Bupa Cairns

Performance Report

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**Commission ID:** 5774

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

**Site Audit date:** 2 November 2021 to 4 November 2021

**Date of Performance Report:** 3 December 2021

# Performance report prepared by

Susan Turner, 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** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **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** | **Compliant** |
| Requirement 3(3)(a) | 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) | 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** | **Compliant** |
| Requirement 7(3)(a) | 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 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 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 dated 30 November 2021.

# STANDARD 1 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

Consumers and representatives said staff treat consumers with respect and dignity, promote their privacy, and value their culture and diversity. Consumers said they are provided with information by the service and gave examples of how the service supported them to be independent and to exercise choice in relation to the care and services they received. They said they could decorate their rooms with items that are of significance to them.

Consumers and representatives described how consumers are supported to take risks to do activities of their choosing including in relation to their mobility preferences.

Care planning documentation included information regarding consumers’ background, identity, preferences and risks.

Registered nurses said that consumers’ risk profiles are reviewed regularly and if necessary a case conference is held with the consumer and their representatives to discuss the benefits and potential risk of harm when a consumer expresses a desire to take risks.

Staff said consumers receive information in various ways including notices from management, newsletters, verbally from staff and through the loudspeaker. Monthly activity calendars are delivered to consumers’ rooms and are also displayed within the service. Information is also provided to representatives electronically or in hardcopy. A consumer handbook is provided as an element of the entry pack to the service and there are noticeboards for displaying information.

Staff were familiar with consumers’ backgrounds and described the ways they enabled and supported consumers’ lifestyle choices and preferences on a day to day basis. Staff were familiar with consumers’ significant relationships and described how they supported consumers in relation to this. Staff could describe the practical ways they respect consumers’ privacy including knocking on the consumer’s door, shielding the consumer when providing personal care and not discussing personal information with others.

The Assessment Team observed staff interacting respectfully with consumers and providing support to them. They noted that information for consumers was displayed within the service and included notification that that a site audit was in progress.

Policies and work instructions relevant to this Standard were available to guide staff and included choice and decision making and privacy. The staff education calendar included topics relevant to consumer dignity and choice.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment Team brought forward information that demonstrated the service has taken action to improve performance in this requirement.

Staff have completed mandatory education relating to person-centred assessment and care planning, and cultural diversity. Staff meetings and memoranda were used to remind staff of the importance of treating consumers with dignity and respect.

The service monitored the effectiveness of the actions they have taken through staff and consumer surveys, feedback and complaints processes and through direct observation of staff practice.

Consumers spoke positively about staff and said their needs and preferences were recognised and that staff made them feel respected.

Care planning documentation reviewed by the Assessment Team included information about consumers’ background, identity and cultural preferences.

Staff demonstrated an understanding of consumers’ backgrounds and could describe the ways they enable and support consumers. Staff said that if they witnessed a consumer being treated in an undignified or disrespectful manner they would report the situation to management and an example of this was provided.

The Assessment Team generally observed staff greeting consumers and their family members with familiarity and interacting with consumers in a dignified and respectful manner. The approved provider’s response to the site audit report confirms that staff are counselled if they treat consumers in a disrespectful manner.

Policies and work instructions relevant to Standard 1 were in place to guide staff and included choice and decision making, respect and dignity.

I am satisfied that consumers are treated with dignity and respect and that their culture and diversity is valued.

I find this requirement is Compliant.

### 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

Consumers and representatives said that they are involved in the initial and ongoing planning of the consumer’s care, and that this included end of life planning. Consumers said the service seeks input from their medical officer, other health professionals and family or representatives to inform their care planning. Consumers said they were confident they could request a copy of their care plan but most had not done so.

Assessment and care planning documentation reviewed by the Assessment Team identified that registered nurses and other health professionals are involved in the assessment and care planning process and that consumers’ needs, goals and preferences were identified. Care reviews and case conferences occurred regularly with the involvement of the consumer and the representative where appropriate.

For consumers who choose to take risks, care planning documentation evidenced discussion of risks with the consumer and their choices and preferences recorded. For consumers who wished, care planning documentation included their preferences in relation to end of life care and advance care planning.

Registered staff interviewed, demonstrated an awareness of assessment processes including the identification of risks to the consumers’ safety, health and well-being such as pain, wounds, complex behaviours and falls. Processes to review consumers’ care included a ‘resident of the day’ review and case conferences. Care staff had an understanding of consumers’ needs and said they refer to the registered nurse and care management team if they require additional guidance.

Staff were aware of incident reporting mechanisms and how these triggered a reassessment or review of the consumer. The service monitored clinical indicators including skin integrity, medication incidents and falls. A clinical risk register was maintained that identified individual consumer risks and strategies to monitor and mitigate these risks.

Staff could describe how changes to care and services are updated immediately and communicated to staff through processes including handover. Care staff said that care planning documentation is accessible and stored in each work station.

The service has a suite of evidence-based assessment tools, policies and work instructions relevant to this Standard to guide staff practice.

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 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

Consumers and representatives said that consumers receive the care they need and have access to a medical officer and other health professionals, when needed. Consumers were confident that information relating to their health and well-being was shared effectively amongst people that are involved in their care.

Care planning documentation reflected the identification of, and responses to, changes in the consumer’s condition or their health status. Where necessary referrals were made to other health professionals including podiatrist, dietitian, palliative care team and wound care specialists. Key risks associated with the care of each consumer were identified and directives for staff included manual handling instructions and the requirement for specific equipment use.

The Assessment Team brought forward information demonstrating that the staff responded appropriately when there was a deterioration or change in a consumer’s condition. Consumers were referred to specialists if a need was identified and this was supported by the implementation of the telehealth service which commenced in early 2021 and provided access to specialists in wound care, psychogeriatric care and pain.

Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure information is shared both within and outside the organisation. This included handover processes, written information in handover folders and ‘huddle’ meetings.

Staff could describe how they support consumers approaching end of life, respecting individual preferences and through provision of comfort care such as regular oral care, repositioning and skin care, pain management and continence care.

The service has systems and processes in place to minimise the risk of an infectious outbreak, including COVID-19 and staff demonstrated a sound understanding of their role in managing infection control.

Clinical indicators were reported and analysed with trends identified and discussed at clinical meetings.

Policies and procedures relevant to Standard 3 were available to guide staff and included end of life care and infection control.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 brought forward information that demonstrated the service has taken action to improve performance in this requirement.

Wound care training has been provided to registered nurses with six wound care champions nominated and access to telehealth medical services such as wound care specialists operational. Strategies have been introduced to improve skin care and monitor the repositioning of consumers. A registered nurse advised the Assessment Team that wound care had improved at the home and the service was able to demonstrate a reduction in pressure injuries.

Strategies to minimise falls have been developed and include the development of a core strength program by the physiotherapist and the provision of training to staff. Falls were a standing agenda item at clinical meetings and all consumers are reviewed by a physiotherapist on entry to the service and following a fall. The service has purchased additional falls prevention equipment including sensor beams, wheelchairs and sensor mats. The service was able to demonstrate a reduction in falls by consumers residing at the service following the implementation of these strategies.

The approved provider’s response to the site audit report included additional information in relation to how the service manages consumers’ falls using a multidisciplinary approach that includes dementia advisory services, a geriatrician, physiotherapist and medical officers to review the consumers who are a high falls risk.

With respect to the application of restrictive practices, the Assessment Team brought forward information that in some instances while verbal consent had been obtained from representatives, authorisation forms had not been consistently signed. The Assessment Team also identified that this had been identified by the service and was captured in the service’s plan for continuous improvement. The approved provider’s response states that the service is continuing to liaise with consumers’ authorised representatives to expedite signing of the required documentation.

The service has increased staff knowledge relating to managing clinical deterioration following the provision of education and through including this as a standing agenda item at staff meetings.

The service has increased clinical monitoring and supervision of staff through daily meetings with key personnel, increased visibility with clinical management staff completing a daily walk through the service, registered nurses have increased their review processes, twice daily ‘huddles’ are held to discuss clinical matters and the completion of clinical audits and daily review of incident data and progress notes.

Consumers and representatives said they receive the care and support they require. They provided examples of how staff attend to their wound care, ensure their grooming and hygiene needs are met and how they are supported to be involved with day to day activities at the home.

Review of consumers’ care planning documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. Strategies to minimise risks associated with the consumer’s care had been discussed with consumers and documented. For consumers with complex care needs that required specialised nursing care, detailed information was available to guide and support care delivery and the Assessment Team confirmed that care was being delivered as directed.

Registered staff and care staff could describe consumers’ individual needs, preferences and risks associated with the consumer’s care. Staff had an understanding of how to escalate any concerns they had to registered staff.

Staff said they have access to policies, work instructions, clinical information and were able to refer to clinical management staff and other health professionals as necessary.

Strategies to monitor care delivery were in place and included seeking feedback from consumers, ‘resident of the day’ and clinical review processes, clinical audits and observation of staff practice.

I am satisfied that consumers are receiving care that is safe and optimises their health and well-being.

I find this requirement is Compliant.

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

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

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

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

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

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

### 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 Assessment Team brought forward information that demonstrated the service has taken action to improve performance in this requirement.

The service has implemented strategies to minimise infection related risks and has planned and prepared for a possible infectious outbreak including COVID-19. Staff said they had received training in relation to infection control and COVID-19 and that this included handwashing, donning and doffing and the correct use of personal protective equipment. Consumers have their vital signs monitored daily, including the monitoring of any respiratory symptoms.

Advice was sought from the public health unit in relation to infection control processes in place at the service.

The service has purchased additional equipment and resources including trolleys for the storage of personal protective equipment and additional hand sanitiser units.

The service has an infection prevention and control lead who advised they meet with others within the organisation including an infection control specialist on a monthly basis. They said they monitor the Qld. Health Residential Aged Care Directions and update the outbreak management plan and associated advice as required. The Assessment Team identified that the outbreak management plan included a floor plan and had been recently updated.

Registered staff provided examples of how they support appropriate use of antimicrobials including encouraging fluids, accessing pathology results and monitoring antibiotic use.

Staff were able to describe how infection related risks are minimised including through the use of personal protective equipment and hand hygiene. Cleaning staff advised the Assessment Team that regular cleaning of high touch points are part of the service’s cleaning schedule.

The service analyses infection control data to identify trends that may require actioning and vaccination rates of staff and consumers are monitored.

The Assessment Team observed signage throughout the service in relation to hand sanitising, social distancing and donning and doffing of personal protective equipment. Staff were observed using hand sanitiser and wearing personal protective equipment as appropriate.

I am satisfied the service minimises risks in relation to infection control.

I find this requirement is Compliant.

# STANDARD 4 COMPLIANT Services 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

Consumers and representatives said consumers are supported and encouraged to engage in activities they are interested in, both inside the service and in the wider community. Consumers and representatives said the service supports consumers to maintain personal and social relationships and remain in contact with people who are important to them.

Consumers said the activity schedule is varied, meets consumers’ needs and preferences and that external organisations supplement the activity schedule as required. Examples of activities that consumers enjoyed included, reading, audio books, trivia and mind-games.

Consumers said they were supported to remain engaged with their local community and this included going out for meals, seeing movies, visiting shopping centres and spending time with community groups.

Consumers described the way the service met their emotional, spiritual and psychological needs by way of the internal support provided by staff, visiting church groups and external social workers and counsellors.

Lifestyle staff said they try to ensure that the activities are tailored to the individual consumer’s needs and that there is consideration of consumers’ cognitive and physical abilities. They said the activity program is informed through feedback and suggestions made by consumers.

Most consumers were satisfied with the meals and dining experience and said their feedback had led to improvements in the variety and quality of meals provided. Consumers reported the meals were ‘tasty’ and that there is always food available to them. While some consumers were dissatisfied with meals they acknowledged there had been recent changes and improvements made to the menu. The approved provider’s response to the site audit report includes information that the menu has been expanded to include an Italian menu and that this has been well received by consumers.

The Chef described how the service monitors consumer satisfaction with the meal service. These processes included informal feedback provided after a meal, more formal complaints processes, monthly consumer meetings and through discussion at the food focus group.

While the Assessment Team identified there were some inconsistencies in staff understanding as to how dietary information was communicated this was addressed at the time of the site audit and the Assessment Team confirmed there had been no impact for consumers. Further to this, the approved provider’s response includes additional actions that were taken by the service to strengthen communication following the site audit.

Care planning documentation reviewed by the Assessment Team demonstrated that the consumer’s condition, needs and preferences were effectively communicated within the organisation and with others who provide services and supports for daily living. Specific strategies to support consumers and improve their sense of well-being were documented. Referral processes to other providers of care were evident as required.

Staff were familiar with individual consumers and knew how to support them. They said that if they noted a concern or change in a consumer’s demeanour they would escalate it to registered staff and the lifestyle team for further consideration and action.

Lifestyle staff said the service is supported by a visiting pastoral care worker and that pastors from the local Catholic and Anglican churches attend the service on a regular basis to conduct church services, prayers and offer spiritual support.

The Assessment Team observed monthly activity schedules displayed within communal areas of the service and in each consumer’s room; meeting minutes demonstrated that lifestyle activities are a standing agenda item at consumers’ meetings.

The service has a private dining room that consumers and their families can access and there are several private indoor and outdoor areas that have comfortable seating and leisure resources available such as musical instruments and puzzles.

Equipment used by kitchen staff to prepare meals was clean, readily available and in working order. Assistive utensils and cups required by consumers were available to support consumers’ independence.

During the site audit, the Assessment Team observed consumers participating in group activities, music concerts and individual pursuits including craft and reading. Consumers and their visitors were observed utilising various parts of the service and sharing meals together.

Policies and work instructions relevant to Standard 4 were available to guide staff and included making referrals to other service providers who provide lifestyle support.

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 interviewed by the Assessment Team said they feel safe living at the service and can access indoor and outdoor areas should they choose to do so. Consumers and representatives said the service is clean and well-maintained. They confirmed they felt at home and that their visitors were made to feel welcome.

Staff were aware of how to report items requiring maintenance and documentation review identified reactive maintenance is attended to in a timely manner and preventative maintenance is undertaken as scheduled.

The main entrance to the service is attended by staff members to assist with visitor and contractor sign-in and COVID-19 screening processes and staff could describe how equipment is cleaned after each use.

The memory support unit is being upgraded and this includes recommendations from the organisation’s dementia consultant. The approved provider’s response to the site audit report states that a dementia advisory service has visited the service and provided positive feedback about the recent improvements.

The Assessment Team observed the environment to be welcoming, secure, clean and tidy. Navigational aids were in place throughout the service to guide consumers and their visitors through the building. Common areas were found to be spacious and were furnished with bookcases, seating and other furniture; décor included paintings on walls and large photographs. Hand hygiene products were observed throughout the service.

Call bells and mobility aids were located close to consumers who needed them, and equipment was observed by the Assessment Team to be clean and stored appropriately. All fire and electrical equipment sighted had current testing and tagging evident.

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 said they are encouraged to provide feedback and make complaints and that when they do so, an open disclosure process is followed and appropriate action is taken.

Consumers were aware of advocacy services and other methods for raising complaints including verbally, using feedback forms or at the consumer meetings. Posters about complaints processes were displayed throughout the service. The majority of consumers said they had no cause to raise a complaint.

Consumers and representatives are provided with information about complaints processes, advocacy and translation services through information provided on entry to the service and this includes information about internal and external complaints avenues.

Staff could describe the processes available to consumers and representatives for raising a complaint and said they had supported consumers to do so. They demonstrated an understanding of external agencies that were available to assist consumers such as the Older Persons’ Advocacy Network and the Commission. Staff provided examples of complaints that had been raised with them and how they actioned the complaint, supported the consumer and applied the principles of open disclosure.

Management staff said complaints are analysed with trends identified and improvements incorporated into the service’s plan for continuous improvement.

Management provided examples of actions that had been taken in response to recent complaints including the food service. They said that the menu and the dining experience had been reviewed with improvements including additional menu items, improved food preparation processes, increased reporting and communication and a revision of how staff support consumers who require assistance with meals.

Policies relevant to Standard 6 were available to guide staff and included complaints management and open disclosure.

The Assessment Team reviewed complaints documentation and identified that complaints trends are reported through to the executive management team and the Board and that complaints data informs continuous improvement processes.

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 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 received quality care and services when they need them from people who are knowledgeable, capable and caring.

Staff interviewed demonstrated an in-depth understanding of consumers and this knowledge aligned with information contained within the consumers’ care planning documentation

The organisation has documented policies relating to human resource management which outlines the actions to be taken to ensure staff are equipped, trained and supported to meet the needs and preferences of consumers across all areas of service delivery. There are defined role descriptions, mandatory training, core competency requirements, performance development and review processes and an expectation that staff will utilise a person-centred approach when delivering care and services. The Assessment Team brought forward information demonstrating that these processes are followed.

Management described and provided documentation to demonstrate the education and training that had been provided to staff to address previously identified knowledge deficits. Staff confirmed that they receive training, support, professional development and supervision to assist them in meeting the requirements of their role.

Management staff said they monitor staff interactions with consumers through observation, formal and informal feedback, and complaints mechanisms. In addition, the service monitors clinical incidents to identify staff competency requirements.

The Assessment Team observed during the site audit that interactions between management, staff and consumers were observed to demonstrate a kind, caring and respectful approach, and care and services were delivered in a timely manner.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

The Assessment Team brought forward information that demonstrated the service has taken action to improve performance in this requirement.

Management advised and provided evidence to demonstrate that reviews of the roster had occurred that resulted in additional staffing hours and revised shift times to reflect consumer needs. A recruitment drive commenced in May 2021 and continues, which has resulted in the appointment of a significant number of staff, including registered nurses, in various roles. The approved provider’s response to the site audit report advises that additional staff have been recruited since the site audit.

To evaluate the effectiveness of actions taken in relation to human resource management, the service is actively seeking feedback from consumers, representatives and staff, regularly reviewing clinical incidents and clinical indicators and completing monthly call bell audits to monitor staff responsiveness. The service has identified that actions taken to improve the timely delivery of care and services have been effective.

Consumers and representatives said there are sufficient staff to meet their personal and clinical care needs.

Staff said that while they are busy there is sufficient time to provide care and services in accordance with consumers’ needs and that they had sufficient time to complete their allocated tasks and responsibilities.

Care staff said they can seek assistance and support from their colleagues, registered staff and management staff when a need arises. After hours support is available and includes the availability of a senior clinician for support.

Registered staff said the implementation of telehealth services had increased their availability to attend to their work.

The Assessment Team observed staff responding promptly to consumers requests for assistance, medication was being administered as scheduled, meals were served on time and staff were observed assisting consumers with their meal and with other activities.

I find this requirement is Compliant.

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall consumers said the organisation is well run, and that they can be involved in the development and evaluation of care and services that they receive should they choose to do so. Consumers said opportunities for providing input into care and service delivery are varied and include consumer meetings, surveys, feedback forms and complaints mechanisms.

The governing body is supported by various governance committees which set strategic priorities and expectations for the organisation. They meet regularly to identify and review risks at an organisational and service level and evaluate how the service is performing against the Quality Standards.

The Assessment Team reviewed organisational documents including policies, procedures, meeting minutes and reports that demonstrated the governing body is committed to promoting a culture of safe, inclusive, quality care and services, and assumes accountability for their delivery.

There are organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, compliance with legislation and regulations, and feedback and complaints.

The organisation has effective risk and incident management systems and practices to identify, report, prevent and manage risks and incidents, including incidents that must be reported in accordance with legislation.

A clinical governance framework which promotes and enforces core elements of clinical governance, and directs the application, monitoring and management of clinical practices is in place.

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

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.