Bupa Baulkham Hills

Performance Report

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**Commission ID:** 1014

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

**Site Audit date:** 29 November 2021 to 2 December 2021

**Date of Performance Report:** 20 January 2022

# Performance report prepared by

G Cherry, delegate of the Aged Care Quality and Safety Commissioner.

# 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Non-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) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Non-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) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-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 Commissioner’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 dated 29 November 2021 to 2 December 2021 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 7 January 2022
* Performance Reports dated 8 January 2020 and 22 June 2020
* Information received from the public

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Overall sampled consumers consider they are treated with dignity, respect, can maintain identify, make informed choices to live life as they choose. However, the service did not demonstrate an effective system to ensure this applies for all consumers. The service did not demonstrate a culture of inclusion and respect is afforded to each consumer, they are encouraged to be independent, receive information to enable choice, that all care and services are delivered respecting the consumers cultural diversity, ethnicity and privacy.

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

## Assessment of Standard 1 Requirements

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

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

While the service demonstrates aspects of this requirement are considered and some consumers gave positive feedback relating to their dignity and culture being respected, this was not consistently demonstrated by staff knowledge or interactions observed by the Assessment Team.

Consumers and representatives expressed dissatisfaction that staff access consumer’s rooms during the night (without requesting permission) to assess consumer’s continence needs and replenish supplies. They advised the way staff undertake this activity is disrespectful and undignified for those consumers involved.

The Assessment Team observed staff interaction with consumers to be generally respectful and affording consumers dignity however this was not consistently the case. An interaction between a staff member and consumer demonstrated a lack of respect due to the staff member not understanding the consumer’s request. A staff member was observed assisting a consumer with their meal in a disrespectful manner and the team observed signage within communal areas containing wording disrespectful of cultural behaviours.

Consumers and representatives said due to consistent staff turnover it takes time for new staff to know consumer’s needs and their lack of experience can cause incidents to occur. The impact of this is considered in Requirements 3(3)(a) and 7(3)(a)

Staff interviews demonstrated a lack of awareness of individual consumer’s needs and preferences resulting in consumer’s dignity not being maintained and documentation review detailed language used to describe consumer needs to be disrespectful and lacking in valuing consumer’s identity.

In their response the Approved Provider acknowledged some night staff were not adhering to expectations relating to dignity, respect, cultural and diversity. They detailed actions taken in response to the evidence bought forward by the Assessment Team including providing education to staff (in particular night staff) regarding accessing consumers rooms, changed timing of supply review and conducted consumer meetings to ensure documented choices are current. In addition they acknowledged a recent increase in new staff not yet familiar with individual consumers and/or organisational requirements which would be addressed by staff education/training, monitoring by senior clinical staff to ensure staff compliance with organisational requirements and removal of offensive signage from communal areas. Further they committed to a review and amendment of consumer documentation to ensure appropriate use of language.

I acknowledge the responsive and planned actions from the Approved Provider however at the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

*Care and services are culturally safe.*

The service demonstrates aspects of this requirement are considered and most consumers and representatives expressed staff provide care that demonstrates an understating of consumers’ cultural needs and preferences; examples of how this is recognised and addressed were evidenced.

While some consumers and representatives gave positive feedback relating care reflective of cultural respect, this was not consistently demonstrated. Some consumers and representatives stated not all staff (in particular new staff) are aware of consumers cultural needs and as a result these needs are not being met. Consumers expressed feedback of difficulty communicating with staff who do not understand them and difficulty in understanding what staff are saying.

The Assessment Team identified some staff did not know the cultural backgrounds of consumers they care for. Several staff interviewed demonstrated a lack of knowledge relating to consumer’s cultural backgrounds and needs, or how care was tailored to meet their needs. Staff advised they rely on other staff, family and representatives to advise them of cultural needs and preferences.

Management advised to aid communication and therefore an understanding of consumers cultural needs they implemented a program providing staff with commonly used phrases in differing languages.

Review of documentation detailed the service could not demonstrate contemporaneous education and training relating to this requirement has occurred during the past 12-month period.

In their response the Approved Provider acknowledged information for consumers is not available in languages appropriate to the current consumer cohort (noting the service currently supports consumers from a diverse range of cultures speaking many languages). They advised of plans for translation of relevant documents (including care plans) to support consumers in making informed decisions. In addition, they acknowledged a recent increase in new staff not yet familiar with individual consumers and/or organisational requirements, to be addressed by staff education/training and monitoring by senior clinical staff to ensure compliance. The Approved Provider is reviewing and amending activities calendars to ensure Covid-19 safe activities in response to consumer requests.

I acknowledge the responsive and planned actions from the Approved Provider however at the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement non-compliant.

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

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

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

The service demonstrated how they support consumers to make connections with others and maintain relationships of their choosing. Some consumers and representatives provided positive feedback relating to staff enabling them to feel supported to exercise choice, maintain their independence and relationships of choice.

However, the service did not demonstrate an effective system to consistently ensure consumers are supported to exercise choice/independence nor make decisions relating to the delivery of care and services.

Staff demonstrated an understanding of supporting choice and decision making in principle, however they provided feedback to the Assessment Team which demonstrated a lack of understanding and misinterpretation of consumer’s exercising choice as a demonstration of assertive and/or resistive behaviour. Staff provided inaccurate responses in relation to consumer’s ability to independently leave the service.

Documentation review demonstrated language/wording used by staff indicated a consumer’s refusal of care rather than conveying choice of care. Review of documentation detailed while education and training relating to this requirement occurred in early 2021 the service could not demonstrate participation numbers of the current staff cohort.

In their response the Approved Provider gave examples of supporting consumers choice and acknowledged inappropriate use of language in consumer documentation. They demonstrated immediate update of documentation relating to dignity of risk and to reflect consumers choice. Discussions were conducted with consumers and representatives resulting in purchase of equipment and changes in care provision. The Approved Provider advised of the process to ensure consumers are safe to independently leave the service and provided additional education and training to staff. Further staff training in relation to consumer Choice and Decision making is planned to occur.

I acknowledge the responsive and planned actions from the Approved Provider however at the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement non-compliant.

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

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

#### The service demonstrated support for consumers to take risks. Consumers and representatives did not convey feedback relating to lack of support in taking risk.

#### While staff demonstrated an awareness of consumers right to take risk they did not provide examples of how they support consumers to do so. Review of the service’s risk register by the Assessment team resulted in a view language used identified consumer choice rather than identification of risk and/or strategies to mitigate risk and support consumers to undertake activities in a manner as safe as possible. Language demonstrated a view of assertive behaviour rather than supporting the consumer to make informed decision relating to risk.

In their response the Approved Provider advised immediate review/amendment of wording used within the risk register and care planning documentation plus additional staff training in relation to use of appropriate language on documentation.

In consideration of the evidence bought forward by the assessment team, the response by the approved provider and the weight given to a lack of adverse feedback from consumers and representatives, I find this requirement is compliant.

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

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

#### The service demonstrated information is generally provided to consumers and/or their representatives enabling consumers to exercise choice.

Consumers gave examples of various methods utilised to inform them of care requirements, activities, menu choices and representatives gave positive feedback in relation to the volume of information communicated and the various platforms used to do so including written and verbal communication.

#### Staff demonstrated knowledge of consumers’ choice relating to receipt of information and advised of processes in place to inform staff of a change in a consumer’s condition, including case conference discussions, meeting formats and communication methods between clinical, care and hospitality staff. They demonstrated processes to ensure consumers living with a cognitive impairment (and their representatives) are kept informed.

The Assessment Team received feedback that menus are not translated into all languages spoken by consumers and identified activities calendars are not distributed in languages other than English. Staff demonstrated verbal communication occurs to ensure consumers are informed of both.

In their response the Approved Provider demonstrated some documentation translated into languages other than English and advised of the process regarding additional languages when required.

I have given weight to consumer feedback and verbal communication methods demonstrated by staff to provide information to consumers.

I find this requirement is compliant.

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

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

The service generally demonstrated an effective system to ensure respect of consumer’s privacy including confidentiality of personal information.

Interviewed consumers expressed satisfaction with care and services are provided in a way that respects their privacy giving examples such as ensuring they do not speak about consumers in front of others, when administering medication and providing personal care. Some consumers and representatives gave feedback in relation to staff accessing consumers rooms at night however felt the impact resulted in lack of dignity. This is referenced in Requirement 1(3)(a).

Staff demonstrated awareness of processes to afford consumer privacy when providing care, documentation being kept in a secure manner and computers requiring password protection for access.

The Assessment Team observed generally delivery of care and services by staff affords consumer privacy, and staff were observed to ensure consumer information was not discussed in communal areas. Consumer clinical data was clearly observable adjacent to nurse’s station in two areas of the service.

Documentation demonstrated policy information guides staff care and education records demonstrate training provided relating to this requirement.

In their response the Approved Provider detailed immediate action taken in relation to the removal of clinical data outside nurse’s station to ensure confidentiality.

I have given weight to positive consumer feedback and observation of staff communicating with consumers.

I find this requirement compliant.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Sampled consumers and representatives acknowledged involvement in initial and ongoing planning of consumer’s care and services, including end of life planning needs. Consumers and representatives said staff generally involve them in the assessment and planning of care through conversations and meetings upon entry, on a regular ongoing basis at case conferencing meeting and/or when consumers’ needs change.

Consumers and representatives confirm they are generally included/informed in the outcomes of assessment, they have access to care plan documentation, others of choice are included in this process including medical officers and external health specialists and professionals and advance care planning and end of life planning is discussed if the consumer wishes.

Clinical and care staff described the assessment, care and services planning and review processes and how staff involve each consumer and others where required and analysis of clinical data is conducted by management and discussed at meetings.

The Assessment Team reviewed assessment, care and services planning documentation and identified regular reviews and case conferencing meetings occur. Representatives and appropriate medical or allied health professionals are generally involved when circumstances changes and/or when incidents occur.

However, the service did not demonstrate an effective process to ensure this occurs for all consumers. The Assessment Team bought forward evidence assessment and planning includes consideration of some risks for some consumers however this was not consistently conducted for consumers demonstrating complex behaviours and/or administration of psychotropic medications. While documentation generally identifies consumers’ needs and preferences, some care plans contained generic strategies and did not consistently detail consumers’ specific goals. Interviewed staff could not demonstrate knowledge of consumers goals.

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

## Assessment of Standard 2 Requirements

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

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

Clinical staff demonstrated knowledge of the assessment, care planning process including consideration of risks and provided examples of care planning that guided staff in delivery of safe and effective care and services for some consumers. There is a process for regular review and a monitoring process to ensure compliance. The service demonstrated assessment and planning resulted in appropriate care for some consumers in relation to falls, pain, weight, wound management and palliative care.

However, the service did not demonstrate an effective process to ensure this occurs for all consumers. The Assessment Team bought forward evidence assessment and planning includes consideration of some risks however this was not consistently conducted for consumers demonstrating complex behaviours and/or administration of psychotropic medications considered as restrictive practices.

As a result, care planning does not detail accurate documentation and effective strategies to guide staff in providing care for consumers the impact of which is detailed in requirement 3(3)(a).

Gaps in behaviour monitoring was acknowledged by the management team who made plans for additional staff training.

In their response the Approved Provider acknowledged improvement required relating to assessment and care planning documentation. They advised delivery of a targeted education program focusing to support staff in undertaking these processes. Their response detailed review of risk assessments, review of medications, specialist referral and review, case conferencing with consumers/representatives and medical officers, implementation of behavioural support plans, education to be provided on appropriate clinical documentation, education on behavioural management and monitoring systems to ensure compliance.

I acknowledge the responsive and planned actions from the Approved Provider however at the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement non-compliant.

### 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 service demonstrated an effective system of assessment and end of life planning. Representatives provided positive feedback in relation to care provided and documentation reflecting the consumer’s wishes regarding end of life care.

The Assessment Team reviewed documentation which generally identifies consumers’ current needs and preferences however they bought forward evidence some care plans contained generic strategies and did not consistently detail consumers’ specific goals. Interviewed staff described consumers care needs however were not aware of consumers goals and/or how care provision resulted in achievement of goals.

Registered staff demonstrated knowledge of the process in discussing end of life planning and advanced care planning when consumers enter the service and/or their health deteriorates.

In their response the Approved Provider acknowledged improvement required relating to assessment and care planning documentation. They advised delivery of a targeted education program focusing to support staff in undertaking these processes. Their response detailed review of risk assessments and medications, case conferencing with consumers/representatives and medical officers, education to be provided on appropriate clinical documentation and implementation of amended care plans to address the consumer’s current needs, goals and preferences and monitoring systems to ensure ongoing compliance.

I acknowledge the responsive and planned actions from the Approved Provider however at the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement non-compliant.

### 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) 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.*

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Sampled consumers and representatives consider consumers get quality care and services. Overall, the service demonstrated safe consumer care, clinical staff manage clinical needs, appropriate action is generally taken to deterioration in consumer’s health, palliative care provided, and medical review occurs. Representatives said they are contacted when a change in consumer’s health occurs and clinical staff, specialists and medical officers involve them in care discussions.

Consumers’ needs and preferences when nearing end of life are recognised and addressed to ensure their comfort maintained. Care planning documentation reflects end of life wishes and staff demonstrate knowledge of managing care for consumers nearing end of life.

Clinical staff generally described clinical care needs for consumers and gave examples of involvement of others where responsibility for care is shared and the communication processes between medical officers, specialists, allied health professions and staff.

Staff receive training in incident reporting. Risks are generally reported, monitored and analysed to ensure effective management. Information about consumer’s needs and preferences is generally communicated within the organisation and with others where responsibility for care is shared and there is a process for referral to specialists and allied health professions. Reviewed care plans generally detailed personal and clinical care management strategies based on assessed needs, consultation with consumers and/or representatives and referral to a range of specialists and health professionals.

The organisation has a system in relation to infection control strategies including guiding documentation and an Outbreak Management plan. Training for replacement Infection Prevention Control (IPC) leads is currently occurring; alternative organisational IPC leads are available to support staff if required. Staff demonstrated understanding of antimicrobial stewardship principles and general knowledge of infection control processes. Policies and procedures guide staff in the provision of care relating to these requirements.

However, while the service demonstrated personal and clinical care appropriate for some consumers in relation to falls, pain, weight, wound management and palliative care, they did not demonstrate an effective system to ensure care is consistently tailored for those consumers experiencing complex behavioural needs or an effective system to ensure adherence with best practice guidelines in relation restrictive practices. The service did not demonstrate identification and management of high impact/prevalence risks was effectively managed for all relevant consumers.

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

### Assessment of Standard 3 Requirements

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

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

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

The service demonstrates personal and clinical care appropriate for some consumers in relation to falls, pain, weight, wound management and palliative care. However, did not demonstrate an effective system to ensure care is consistently tailored for those consumers experiencing complex behavioural needs. The service did not demonstrate systems to ensure adherence with best practice guidelines in relation chemical restraint.

While some consumers are referred to behavioural specialists, the service cannot demonstrate further review occurs when strategies and directives to manage resistive and complex behaviours are identified as ineffective. Alternative triggers/ cause of agitated behaviours and resistance to care (other than pain) have not been identified. Documentation details unknown causes, some interventions are generic and not consistently person centred resulting in unmet needs.

The service did not demonstrate an effective system of identifying, managing and recording medications classified as chemical restraint. As a result, informed consent is not consistently obtained before administering psychotropic medications.

Documentation review by the Assessment Team bought forward evidence pressure care is not consistently documented. The Assessment Team observed that an incident between two consumers appeared challenging to staff managing the incident due to a lack understanding consumer’s needs.

Consumers and representatives generally gave positive feedback in relation to clinical care however expressed some dissatisfaction regarding clinical staff not consistently identifying and care staff not consistently understanding management of consumers specific needs.

Management advised a planned review of medications to ensure applicable medications were accurately documented as chemical restraint, plus communication with consumers and representatives to ensure informed consent regarding the effect of these medications.

In their response the Approved Provider acknowledged improvement required relating to care delivery of behaviour management, psychotropic medication usage and utilisation of best practice methods. They advised delivery of a targeted education program focusing to support care that is planned and delivered. In addition, provided evidence to negate some evidence bought forward by the Assessment Team. Their response detailed review of risk assessments, review of medications, specialist referral and review, case conferencing with consumers/representatives and medical officers, implementation of behavioural support plans, education to be provided on appropriate clinical documentation, education on behavioural management and monitoring systems to ensure compliance.

I acknowledge the responsive and planned actions from the Approved Provider however at the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement non-compliant.

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

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

The service demonstrated identification and management of high impact/prevalence risks for some consumer’s, however, did not demonstration this was consistently identified/managed for all relevant consumers.

The Assessment Team bought forward evidence care needs related to a high risk, for example pressure injury care, administration of psychotropic medications, mobility deficits resulting in falls, and resistive/responsive behaviours are not consistently managed. This has resulted in negative outcomes for consumers. Not all consumers identified as high risk are detailed within the service’s risk register to guide staff in ensuring needs are met.

Staff demonstrated knowledge of consumer risks relative to resistive/complex behaviours, however did not demonstrate knowledge of interventions to effectively manage these risks.

Management advised the risk register is regularly reviewed at clinical meetings, incidents discussed, and analysis of incidents conducted and reported to organisational management team. The Assessment Team bought forward evidence that unwitnessed falls is not included within this analysis. The service’s risk register was provided to the Assessment Team who identified not all consumers with an identified risk were included on the register.

In their response the Approved Provider conveyed a view the service demonstrated compliance with this requirement through use of the incident management system, analysis of incidents and overview at clinical meetings. Consideration is given in relation to evidence the service is appropriately managing risk for some consumers relating to wound management, mobility challenges and falls risks. The Approved Provider acknowledged deficits in risk management for some consumers and advised of planned education for clinical staff including discussion of alternative risk management strategies. They advised amendment of documentation to reflect accuracy and changes to monitoring tools.

I acknowledge the responsive and planned actions from the Approved Provider and evidence some consumers risks are effectively management however the services monitoring tools were not effective in ensuring this consistently occurs for all consumers. At the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement non-compliant.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

The service demonstrates an effective system relating to antibiotic management and processes to minimise the risk of antibiotic resistance. Documentation review detailed organisational documentation relating to antimicrobial stewardship to guide staff. Clinical staff demonstrate knowledge of practices to minimise antibiotic use including non-pharmacological strategies to prevent and minimise infection.

Documentation reviewed detailed infections are recording in the incident management system, pathology testing prior and post antimicrobial prescription, isolating and COVID-19 testing for consumers experiencing respiratory symptoms.

The Assessment Team bought forward evidence while clinical staff undertook appropriate precautionary measures when a consumer displayed influenza-like symptoms this information was not immediately communicated to the management team. Information and alerts were not communicated to relevant staff to ensure visitors and staff are informed when accessing the service. The suspected symptoms were not communicated to the Assessment Team when accessing the site to conduct the visit.

Registered and care staff advised of infection control training, hygiene practices, use of personal protective equipment (PPE) when required and antimicrobial stewardship. Documentation review detailed not all staff had received this training. The Assessment Team bought forward evidence of hospitality staff observed to incorrectly wear (or omit wearing) a face mask when required. The clinical management team advised during lockdown a monitoring process occurred to ensure appropriate staff practice.

Currently an Infection Prevention Control (IPC) lead from another service is supporting the service on a weekly basis and/or when required. Site specific staff have been identified to undertake this training. The Assessment Team observed the Outbreak Management Plan, policy and supplies of equipment in preparation should an outbreak occur. There is a system to monitor consumer and staff vaccination currency.

In their response the Approved Provider advised an IPC lead is currently in final stages of training, plus plans for two additional staff to complete this training. They acknowledged deficits in a staff member’s practice relating to incorrect use of PPE however contend this is not indicative of the staff cohort in general. They advised PPE training provision to staff who have not conducted this and a monitoring processes implemented to ensure compliance. The Approved Provider assert as soon as the deficit in communication relating to a consumer isolating was bought to managements attention, immediate appropriate action was taken, education provided to clinical staff in relation to communicating essential information, competencies conducted relating to PPE, and education provided to all staff focusing on the need for immediate reporting to management.

I acknowledge the Approved Provider’s immediate actions to address deficits and training and consideration has been given to demonstration of effective systems in minimisation of infection related risks.

I find this requirement is compliant.

# STANDARD 4 NON-COMPLIANTServices and supports 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

Some sampled consumers consider they get the services and supports for daily living that enable them to do the things they want to do within the service and the community. They said they are supported to keep in touch with those who are important to them and their emotional, spiritual and psychological needs are met.

Consumers said they generally like the food, have choices, enough food is offered, and they are satisfied equipment is safe, clean and well maintained. While most consumers enjoy the activities offered they did not believe there were enough and/or what is offered not as per their choice. Not all felt they were supported to optimise independence.

Documentation review demonstrated referrals to other organisations and staff advised knowledge of how to access information regarding consumers’ needs and preferences.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-compliant

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

The service did not demonstrate effective services and supports to consistently meet consumers’ needs and preferences and optimise independence.

Most consumers interviewed said they enjoy the activities provided however did not believe there were enough. Consumer representatives said there are not enough staff to provide quality services and supports for consumers and enable them to do the things they want, or participate in meaningful activities.

The Assessment Team bought forward evidence care planning documentation did not consistently contain information about the services and supports consumers need and social, cultural, spiritual and community care goals were not individualised, and contained limited detail.

#### Interviewed lifestyle staff explained the impact of Covid-19 pandemic resulted in activities confined to each area/community within the service and often change due to staff unavailability.

In their response the Approved Provider acknowledged the requirement to provide activities enjoyed by most consumers and committed to undertaking consultation with consumers/representatives to ascertain consumers current choice. They advised a new lifestyle coordinator role to oversee activities, provide additional support and engage consumers in meaningful activities, plus additional lifestyle staff availability on weekends. The Approved Provider acknowledged the lack of accuracy and information in documentation to guide staff and advised of a new documentation management system aimed at rectifying this deficit. Education is planned relating to assessing and ensuring consumer information is individualised.

I acknowledge the Approved Provider’s planned actions to address deficits. At the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

### 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) Non-compliant

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

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

The service did not demonstrate an effective system to assist consumers to participate in their community within and outside the service environment to do the things of interest to them.

#### Most interviewed consumers said they enjoyed the activities offered however did not believe there were enough and/or what is offered not as per their choice. Consumers and representatives said not all consumers are assisted to participate in their community, do things of interest to them, there are no group activities scheduled outside the service and consumers with cultural diversity and other interests are not supported to connect with outside services.

Document review detailed care planning documentation lacked information relating to consumers goals and preferences and how these were to be met. Documentation lacked information to guide staff in providing activities and monitoring documentation was generic.

Interviewed staff did not demonstrate knowledge of how consumers participate in meaningful activities. Lifestyle staff said the service has been unsuccessful in connecting with new community-based volunteer organisations to enable connection in the community.

In their response the Approved Provider acknowledged restrictions due to the Covid-19 pandemic affected outside activities, detailed methods of supporting consumers in a virtual manner during restrictions and of supporting consumers to participate in the community when restrictions are not in place. They advised of planned actions to engage community groups within the service plus provision of education to staff

I acknowledge the Approved Provider’s perspective in providing interaction with the community during this time and the planned actions to address deficits. Consideration is given to this aspect of the requirement however I have placed weight on the feedback received from consumers and the Approved Provider’s acknowledgment of deficits in systems to support consumers to do things of interest to them.

I find this requirement is non-compliant.

### Requirement 4(3)(d) Non-compliant

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

Consumers felt their needs were communicated to those caring for them.

Staff said they are verbally updated on consumer needs or preferences and informed of changes to care. Lifestyle staff said they receive verbal information which may influence a consumer’s ability to attend or take part in activities or outings.

Document review detail care planning documentation lacked information relating to consumers goals and preferences and how these were to be met. Documentation lacked information to guide staff in providing activities, attendance monitoring documentation was generic. The Assessment Team bought forward evidence of some inconsistency in recording consumers preferences.

In their response the Approved Provider acknowledged the requirement of providing activities enjoyed by most consumers and committed to undertaking consultation with consumers and representatives to ascertain consumers choice. They advised of a new coordinator role to be implemented to oversee activities and provide additional support and engagement of consumers in meaningful activities, plus additional lifestyle staff available on weekends. The Approved Provider acknowledged the lack of accuracy and information in documentation to guide staff and advised of a new documentation management system aimed at rectifying this deficit. Education in relation to assessing/ensuring individualised information is planned.

I acknowledge the Approved Provider’s planned actions to address deficits. At the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-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 COMPLIANTOrganisation’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

Sampled consumers consider they belong, feel safe, are happy with the quality of the service environment in which they feel comfortable. Consumers reported a range of feedback including the environment assists their independence, they feel at home, visitors are made to feel welcome, there are several areas available for interaction with others plus areas for quiet reflection; satisfaction with cleaning of equipment and the environment; the design of furniture and fittings assists with independence and adds to the comfort of the environment; they find the layout easy to navigate and can access outside areas. Consumers said they are consulted and informed regarding proposed changes to the service environment citing an example of involvement relating to fabrics choices for furnishings as part of a current refurbishment project.

Staff described the process for ensuring equipment is cleaned and maintained and said training is provided to them regarding equipment use. The service environment maximises support for consumer’s independence via navigational aids, mobility aids and seating areas, lighting, signage and decorative assistance. Pictures, photographs, room identification and objects are strategically located for wayfinding throughout the environment. Emergency exits are free from obstruction and clearly identified. Fire prevention measures and safe storage of chemicals was observed.

The Assessment Team observed that the layout of the building enables consumers to freely move both indoors and out, Consumers, family members and staff were observed to be utilising communal areas including outdoor courtyards. Gardens and courtyards were observed to be tidy, consisting of raised garden beds and areas such as seating and shaded areas for protection from weather conditions. The Assessment Team observed the service environment to be clean and welcoming; corridors are equipped with handrails; furniture/fittings were observed to be clean well-maintained and suitable for consumer use.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Overall sampled consumers consider they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives said they could make complaints, felt safe to do so, had awareness of several ways to provide feedback and encouraged to participate in care planning and providing suggestions for improvement.

The service has a method of regularly seeking input/feedback from consumers, representatives, staff and others, using input and feedback to inform continuous improvements. There are a range of corporate governance processes to ensure effective monitoring and resolution of complaints.

Policies and procedures guide staff in relation to this Standard. Information relating to the complaints process (including advocacy and language services available) are displayed throughout the service. The Charter of Aged Care Rights is included in consumer agreements and displayed throughout the service. Documentation review detailed most complaints are resolved in a timely manner and the services processes regarding complaints/feedback discussed at meetings.

Some consumers provided feedback indicating open disclosure was not always provided in managing their complaints and an apology not provided by service staff when managing incidents/complaints. Documentation did not consistently detail open disclosure practices occurred when things go wrong.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The service demonstrated an effective system in relation to complaint management, however, did not demonstrate open disclosure processes are consistently employed when things go wrong. Staff did not demonstrate consistent knowledge of the need to apologise.

Most sampled consumers and representatives said they are satisfied complaints are resolved in a timely manner and relevant communications with management are open and honest. The Assessment Team bought forward evidence of representative dissatisfaction relating to staff not demonstrating an open disclosure process.

The Assessment Team bought forward evidenced of complaints and incident management policies and procedures, an education program including information relating to open disclosure and some evidence of open disclosure principles used when resolving issues.

Most care staff interviewed did not demonstrate familiarity with open disclosure terminology and/or principles, knowledge of policies relating to this, nor had they received education relating to this.

In their response the Approved Provider acknowledged the lack of required processes relating to a specific incident and immediately rectified this omission. They conducted immediate staff education and advised of additional education planned.

I acknowledge the Approved Provider’s immediate and planned actions to address deficits. At the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Most sampled consumers consider some staff are kind, caring, respectful.

Some consumers said there is not enough staff, ongoing issues remain relating to a high turnover of staff resulting in new staff not knowing what they should be doing and are unfamiliar with consumers needs and preferences. Representatives said they consistently need to tell new staff of consumer’s needs.

The service did not demonstrate effective processes to ensure recruitment of a planned, skilled workforce, sufficiency of staff numbers to provide safe and competent care, staff interactions reflect knowledge of cultural needs and a workforce supported to deliver outcomes within the Quality Standards.

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

## Assessment of Standard 7 Requirements

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

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

Consumer and representative feedback indicate insufficient staff to provide safe quality care and noted a high turnover of staff over the past two years. Consumers and representatives gave examples of insufficient staff resulting in falls, altercations between consumers, lack of registered nurses within the complex behavioural needs area, observation of lack of appropriate hygiene for consumers, staff not having time to get to know and converse with consumers and a lack of meaningful activities to engage consumers (particularly within the secure environment).

The Assessment Team bought forward evidence of staff inability to conduct assessment, document appropriate care directives due to not knowing consumer’s individual needs and lack of ability in using the information management system resulting in staff not consistently delivering safe quality care and services.

Management advised due to the pandemic restrictions experiencing a reduction in staff availability due to the requirement of working in one service. They acknowledge recent resignations and advised a recruitment and induction program in place to address this. The Manager and four clinical care managers have recently commenced and are currently being trained in the requirements of their role plus processes and documentation systems relative to the service, training new clinical/care staff and familiarisation with consumers’ needs.

Management acknowledged language difficulties with many staff not communicating well which impedes their learning of consumer’s needs and ability to meaningfully engage with consumers and explained methods to address this deficit which are currently being implemented.

The Assessment Team bought forward evidence of a reduction over recent times in staff numbers for both the morning and afternoon shifts. The Assessment Team evidenced challenges to staffing are compounded by new management and clinical staff providing supervision and support for care staff (including new staff) while developing skills, experience and becoming familiar with the service’s systems and consumers’ needs.

In their response the Approved Provider acknowledged recent turnover of staff. They advised of recent recruitment of new staff demonstrating diverse experience/knowledge, asserting changes to the number/mix of staff occurs as a result of consumers needs and a process of replacement when unplanned leave occurs. They refuted the evidence bought forward by the Assessment Team and evidenced an increase in staffing hours over the past two years. They contest, while management (including clinical care managers) and registered staff are new to the service, they possess experience in aged care and some knowledge of organisational systems. They advised of planned recruitment of additional lifestyle staff, reassessment of consumers noted by the Assessment Team, planned staff education in relation to assessment and ensuring consumer care planning guidance is individualised, implementation of a new documentation system, further staff education relating to the Quality Standards and development of a working group focusing on staff retention.

I acknowledge the Approved Provider’s responsive and planned actions to address deficits. At the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

Most sampled consumers and representatives consider staff are kind, caring and treat consumers respectfully however some gave examples of staff speaking to consumers disrespectfully and language difficulties impacting ability to meaningfully engage with consumers. Consumers and representatives said staff’s newness and not knowing consumers well effected their ability to understand consumers individuality, culture, diversity and deliver care and services accordingly.

The Assessment Team bought forward evidence of inappropriate language written in care plans demonstrating a lack of understanding consumer choice and reflecting this as resistive/responsive behaviour.

Management acknowledged language difficulties with many staff not communicating well, impeding their understanding of consumer’s needs and ability to meaningfully engage with consumers. Management detailed methods to address this which are currently being implemented.

The Approved Provider acknowledged recent turnover of staff however felt new staff demonstrate diverse experience/knowledge. They assert changes to the number/mix of staff does occur as a result of consumers current needs, evidenced an increase in staffing hours, plus replacement when unplanned leave occurs. They contest although management (including clinical care managers) and registered staff are new to the service they possess experience in aged care. They advised of planned recruitment of additional lifestyle staff, reassessment of consumers noted by the Assessment Team, education provided in relation to assessing and ensuring consumer information is individualised, implementation of a new documentation system and further education of staff in relation to the Quality Standards.

I acknowledge the Approved Provider’s responsive and planned actions to address deficits. At the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

The service did not demonstrate effective systems to ensure a competent workforce with knowledge to effectively perform their role.

Consumers and representatives sampled confirmed many staff are not skilled or experienced enough, do not know their care needs and preferences and do not effectively communicate with them to always provide safe quality care.

Management detailed recruitment and induction processes to ensure staff have qualifications and competency relating to their appointed roles, position descriptions link to relevant competency and education requirements, plus induction/orientation and training programs once staff commence.

The Assessment Team evidenced challenges to staffing are compounded by new management and clinical staff providing supervision and support for care staff (including new staff) while developing skills, experience and becoming familiar with the service’s systems and consumers’ needs. The Assessment Team bought forward evidence registered and care staff do not consistently demonstrate knowledge of incident reporting requirements including that of the Serious Incident Reporting Scheme (SIRS), documentation of behaviour support plans and restrictive practices requirements.

The Approved Provider acknowledged recent turnover of staff however felt new staff demonstrate diverse experience/knowledge. They assert changes to the number/mix of staff does occur as a result of consumers current needs, evidenced an increase in staffing hours, plus replacement when unplanned leave occurs. They contest although management (including clinical care managers) and registered staff are new to the service they possess experience in aged care. They advised of planned recruitment of additional lifestyle staff, reassessment of consumers noted by the Assessment Team, education provided in relation to assessing and ensuring consumer information is individualised, implementation of a new documentation system and further education of staff in relation to the Quality Standards.

I acknowledge the Approved Provider’s responsive and planned actions to address deficits. At the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

The service did not demonstrate effective systems to ensure the workforce is trained and supported to deliver outcomes required of the Quality Standards.

Sampled consumers and representatives gave feedback relating to a consistent turnover of staff and many new staff require training. They gave examples of insufficient staffing within the secure environment requiring additional staff qualified in supporting and managing consumers living with dementia and complex behavioural needs. They expressed feedback of inconsistent rostering of registered nurses and care staff within this area who are familiar with consumers resulted in a negative impact for consumers.

Representatives gave feedback of consumer incidents not being appropriate managed by staff. The Assessment Team bought forward evidence of observing an incident between consumers when one staff member was in attendance and did not successfully manage the incident due to a lack of knowing the consumer’s needs. The Assessment Team bought forward evidence of inappropriate language written in care plans demonstrating staff lack of understanding of consumer choice reflecting this as resistive/responsive behaviour.

The Assessment Team bought forward evidence of staff’s inability to articulate incident reporting requirements and lack of knowledge relating to legislative reporting requirements of SIRS. In response management provided immediate staff education.

The service did not demonstrate how they ensure staff experiencing communication difficulties are provided with education and training and/or ensure effectiveness of training provided. The general manager and regional manager confirmed most registered nurses and clinical care managers still require training in conducting performance appraisals which will be rolled out in December 2021 when most staff appraisals are due.

Management acknowledged clinical staff required training in conducting assessment and use of the information management system. The service has processes for identifying staff training needs and documentation review detailed a monitoring method to ensure attendance at education/training sessions. The Assessment Team identified gaps in completion of mandatory training by some new staff.

The Approved Provider acknowledged recent turnover of staff however felt new staff demonstrate diverse experience/knowledge. They advised of planned recruitment of additional lifestyle staff, education provided in relation to assessing and ensuring consumer information is individualised, implementation of a new documentation system and further education of staff in relation to the Quality Standards.

I acknowledge the Approved Provider’s responsive and planned actions to address deficits. At the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

The service demonstrated a system of reviewing staff’s performance and gave examples of additional education provided when deficits in knowledge of non-adherence to the service’s requirements occurred.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall sampled consumers and representatives consider the organisation is generally well run, and they are supported to partner in improving the delivery of care and services. Consumers and representatives described various methods of communication with the management team regarding development and delivery of care and services, however this was not consistent with all consumers and representatives interviewed.

Several consumers and representatives gave feedback of dissatisfaction regarding consistently high turnover and inexperienced staff resulting in staff not knowing consumers’ needs, including management of complex behaviours and lack of staff to engage consumers in meaningful activities.

The organisation’s clinical framework and governance systems are effective in several aspects; identifying improvement required relating to document information systems and workforce component, however, did not sufficiently demonstrate effectiveness relating to all components of information management, regulatory compliance, complaints management and risk management.

Management advised of a system to ensure the Quality Standards are being met by application of their clinical governance framework, risk management framework, continuous improvement systems and internal audit processes. Deficits were identified by the Assessment Team in relation to Quality Standards 1,2,3,4,6,7 and some requirements within this Standard.

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

## Assessment of Standard 8 Requirements

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

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

### Requirement 8(3)(b) Non-compliant

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

Management advised of a system to ensure the Quality Standards are being met by application of their clinical governance framework, risk management framework, continuous improvement systems and internal audit processes. The Assessment Team observed policies and procedures promoting a culture of safety, inclusion and quality care.

However, the service did not demonstrate effectiveness relating to this due to insufficient experienced staff with appropriate knowledge of the systems to deliver safe, inclusive quality care. The service’s information systems are not effective in identifying and documenting care relative to consumer’s needs to ensure staff are providing safe quality care specific to consumer’s individual needs.

The Assessment Team bought forward evidence consumers and representatives did not receive appropriate notification of the pending site audit to enable them to participate.

In their response the approved provider detailed commitment to accountability and ensuring a culture of safe inclusive and quality care and services. They advised reassessment of consumers and documentation of behaviour support plans to guide staff in caring for consumers, changes in staff processes, plus additional education and staff training to occur.

I acknowledge the responsive and planned actions from the Approved Provider however at the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement non-compliant.

### 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 service demonstrated organisation-wide governance systems are effective in relation to some aspects of this requirement however did not demonstrate consistently effective systems relating to information management, risk management, workforce governance, regulatory compliance and open disclosure practices. Non-compliance is identified in relation to each of eight Quality Standards.

Management advised of systems to identify and implement continuous improvement opportunities and gave examples of recent improvement activities. They demonstrated the process relating to financial governance, aspects relating to regulatory requirements and feedback and complaints processes.

The Assessment Team bought forward evidence an effective system relating to an appropriately skilled workforce, information systems to ensure consumers needs were identified and appropriately managed, restrictive processes, regulatory reporting requirements relating to SIRS and open disclosure practices were not demonstrated.

The Assessment Team bought forward evidence consumers and representatives did not receive appropriate notification of the pending site audit to enable them to participate.

In their response the approved provider acknowledged an administrative error in notifying representatives of the pending site visit and advised of actions to ensure reoccurrence does not occur and reviewed the process to ensure management are immediately informed of infection related concerns. They advised of education and training provided to staff relating to restrictive practices, SIRS, incident reporting and open disclosure processes. They advised reassessment of consumers and documentation relating to restrictive practices and behaviour support plans plus planned implementation of a new documentation and information management system.

I acknowledge the responsive and planned actions from the Approved Provider however at the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement non-compliant.

### 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 service demonstrated identification and management of effective risk management systems, however, did not demonstration this was consistently identified and managed for all relevant consumers.

Risk management systems include identification and management of some consumer’s high-risk care needs, however, could not demonstrate an effective system relating to complex behavioural needs and restrictive practices and psychotropic medications. The organisation’s monitoring documentation system does not include all consumers identified as high risk to guide staff in ensuring needs are met. Staff demonstrated knowledge of consumer risks relative to resistive/complex behaviours however did not demonstrate knowledge of interventions to effectively manage these risks.

In their response the Approved Provider conveyed a view the service demonstrated compliance with this requirement through use of the incident management system, analysis of incidents and overview at clinical meetings. Consideration is given in relation to evidence the service is appropriately managing risk for some consumers relating to wound management, mobility challenges and falls risks. The Approved Provider acknowledged improvement required relating to care delivery of behaviour management, psychotropic medication usage and utilisation of best practice methods and advised of a targeted education program focusing to support care that is planned and delivered. Their response detailed of systems and processes relating to risks, implementation of behavioural support plans, staff education to be provided and monitoring systems to ensure compliance.

I acknowledge the responsive and planned actions from the Approved Provider however at the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement non-compliant.

### 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 organisational clinical governance framework demonstrates effectiveness in relation to management of antimicrobial stewardship however governance systems relating to minimisation of restrictive practices and open disclosure practices are not consistently effective.

The Assessment Team bought forward evidence the services does not demonstrate an effective process in identifying, minimising and managing restrictive practices, appropriate behavioural support plans are not in place to guide staff in managing consumer’s needs and the service did not demonstrate consistent processes relating to open disclosure practices.

In their response the Approved Provider conveyed a view the service demonstrated compliance with this requirement through use of the incident management system, analysis of incidents and overview at clinical meetings. The Approved Provider acknowledged improvement required relating to care delivery of behaviour management, behavioural support plans and open disclosure processes. They advised of a targeted education program focusing to support care that is planned and delivered, implementation of behavioural support plans, reassessment to ensure restrictive practices are appropriately documentation and provision of staff education relating to required open disclosure processes.

I acknowledge the responsive and planned actions from the Approved Provider however at the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with all aspects of this requirement.

I find this requirement non-compliant.

# 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.

* Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* Care and services are culturally safe.
* 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.
* 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.
* 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.
* 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.
* Effective management of high impact or high prevalence risks associated with the care of each consumer.
* 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.
* 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.
* Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.
* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* 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.
* Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.
* The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* 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.
* 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.
* 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.