Bupa Campbelltown

Performance Report

1 Steele Street   
CAMPBELLTOWN SA 5074  
Phone number: 08 8337 2000

**Commission ID:** 6089

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

**Site audit date:** 9 December 2019 to 11 December 2019

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-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 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 approved provider’s response to the site audit report received 7 January 2020

# 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

The Assessment Team found that some sampled consumers confirmed that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* Seven consumers sampled said staff treat them with respect and they are kind and caring.
* Some consumers said they felt frustrated because they can speak for themselves and if people took the time to communicate, they can be understood, but this is not always happening.
* One consumer who chooses to take risks, could not describe how the service supports them to be safe.
* Five non-English speaking consumers do not understand the information provided or available to them.

The service has initial and ongoing assessment and planning processes to identify consumers’ life history and what is important to them. However, these processes are not consistently undertaken, or information gathered is not always used to develop or guide consumers’ individual activity care plans.

Consumers said they feel the organisation respects their privacy and personal information is kept confidential. Staff provided examples of how they respect and maintain consumer privacy.

However, the organisation could not demonstrate all consumers’ cultural preferences have been supported or recognised or their identity, culture and diversity valued. Information available at the service is not clear or easy to understand to enable non-English speaking consumers to exercise choice and make decisions in relation to their care and services. As a result of this, consumers are not consistently supported to exercise choice and independence.

Care documentation viewed by the Assessment Team, including care plans have not consistently been reviewed in consultation with consumers and/or representatives. Risks associated with activities two consumers choose to partake have not been sufficiently assessed or strategies to mitigate risks developed and communicated

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

## Assessment of Standard 1 Requirements

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

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

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

Care and services are culturally safe.

The Assessment Team was not satisfied the organisation adequately demonstrated care and services are delivered to consumers in a culturally safe manner. The Assessment Team provided the following examples to support their recommendation:

* Seven consumers from non-English speaking backgrounds said they feel frustrated as they can speak for themselves and if people took the time to communicate, they can be understood, but this is not happening.
* Staff who share the same culture as consumers are rostered in specific areas of the services to support consumers from non-English speaking backgrounds with communication, however, the service could not demonstrate this is always occurring.
* The Assessment Team noted one consumer praying with staff. However, the day and time of the prayers differed from the consumer’s wishes documented in the care plan. Management said the reason for this was due to a staff member not being rostered on the requested day or time.
* One consumer’s cultural request in relation to meals was not documented on the Diet analysis form.
* A consumer’s request for female staff to attend care is not documented.
* Two consumer care plans state the consumers have difficulty comprehending the communication of others and staff are required to use picture boards. However, The Assessment Team did not observe picture boards in the consumers’ files or their rooms.
* Map of Life documents are used to identify a consumer’s journey prior to entry to the service. Two staff said information gathered through this process is not consistently documented in consumers’ individual activity plan. This issue was identified in an audit conducted by the service on 26 September 2019.

The approved provider did not agree with the Assessment Team’s findings of not met. The approved provider’s response states that care and services are provided in a culturally safe manner, however, some staff were unable to verbally express their actions to Assessors on the day. Whilst the approved provider does not agree with the Assessment Team’s recommendation, the approved provider’s response includes actions taken in relation to the Assessment Team’s report, including:

* Registered staff meeting in January 2020 included discussion in relation to cultural safety.
* Cultural safety information to be provided to all staff. Education and training in relation to cultural safety to be completed by 31 January 2020.
* Audit of all diet analysis forms completed 3 January 2020.
* Communication boards to be provided for all consumers who require them by 31 January 2020.
* Implementation of a translation application to communication with consumers of non-English speaking backgrounds by 31 January 2020.
* Review of consumer activity plans, ensuring Map of Life interests and additional cultural preferences are identified to be completed by 11 February 2020.
* Consultation with consumer identified in Site Audit report in relation to specific spiritual needs has been conducted and care plan updated.

Whilst I acknowledge the approved provider’s actions in relation to the Assessment Team’s findings, I find that at the time of the Site Audit not all consumers’ cultural preferences had been supported or recognised or their identity, culture and diversity valued.

For the reasons detailed above, I find the approved provider does not comply with this requirement.

### 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

make connections with others and maintain relationships of choice, including intimate relationships.

The Assessment Team was not satisfied the organisation adequately demonstrated consumers are supported to exercise choice and independence in relation to their care and services. The Assessment Team provided to following examples to support their recommendation:

* All care pan and review documents viewed had not been signed by consumers and/or representatives, but instead by the Registered nurse who had undertaken the assessments.
* Management could not describe how non-English speaking consumers are engaged in decisions about their care.
* One representative said they have not been involved in a full care plan review since their mother’s admission in 2015.
* Management could not describe or demonstrate how consumers who do not attend Resident meetings voice is being captured, recorded or followed up.
* Staff could only describe how consumers are supported to exercise choice in relation to items on the menu and lifestyle activities.

The approved provider did not agree with the Assessment Team’s findings of not met. The approved provider’s response states the home’s model of care, respectfully observes the wishes and care needs of the consumer at all times to maintain dignity and individual preferences. Additionally, the Resident of the Day tool, introduced in October 2019, prior to the Site Audit is a reliable method to discuss care and service choice and identify any changes in preferences. Whilst the approved provider does not agree with the Assessment Team’s recommendation, the approved provider’s response includes actions taken in relation to the Assessment Team’s report, including:

* The Resident of the Day tool introduced in October 2019 did not include an area for consumers or representatives to sign. The form was updated in November 2019 to include a designated space for consumers and/or representatives to sign when possible.
* The introduction of the Resident of the Day process has ensured each consumer is visited by management to capture feedback.
* Each consumer’s care plan is discussed and reviewed during Resident of the Day with the consumer and/or representative. The work instruction guides staff to obtain a signature of the care plan if possible but states this is not a requirement.
* A meeting for a full care plan review has been arranged with the representative and consumer identified in the Assessment Team’s report.

Whilst I acknowledge the approved provider’s actions in relation to the Assessment Team’s findings, I find that at the time of the Site Audit consumers were not consistently supported to exercise choice and independence. This was demonstrated through interviews with representatives, management and staff and documentation viewed by the Assessment Team.

For the reasons detailed above, I find the approved provider does not comply with this requirement.

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

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

The Assessment Team was not satisfied the organisation adequately demonstrated consumers who wish to take risks are assessed and strategies to minimise the associated risks are discussed in partnership with consumers. The Assessment Team provided to following examples to support their recommendation:

* A sample of Safety plan of care forms viewed had not been signed by consumers and evidence that consumers were engaged in developing strategies to mitigate risks was not documented.
* A Safety care plan for a consumer who goes for walks outside of the service does not include strategies to monitor when the consumer leaves or returns to the service, or timeframes and actions to take if the consumer does not return.
* Whilst the service has a designated smoking area, one consumer choses to smoke outside of their room. The service could not demonstrate that it has assessed the safety and suitability of the environment outside of the consumer’s room.

The approved provider did not agree with the Assessment Team’s findings of not met. The approved provider’s response states all staff are aware and encourage consumers to make decisions about things that affect their lives. Additionally, care plans identifying risk have been discussed with consumers and/or representatives, strategies to minimise risk are agreed and the care plan may be signed by consumers and/or representatives if they choose. Whilst the approved provider does not agree with the Assessment Team’s recommendation, the approved provider’s response includes actions taken in relation to the Assessment Team’s report, including:

* Education for staff to enhance knowledge and skills in supporting consumers to take risks scheduled for 7 February 2020.
* Case conference held with consumer identified in the Site Audit report in relation to safety strategies for when they go out for a walk. Safety care plan updated.
* One consumer’s Smoking risk assessment reviewed, including review of the environment.

Whilst I acknowledge the approved provider’s actions in relation to the Assessment Team’s findings, I find that at the time of the Site Audit risks associated with activities two consumers chose to partake had not been sufficiently assessed and strategies to mitigate risks developed and communicated.

For the reasons detailed above, I find the approved provider does not comply with this requirement.

### Requirement 1(3)(e) Non-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 Assessment Team was not satisfied the organisation adequately demonstrated information provided to consumers is easy to understand and enables them to exercise choice. The Assessment Team provided to following examples to support their recommendation:

* Five non-English speaking consumers sampled are cognitive and can make their own decisions. However, they do not understand the information provided in English and rely on family to assist with translation.
* The same five consumers could not describe how they are involved in discussions or meetings other than being invited to Resident meetings.
* The Assessment Team observed no information advising of translator or interpreter services displayed.
* The consumer admission pack contains no information related to interpreter services.
* No translated materials were observed during the visit informing consumers of their rights, advocacy or complaints mechanisms.

The approved provider’s response states lifestyle staff currently visit each consumer prior to Resident meetings to inform them of the meeting and enquire requesting their attendance. The approved provider’s response includes further actions taken in relation to the Assessment Team’s report to further improve information provision to consumers, including:

* An improvement initiative implemented for lifestyle staff to ask each consumer if they have any feedback to add to the agenda of Resident meetings.
* Communication boards to be provided for all consumers who require them by 31 January 2020. These will assist non-English speaking consumers in communicating their feedback.
* Translated materials in relation to consumer rights, advocacy and complaints have been sourced, distributed and are now displayed.

Whilst I acknowledge the approved provider’s actions in relation to the Assessment Team’s findings, I find that at the time of the Site Audit information available was not clear or easy to understand to enable non-English speaking consumers to exercise choice and make decisions in relation to their care and services.

For the reasons detailed above, I find the approved provider does not comply with this requirement.

### 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

The Assessment Team found that most consumers and representatives interviewed confirmed that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided during interviews with the Assessment Team:

* Consumers and representatives said staff have explained relevant information about their care to them and they can access their care plan when they want to.
* One representative said they have discussed their loved one’s care needs with management.
* One representative said they are happy with their loved one’s care review.
* One representative said they are informed about outcomes of assessment and planning.

The organisation was able to demonstrate processes relating to assessment, planning and consultation for consumers in relation to their needs, goals and preferences, and risks to consumers’ health and well-being. Staff said, and documentation viewed by the Assessment Team demonstrated policies and procedures in relation to assessment and planning are in place and are used by staff to guide practice. Review of care and services occurs on a monthly basis through a Resident of the day process and three-monthly care plan review; both are conducted in consultation with consumers and/or representatives.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 2 to ensure initial and ongoing assessment and planning is conducted in partnership with consumers and has a focus on optimising health and well-being in accordance with consumers’ needs, goals and preferences.

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

The Assessment Team found that most consumers interviewed confirmed they receive personal and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers said that they get the care they need
* Consumers and representatives confirmed that consumers have access to a doctor or other health professional when they need it.
* One consumer stated their doctor “flies in and out and doesn’t spend time with them”.
* Consumers confirmed that their needs and preferences are effectively communicated between staff.

The organisation was able to demonstrate clinical policies and procedures are based on best practice guidelines. There are processes to monitor these practices, including through audits and clinical incident reporting and analysis of data to identify trends. Whilst the Assessment Team was not satisfied that appropriate pain assessment tools were used to assess levels of pain for two consumers, there was insufficient evidence in the Assessment Team’s report in relation to the impact for these consumers.

Staff interviewed said, and documentation viewed by the Assessment Team demonstrated policies and procedures are in place to direct staff practice in relation to personal and clinical care.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 3 to ensure the safe delivery of personal and clinical care, in accordance with consumers’ needs, goals and preferences to optimise health and well-being.

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 was not satisfied that pain assessment was conducted in line with the organisation’s policy and consumers’ pain is not effectively managed. This was evidenced by two consumers’ description of their pain experience and documentation viewed. The Assessment Team provided the following evidence:

* One consumer stated they have pain “all the time, all over and in their hip”. When asked if the staff give them something for the pain, they were not able to answer the question.
* One consumer stated they have pain in their neck downwards and does not report the pain because they do not want to be “drugged”. They said they have pain medication and can ask for more if they want.
* The organisation has two pain assessment tools, including one for consumers with cognitive impairment. The organisation was not using the correct pain assessment tool, in relation to consumers’ diagnoses, to assess pain.

Based on the Assessment Team’s report and the approved provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the organisation is compliant with this requirement. The Assessment Team’s report demonstrates that whilst both consumers referenced have a diagnosis of dementia, both consumers are capable of answering questions in relation to their pain. This was also confirmed in the approved provider’s response which indicates both consumers are able to, despite having a diagnosis of dementia, vocalise their pain. The Assessment Team’s report demonstrates recent pain assessments have been completed for both consumers, referrals to medical officers and allied health professionals initiated and management strategies developed. The Assessment Team’s report details regular medical officer reviews for one consumer which demonstrates regular review of pain management.

The approved provider’s response included further actions taken in response to the Assessment Team’s report, for example:

* A discussion relating to pain management and education on appropriate assessment tool selection was provided at a recent Registered nurse meeting.
* Care staff have been provided with education and resource material for assessing pain and reporting concerns.

For the reasons detailed above, I find the approved provider is compliant with this requirement.

### 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.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Assessment Team found that all consumers interviewed confirmed that they get the services and supports for daily living that are important for them and enable them to do things they want to do. The following examples were provided by the consumers during interviews with the Assessment Team:

* Consumers said they are satisfied the services they receive to support their independence, well-being and quality of life.
* Consumers said they are encouraged to be as independent as possible and can participate in activities both within and outside of the service.
* Consumers said they have a say in their daily activities and their choices are respected.
* Consumers said they like the food and are offered fresh fruit.

The Assessment Team found the organisation has policies and procedures to ensure consumers gets safe and effective services and supports for daily living. Processes include initial assessment processes to gather information relating to each consumer’s cultural, spiritual and lifestyle needs and preferences. Information gathered is used to develop individualised activity plans and activity schedules.

The service offers a varied menu with meals prepared on site. Feedback from consumers relating to meals is actively sought.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 4 to ensure safe and effective services and supports that optimise consumers’ independence, health, well-being and quality of life.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

Services and supports for daily living assist each consumer to:

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

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

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

### 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 services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Assessment Team found that consumers interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers said they always feel safe when staff are using equipment with them.
* Consumers described that they feel less lonely when with staff.
* Consumers said the outside courtyards of the service have been renovated over the past three months and are level and well maintained, there is shaded areas and furniture is placed in a manner which does not impede access.

The Assessment Team observed staff and consumers interacting in the service’s open communal spaces that were spacious, cool in temperature, clean and furnished with suitable furniture which created a welcoming environment. Consumers were observed to be moving freely both indoors and outdoors. The Assessment Team observed furniture, fittings and equipment to be safe, clean, comfortable and well maintained.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 5 to ensure a safe and comfortable service environment is maintained to promote consumers’ independence, function and enjoyment.

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-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The Assessment Team found that most consumers felt they are encouraged and supported to give feedback and make complaints. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers felt they could make complaints and felt safe to do so and said staff encourage them to provide feedback.
* Consumers sampled said they were happy with the communication and actions taken when they raised a complaint.
* Several consumers could describe how from the complaints they raised, the service made improvements in response to their feedback specifically with hearing aids and oral hygiene.

The organisation is supported by an overarching feedback and complaints framework which includes an open disclosure approach to resolve complaints. Where complaints are received, documentation viewed by the Assessment Team demonstrated they are actioned, acknowledged and feedback provided to complainants in timely manner.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 6, including a process for collation and analysis of complaints data to identify trends and improvement opportunities. However, the organisation could not demonstrate how consumers of non-English speaking backgrounds are supported to engage in feedback processes.

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) Non-compliant

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

The Assessment Team was not satisfied the organisation adequately demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. The Assessment Team provided the following examples to support their recommendation:

* Two consumers said the only method they knew of to raise complaints is by telling staff. They did not realise they could access an advocate.
* Three representatives said they are not aware of feedback processes other than providing verbal feedback.
* Five consumers were not aware of or had been offered interpreter services to assist them with providing feedback.
* Four consumers with English as a second language could not describe how the service supports them to communicate issues or make complaints using advocates or interpreters.
* Staff interviewed did not know of interpreter services or could discuss the service’s work instruction for ensuring cultural appropriate care in relation to complaints management.
* Information in relation to complaints is not provided or available in languages reflective of the service’s multicultural consumer cohort.

The approved provider’s response includes actions taken during the Site Audit in response to feedback from the Assessment Team, including identification that the service did not adequately provide information on complaints processes, accessing interpreter or an advocate in each consumer’s language. The approved provider’s response also outlines actions taken in relation to the Assessment Team’s report, including:

* A collection of brochures in a variety of languages were ordered from the Department of Health and Ageing which were available at the Site Audit exit meeting and are located at the front entrance. Each consumer and their representative have been provided with a brochure in their language.
* Brochures to be discussed at the January 2020 Resident and Relative meeting.
* Information relating to interpreter services will be provide by 10 January 2020 to existing CALD consumers and to all new prospective consumers.
* The service will develop processes to provide information in a variety of languages. Lifestyle program and feedback forms have been translated into Italian.

Whilst I acknowledge the approved provider’s actions in relation to the Assessment Team’s findings, I find that at the time of the Site Audit not all consumers and/or representatives were aware of feedback and complaints processes, including the ability to have access to advocates, language services and other methods for raising and resolving complaints. Additionally, information relating to complaints in was not provided or available in languages reflective of the service’s multicultural consumer cohort.

For the reasons detailed above, I find the approved provider does not comply with this requirement.

### 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

The Assessment Team found that most consumers and representatives interviewed are satisfied that consumers get quality care and services when they need them from people who are knowledgeable, capable and caring. The following examples were provided by consumers and/or representatives during interviews with the Assessment Team:

* Consumers confirmed that staff are kind and caring and if they ask for anything, they are provided with it.
* One representative said staff are very nice and kind. “None of them are rude”.
* Consumers feel confident that staff are skilled enough to meet their needs and know what they are doing.
* Consumers confirmed that they think there are adequate staff.

The Assessment Team observed staff to interact with consumers in a patient, kind and respectful manner which supports consumers to maintain their identity, culture and diversity.

Staff interviewed said, and documentation viewed by the Assessment Team demonstrates staff receive regular training and feel competent and supported to perform their roles. Staff also said they have enough time to complete their work and there are processes to manage staff shortfalls.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 7 to ensure the workforce is competent to provide care and services to consumers.

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.

### 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

The Assessment team found that most of the consumers interviewed felt that the organisation is well run, and they can partner in improving the delivery of care and services. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers confirmed that the service is well run.
* One consumer said they are happy living at the service as it is their home.
* Consumers provided examples of how they are involved in the development, delivery and evaluation of care and services which included their dining experience and garden activities.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints.

Information in relation to the Aged Care Quality Standards and the Charter of Aged Care Rights has been provided to consumers, representatives and staff. The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 8 to ensure the governing body is accountable for the delivery of safe and quality care and services.

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)(b)  
The organisation to continue to work with consumers and/or representatives and to monitor processes to ensure care and services are delivered in a culturally safe manner.

Requirement 1(3)(c)  
The organisation to continue to work with consumers and/or representatives to ensure consumers are supported to exercise choice and independence and to make decisions about their care and services.

Requirement 1(3)(d)  
The organisation to continue to work with consumers and/or representatives and to monitor processes to ensure consumers are supported to take risks to enable them to live the best life they can.

Requirement 1(3)(e)  
The organisation to continue to work with consumers and/or representatives and develop and monitor processes to ensure information provided to consumers is easy to understand and enables them to exercise choice.

Requirement 6(3)(b)  
The organisation to continue to work with consumers and/or representatives and develop and monitor processes to ensure consumers are made aware of and have access to advocates, language services and other methods for raising complaints on entry and on an ongoing basis.