchmark. Rostering documentation provided to the Assessment Team showed the service has attempted to fill vacant shifts with casual pool staff, staff undertaking double shifts and the use of agency staff.

In the approved providers response, they have submitted further information about staff absenteeism, upcoming interviews, recruitment and engagement of new staff. Information of consumer feedback surveys and shift vacancy levels was also provided. I acknowledge the service has taken steps to address and improve the shift vacancies.

I have considered the approved providers response, supporting information and the Assessment Teams report and at the time of the site audit the number and mix of members of the workforce deployed did not enable the delivery and management of safe and quality care and services.

I find this requirement is Non-Compliant.

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

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

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

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

### Requirement 7(3)(d) Compliant

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

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

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

# STANDARD 8 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

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).

Overall consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives said they are involved in the services planning to the level they want to be, that their preferences and wishes are considered in the care delivery and they are aware of different avenues available to them to provide feedback. Management who spoke with the Assessment Team could provide examples of how they engage consumers in the development, delivery and evaluation of care provided, and how the Board promotes a culture of safe, inclusive and accountable care and services for consumers.

The Assessment Team found that while the service could demonstrate the effectiveness of organisation wide governance systems in most areas, they were unable to do so for information management processes. Staff were unable to demonstrate knowledge of the service’s clinical governance framework and how this applies to their work. High impact and high prevalence risks and the use of restraint was not in line with the services policy and procedures for some consumers.

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

## Assessment of Standard 8 Requirements

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

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

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) 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 the service was able to demonstrate that effective governance systems are in place relating to continuous improvement, financial governance, feedback and complaints. The organisational governance systems relating to information management were not effective. The Assessment Team found that some documents were not easily accessible, unavailable on request or were located across multiple locations and spreadsheets. However, staff interviewed by the Assessment Team were able to describe information sharing processes and how they access information at the service.

The approved providers response gave additional information on the organisation’s governance system for information management and how it operates within the service effectively.

I find this requirement is Compliant.

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) 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.*

# 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)(d)

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

The approved provider must ensure that:

* Assessment and planning outcomes are communicated with consumers or representatives.
* Care plans are easily accessible by consumer or representatives.
* Management and staff have received education and training on internal policies and are aware that care plans are accessible to the consumer or representative.

### Requirement 2(3)(e)

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The approved provider must ensure that:

* That a meaningful review of care and services is undertaken for each consumer when their condition or needs change.
* All incidents are accurately recorded in the services incident management system and result in care plan reviews for each consumer.
* Resident of the day reviews and annual case conferences are held in line with the services policy and procedure and are communicated with the consumers or representatives.

### Requirement 3(3)(a)

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The approved provider must ensure that:

* Each consumers clinical and personal care is best practice, tailored to them and optimises their health and well-being.
* Restrictive practices at the service are in line with policy and procedure. Where the use of psychotropic medications or physical restraint is necessary all appropriate steps have been taken to minimise its use, discussions have taken place to inform the consumer or representative and consent is given.
* The service has a conclusive, and up to date record of consumers prescribed psychotropic medications which includes the relevant diagnosis for its use.
* All staff have received appropriate training in relation to service policies and procedures. Delivery of consumer care and services is in line with these policies.

### Requirement 3(3)(f)

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

The approved provider must ensure that:

* Referrals to external organisations, allied health professionals and health specialists are made in a timely manner for each consumer where required.

### Requirement 7(3)(a)

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

The approved provider must ensure that:

* They implement a staffing structure which considers the number and skills mix of workforce to ensure the delivery and management of safe quality care. This should be evaluated for its effectiveness and should include consumer, representative and staff feedback.