Bupa Cairns

Performance Report

52-59 Swallow Street   
Mooroobool QLD 4870  
Phone number: 07 4037 6300

**Commission ID:** 5774

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

**Site Audit date:** 22 September 2020 to 24 September 2020

**Date of Performance Report:** 12 November 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-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** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | 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) | 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) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **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 22 October 2020.
* referral information received by the Commission
* the Infection control monitoring checklist

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers were generally satisfied with respects to how their cultural needs, privacy and right to exercise choice and independence was respected by the service and staff. Consumers and representatives interviewed by the Assessment Team said that consumers were generally encouraged to be independent, they were respected as individuals and staff knew what was important to them. They said their personal privacy was respected. Consumers could take risks and were generally supported by the service to live the life they chose.

The organisation has established a range of policies in relation to risk management, cultural diversity and privacy to guide the service. Information was provided to consumers in regular consumer and representative meetings. Information was also provided to representatives by email, telephone calls and in meetings arranged with a consumer and their representative. The Assessment Team observed notice boards with information about lifestyle activities, the daily menu and feedback mechanisms.

Staff stated they knew what was important to consumers and described how they ensured consumers’ preferences were known and respected. Staff described how each consumer was supported to make informed decisions about their care and services, such as meal choices, participation in activities, and when personal care was provided. Staff described how consumers were supported to maintain relationships with family, friends and others.

Care documentation provided guidance on consumers’ preferences and listed the people who were important to the consumers. The documentation included information on religious and cultural preferences and described the areas in which consumers could be supported to take risks to live the life they wished. Assessments were completed and strategies for managing risks were included in care directives.

Consumers were generally satisfied with staff interactions. However, they said their dignity was sometimes comprised and staff do not always treat them with respect or make them feel valued when they spoke to them.

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

## Assessment of Standard 1 Requirements

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

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

Consumers were generally satisfied with staff interactions. However, they said their dignity was compromised due to the disrespectful way staff sometimes responded to their requests for assistance. Consumers interviewed by the Assessment Team gave examples of the disrespectful responses by staff. Consumers said they felt embarrassed and humiliated when they experienced episodes of incontinence when staff were too busy to attend to their toileting needs. They also described feeling disrespected and belittled when their requests for assistance were declined by staff.

Staff stated some consumers felt unhappy about assistance not being provided at the time they requested it. Care staff stated they were not always able to assist consumers at the time they requested help.

The Approved Provider stated in its response received on 22 October 2020 that the service had apologised to the consumers identified by the Assessment Team and commenced action to address their feedback. Following the Site Audit, staff have attended or will attend education to ensure each consumer is treated with dignity and respect. The education sessions included Diversity and Culturally Appropriate Care, ‘Shine’ Education to promote an environment of kindness and Person First education.

The service has also undertaken a review of rosters and adjusted care and lifestyle staff hours to extend staff assistance to consumers.

### I acknowledge the Approved Provider’s actions to address the findings of the Assessment Team, however at the time of the Site Audit, several consumers did not feel they were treated with dignity and respect. In addition, identified actions by the service are yet to be fully implemented and evaluated for their effectiveness. Therefore, I find the service Non-compliant in this requirement.

### 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 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

Most consumers interviewed by the Assessment Team said the service involved them in the initial and ongoing assessments of planning for their care and service and they could access a copy of their care plans if they chose. They were consulted when changes occurred in care needs.

Care plans were individualised and reflected each consumer’s needs, goals and preferences, including advance care planning and end of life preferences. The care plans also included specific risks to each consumer’s health and well-being, such as falls, skin integrity, mobility, pain management, nutrition and hydration, behaviour management and communication.

The Assessment Team found that the care plans they sighted had been reviewed within three months and generally reflected the consumer’s current care needs, goals and preferences. Assessments were completed by registered staff on entry to the service and consumers, representatives, medical officers and other health professionals were involved in the assessments of consumers’ care and services planning.

The documentation confirmed representatives were contacted following incidents. Staff described the incident reporting process and explained how incidents and hospitalisations generated a reassessment or review of consumer’s needs.

Clinical indicators were reviewed monthly at a service level and an organisational level to identify strategies to minimise the risks of reoccurrence.

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

### 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) 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-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

Most consumers interviewed by the Assessment Team said they generally received the care they needed and had access to medical officers or other health professionals when they needed it. They said referrals were made in a timely manner.

The service has policies and procedures relating to clinical and personal care to including advance care planning and palliative care needs. However, the service was not able to consistently demonstrate consumers received safe and effective care that was tailored to meet their needs and optimised their health and well-being.

Registered staff said they had access to clinical information and guidelines and could seek advice from other health professionals and the clinical managers if needed.

The service had a minimisation of restrictive practices and restraint policy in place. A review of the restraint authorisation register indicated that consumers prescribed psychotropic medications for the purposes of chemical restraint had restraint authorisations in place. Consumers with physical or environment restraint also had authorisations in place.

A skin integrity policy and procedures were available to staff to manage and prevent pressure injuries. The Assessment Team identified that consumers with a high risk of developing pressure injuries received care tailored to their needs and preferences. Wound charts provided clear communication of the conditions of the wounds, including the identification of the stage of pressure injury, photographs of the wounds and evidence of reviews of the wounds. Registered staff advised they received training on wound management.

Pain management policies and procedures were available to staff to provide guidance in recognising, monitoring and managing pain for consumers. The documentation demonstrated most consumers were assessed for pain and had a care plan that reflected their care needs.

Policies were available to all staff regarding high impact and high prevalence risks associated with the care of consumers. Clinical incidents were recorded on the risk management system which contributed to a monthly report on clinical indicators. Care planning documents generally reflected the identification of key risks and the strategies to address the risks. Registered staff described how they identified, assessed and managed high impact and high prevalence risks for consumers. Clinical managers advised they regularly audited consumer care documentation and reviewed the monthly incident reports to monitor the management of high impact and high prevalence risks.

Although care documentation generally demonstrated the identification and response to a deterioration or change in a consumer’s condition; for some consumers where a deterioration was experienced this had not been monitored or escalated. Registered staff advised they had received training on recognising and responding to a deterioration in a consumer’s health. Registered, care, lifestyle and hospitality staff were able to describe how information was shared when changes occurred. Registered staff confirmed they conducted handovers with care staff at the beginning of their shift.

Whilst the service has processes in place to minimise infection-related risks, the Assessment Team observed infection management strategies were not consistently implemented.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team noted deficiencies in the provision of safe and effective care for some of the consumers sampled. After consideration of the information contained within the Site Audit report and the Approved Provider’s response in relation to these matters; I have come to a different view to that of the Assessment Team and I find the service is Non-compliant in this requirement. This is based on the service had not consistently ensured that care received by each consumer was safe and effective, which was tailored to their needs, optimised their health and wellbeing and best practice.

Some consumers and representatives interviewed by the Assessment Team reported concerns with the way aspects of their care had been managed. Concerns related to the timely monitoring and escalation of a change in health status such as an infection, the provision of oxygen in response to a clinical event and that care delivered had not been consistently been effective in meeting their individual needs, such as toileting and continence management.

Care staff interviewed confirmed they are not able to consistently provide personal care in accordance with consumers’ preferences or needs and this had resulted in negative outcome for some consumers. Examples related to hygiene care and continence management.

Although the Assessment Team reported examples of where care had been effectively managed through a review of clinical documentation and interviews with staff, this had not consistently occurred for some consumers. For example:

* Following a clinical event that occurred earlier in 2020 (involving a consumer who had subsequently passed away), the Assessment Team noted care was not safe, effective or in line with clinical directives. The Approved Provider’s response acknowledged a departure in care relating to staff not undertaking regular monitoring and the implementation of appropriate strategies to minimise falls risk. Although the service had completed an investigation and implemented a number of improvement actions prior to the Site Audit including a review of the service’s clinical processes, falls management, staff education and the reassessment of consumers; the Assessment Team identified ongoing concerns with the service’s processes for monitoring consumers and the supervision of staff providing care.
* The Assessment Team noted a consumer had been recently hospitalised for an infection following a deterioration in their health. Although the service had engaged medical professionals to review and treat the consumer; at the time of the Site Audit the service acknowledged that more effective monitoring of the infection could have occurred in order to identify and report changes to the medical officer. Management reported it would implement daily recording and improve its monitoring.
* The Assessment Team also identified deficiencies in relation to minimising infection related risks.

The Approved Provider’s response (contained under respective requirements Standard 1 requirement 3a, Standard 3 requirement 3g and Standard 7 requirement 3 a) has also been considered in relation to the deficiencies identified.

The Approved Provider identified that for most consumers where negative feedback had been provided about care; there has now been further consultation and changes to their care implemented. Although its response considered care to be effective for the provision of oxygen to a consumer, there was limited examples to demonstrate this consistently occurred.

I acknowledge the improvements by the Approved Provider completed prior to and following the Site Audit to address these areas. However, the Assessment Team identified examples from consumers where care delivered had not been effective or tailored to their needs; staff confirmed they were not able to consistently provide care as required which had a negative outcome for some consumers and there were ongoing deficiencies in relation to the monitoring and provision of care.

### 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.*

### 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) Non-compliant

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found the service was not minimising infection related risks, specifically in relation to COVID-19 and scabies.

The Assessment Team completed an Infection Control Monitoring checklist and identified a range of deficiencies in relation to the service’s preparedness for a COVID-19 outbreak, including in relation to the service’s outbreak management plan, hygiene practices and signage. For example:

* The service’s outbreak management plan did not contain a lockdown process including staff assigned to teams to support cohorting.
* Visitors and staff were not observing social distancing.
* Minimal signage throughout the building relating to hand hygiene, cough etiquette, social distancing and stay at home notices. The service, however increased signage during the audit.
* Minimal hand sanitiser was available. Management advised each consumer had a hand sanitiser bottle in their room and this was locked in their medication cupboard.
* There was no process for daily monitoring of consumers such as temperature checking. However clinical staff indicated staff would report any changes to consumers for follow up.

In relation to scabies management, the Assessment Team noted there are policies and procedures to guide the service. Although the service has had multiple outbreaks of scabies and implemented a range of strategies to minimise the risk of transmission; the Assessment Team observed staff in different roles failing to use personal protective equipment whilst providing care and services to a consumer with scabies.

The Approved Provider’s response included an action plan to address the areas identified by the Assessment Team. This include updating of its outbreak management plan, staff reminders regarding social distancing, additional signage and the organisation’s COVID-19 screening tool implemented.

In relation to the scabies outbreak, the Approved Provider’s response stated that the staff sighted by the Assessment Team entering a consumer’s room without appropriate personal protective equipment was a catering staff member. The staff member have been performance managed and all staff have received further education on applying and removing personal protective equipment.

I acknowledge the Approved Provider’s actions to address the findings of the Assessment Team, however at the time of the Site Audit there were deficiencies in the service’s preparedness for a COVID 19 outbreak, staff were not using personal protective equipment appropriately and were not effectively limiting contact to minimise the spread of the infection. Therefore, I find the service Non-compliant in this requirement.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers interviewed by the Assessment Team stated they were supported by the service to undertake lifestyle activities of interest to them both within the service and in the community, and to maintain contact with those people who were important to them. Consumers said staff assisted them to be as independent as possible in activities of daily living. They advised they enjoyed the food and it was varied and of suitable quality and quantity.

Care and lifestyle staff explained what was important to consumers and what they liked to do. The information was consistent with care documents. Care plans included information about emotional, spiritual or psychological well-being and each consumer’s family and life history

The lifestyle program enabled consumers to participate in a range of social events within and outside the service. Staff said the service had regular pastoral visits and church services. Managers advised the activities schedule was currently being reviewed to include weekend lifestyle activities.

Care planning documents reflected dietary needs and preferences. The service had a seasonal rotating menu that was reviewed by a dietitian. Alternative foods could be requested by consumers.

The Assessment Team observed that the kitchen was clean and tidy. Staff were wearing the appropriate personal protective equipment and a food safety program was in place. Equipment used in lifestyle activities was safe, suitable, clean and well-maintained. Mobility aids such as walking aids or wheelchairs were clean and maintained. Staff said they have access to the equipment they require which was serviced regularly and that managers were responsive to requests for additional lifestyle items and equipment.

A review of maintenance documentation identified scheduled preventative maintenance was completed.

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.*

### 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

Consumers stated the service was clean and well-maintained and they could freely and safely access indoor and outdoor area. They said they felt at home and staff were “like family.” They said their visitors were welcome.

The Assessment Team observed the environment to be secure and clean and tidy, with regular cleaning programs in place. The service has signage located throughout the building to assist consumers to navigate the service.

Fire evacuation diagrams and illuminated emergency exit signage was displayed and firefighting equipment was readily available. Consumers had access to call bells in their rooms.

The maintenance staff advised all scheduled contracted maintenance was up to date and the maintenance log evidenced regular maintenance of the service environment.

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

Consumers interviewed by the Assessment Team said they were encouraged by staff to provide feedback. For those who had raised complaints or concerns, they said their feedback was acknowledged, managers and relevant staff had apologised, and care and services had improved in response to them raising the issue.

The chef advised that they attended consumer monthly meetings and as a result of feedback from consumers regarding food choice, the chef changed the menu every three months. The chef requested feedback regularly on the types of food consumers would like included on the menu. The number of food-related complaints has reduced since the chef’s active participation in consumer meetings.

Consumers were provided with written information about how to make complaints on entry to the service in their consumer information handbooks.

The Assessment Team observed brochures and posters providing information on complaints processes and feedback forms throughout the service.

The Assessment Team reviewed the feedback and complaints register and noted that consumer suggestions and complaints were recorded along with actions taken to address the complaint. A review of the services continuous improvement plan confirmed feedback from consumers and representatives is captured in the plan.

Managers and staff said they were aware they could access interpreter and advocacy services to assist consumers to provide feedback.

The organisation had an ‘open disclosure’ policy which explained the importance of communicating with a consumer when things went wrong, addressing any immediate needs or concerns, apologising and explaining the action taken to prevent the issue reoccurring.

Staff said that they were aware of the meaning of ‘open disclosure’ and the need to apologise to consumers and representatives when things went wrong. Training was provided for staff on incident and complaints management.

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

Consumers interviewed by the Assessment Team said they generally received care and services from people who were knowledgeable, capable and caring.

Position descriptions specified core competencies and capabilities for each role. Pre-employment checks included referee checks and criminal history checks. Orientation and training programs were provided at the service. Staff completed competency assessments in key aspects of their roles such as handwashing, manual handling and medication management. Clinical staff had additional assessments relating to clinical risks such as pain management, falls assessment, clinical deterioration and medications. Staff credentials such as professional qualifications and probity checks were monitored for currency by the organisation.

An annual training matrix was used to monitor mandatory training. A review of staff records demonstrated staff were up-to-date with training. Mandatory topics for all staff included consumer protection, hand hygiene, food safety, infection control, people handling, task handling, work health and safety, bullying and harassment and fire safety. An annual performance appraisal program is in place, however not all staff have had their appraisal completed for this year.

Several consumers and representatives said there had been delays in the delivery of care to consumers due to insufficient staff and this had impacted negatively on consumers feeling respected. Reviews of staffing have not occurred for consumers who require staff assistance and have experienced delays in call bell response times of more than 12 minutes.

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

## Assessment of Standard 7 Requirements

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

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

Consumers and representatives said there were not enough staff and there had been delays in the delivery of care. Examples included assistance with toileting which had also impacted on the consumer’s dignity.

Care staff advised they could not always monitor consumers who mobilised independently, they were not always able to consistently provide one-on-one physical assistance and were not consistently able to complete monitoring records at the time these were performed. Registered staff also raised concerns about having sufficient time in the evenings to monitor care staff practices for the completion of observation records.

Staff stated due to insufficient staff, consumers’ preferences for hygiene care were not able to be consistently maintained and consumers had been negatively impacted by the delay. They also reported temporary staff were not familiar with consumers’ needs and they did not have sufficient to read care plans.

A review of rostering information submitted by service during the Site Audit (over a one week period) identified there had not been a full complement of registered or care staff rostered on all shifts.

Call bell audits indicated delays in staff responding to calls for assistance of over 12 minutes on a number of days and that falls had occurred more frequently in August compared to July 20. The Assessment Team found that neither issue initiated a review of staff sufficiency.

Managers advised they were aware of the issues and in response to a clinical event that occurred at the service, it had implemented improvement activities including staff education on monitoring high risk consumers, daily update meetings with managers and changes to care staff roles and responsibilities.

The Approved Provider’s response acknowledged some consumers experienced a delay in care delivery due to staffing practices, however disagreed there was not a planned workforce roster to manage and deliver safe and quality care. It reported that staffing at night had increased by one care staff in April 2020 and a full review of the roster has been undertaken with hours for care and lifestyle staff extended. Furthermore, the Approved Provider advised the service was recruiting staff and that the service experienced higher rates of staff absenteeism due to staff concerns about COVID-19.

It also identified there had been a decrease in the number of falls for the month of September 2020 due to interventions and reviews of consumers’ falls. Although I acknowledge falls rates for September had reduced, the Approved Provider’s response does not adequately address whether these actions have been effective in the areas were trends had been previously identified by the Assessment Team.

While I acknowledge the Approved Provider’s actions to address the findings of the Assessment Team and the challenges faced by the service in recruiting staff, at the time of the Site Audit, the workforce planned did not support the safe and effective delivery of care and services to consumers. Therefore, I find the service Non-compliant in this requirement.

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

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

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

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

### 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

Consumers and representatives interviewed by the Assessment Team advised the service was generally well run and staff knew what they are doing. They said they had input into how care and services were delivered through talking to management, participating in meetings, and by completing feedback forms and surveys. They said some consumers were involved in menu planning and some consumers participated in consumer meetings. Monthly consumer meetings were conducted with standing agendas that included catering, lifestyle activities, maintenance, clinical care, catering and laundry.

The organisation’s systems generally supported effective governance across a range of areas. Where deficiencies within the Quality Standards had been identified by the Assessment Team, the Approved Provider’s response demonstrated a commitment to address these through actions implemented or planned.

The Assessment Team sighted the organisation’s ‘operational governance framework’ policy which identified the leadership roles and responsibilities of the Executive Director and other executive management personnel. The policy described comprehensive risk and compliance management, strategic planning and performance monitoring. The governance guidelines discussed accountability for decisions, transparency of roles and responsibilities, and human resource and financial management. Managers met regularly to assess organisational risks and to review consumer satisfaction with care and services.

Managers advised that the governing body conducted regular monthly audits across the service to review care and services were delivered in accordance with the Quality Standards. Information gathered from audits was analysed by managers and the organisation’s Quality Management Team to identify continuous improvement opportunities. A review of the service’s continuous improvement plan identified quality improvement initiatives were captured and the service had a structured approach to continuous improvement initiatives.

Staff said they could readily access the information they needed from the organisation’s intranet, newsletters and noticeboards. Registered staff were sent emails and received clinical alerts and education, safety notifications and regular updates from management. Alerts and other key information were provided to staff during the handover process.

Managers advised that the organisation provided each of its services with an allocated budget to make necessary purchases. There was a process for purchasing above an authorised approval limit involving the Regional Asset Manager.

The organisation was a member of a legislative updates website and had processes for receiving legislation alerts and disseminating legislative changes and policy and procedure updates to relevant staff.

Registered staff described the process for identifying, escalating, addressing and recording reportable assaults at the service. Staff demonstrated they were aware of their reporting responsibilities in the event any allegations of abuse were reported to them or were observed by them.

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.*

### 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.*

### 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 1(3)(a) – ensure that all consumers are treated with dignity and respect and their identity, culture and values are valued.
* Requirement 3(3)(a) – ensure that each consumer receives care that is individualised and optimises their wellbeing.
* Requirement 3(3)(g) – ensure that the service minimises infection related risks by implementing standard and transmission-based precautions to prevent and control infection.
* Requirement 7(3)(a) – ensure 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.