Bupa Donvale

Performance Report

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**Commission ID:** 4110

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

**Site Audit date:** 4 May 2021 to 6 May 2021

**Date of Performance Report:** 9 July 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* The Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Site Audit report received 15 June 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers and most representatives said consumers are treated with dignity and respect and their identity, culture and diversity is valued. Staff and consumer interactions were observed to be respectful and caring. Most staff could describe consumers’ identity and cultural needs while some staff were unable to do so as they were new to the service. Consumers’ file review demonstrated their cultural backgrounds, life histories and identities.

The majority of consumers and representatives said they are satisfied how staff provide care and services and feel safe. While most care plans document consumers’ culturally specific preferences and needs, one consumer is not supported to participate in culturally appropriate activities. This information has been considered in Standard 4.

The service demonstrated that consumers and/or representatives are generally supported to exercise choice and make decisions about their own care and services. While some consumers and representatives reported concerns about lack of emotional support from staff, dissatisfaction with the meal service and lack of a meaningful lifestyle program, this information has been considered under Standard 4. Consumers are supported to make connections with others and maintain relationships of choice. Staff could provide examples of two consumers who choose to take risks and are supported to do so.

Sampled consumers and representatives interviewed are generally satisfied with information provided is in a format and style that is current, accurate, timely and communicated by staff where required. Staff and management provided examples of how information relating to care and services is provided to consumers and their representatives.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

**Consumer outcome**

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The service demonstrated that the processes for assessment and planning including consideration of health and wellbeing risks, generally informs the delivery of safe and effective care and services, however, not all documentation related to assessment of skin integrity and wound care is consistent or accurate.

The service demonstrated processes for assessment and planning address consumers' needs, goals and preferences including advanced care and end of life planning.

The service demonstrated assessment and planning processes are based on partnerships with consumers, representatives and other relevant organisations or providers involved in consumers’ care.

The service demonstrated outcomes of assessment and planning are effectively communicated to consumers and representatives. Care plans are readily available and provided to consumers and representatives.

Although care and services are reviewed regularly and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer, the service did not demonstrate that effectiveness of updated strategies, plans, or health outcomes are always considered.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

### The Assessment Team found that while sampled consumer files contained care plans that demonstrated individualised information and assessments included consideration to risks across all domains, not all information relating to skin integrity and wound care was contemporaneous or accurate.

The response submitted by the approved provider states that to ensure all assessment and care planning documentation is consistent and accurate for skin and wound care the clinical staff have conducted a review of all current consumers requiring skin management. Staff have reviewed and updated assessments and care plans for each consumer and additional discussion of skin care needs has occurred at all handovers, staff meetings and clinical review meetings.

### I acknowledge that service does have appropriate assessment and care planning processes that consider risks to consumers in other areas of care, and I also acknowledge the prompt actions taken by the approved provider to address the issues related to recording skin assessment and wound care identified by the Assessment Team.

While there were gaps in the documentation of skin assessments and wound care, I have considered this evidence under Standard 2 Requirement (3) (e) and Standard 3 Requirement (3) (a). As no other concerns were identified by the Assessment Team in relation to assessment and care planning processes I find this requirement Compliant.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

Although care and services are reviewed regularly and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer, the service did not demonstrate that effectiveness of the changed strategies is determined. For example

* One consumer has a sacral pressure injury that has deteriorated at the service. Although reviews of their care plan have been regularly conducted, there was no consideration of further preventative strategies or reasons as to why the wounds were not healing documented
* A second consumer sustained bilateral heel pressure injuries. The Assessment Team found no evidence of review of the consumer’s pressure relieving strategies for effectiveness. No specific equipment needs were identified.
* A third consumer who requires two-person assistance for all transfers and one person to assist with wheelchair transfers, sustained eight falls at the service over a three-month period. A further six falls occurred the following four months. Physiotherapy post falls review or clinical incident review did not identify falls from the chair as a high risk. Falls prevention strategies did not indicate chair-based sensors or other equipment options.

The approved provider response states that the first consumer’s wound was reviewed at the monthly ‘resident of the day’ review and at the 3 monthly review where it was noted that the wound was healing well, later reviews indicate that comfort care was being provided and pain associated with dressing changes being managed with analgesia.

In relation to the second consumer the response states that journal entries added to the incident management system identify that the care and wound management plan have been updated, a later entry notes that additional pressure relieving strategies including equipment such as an air mattress and pillows were implemented.

In relation to the third consumer the response states that an investigation was undertaken following one of the consumer’s falls and that it was noted that a chair sensor would be beneficial. This was installed following the site audit and the consumer’s care plan updated with appropriate falls prevention strategies. The response states that staff agree that actions could have been implemented quicker to prevent further falls. Falls prevention education has been scheduled for staff and discussions are being held with the physiotherapy contractor to ensure appropriately skilled physiotherapists attend the service.

Having reviewed the all the evidence I find this requirement Non-Compliant as the approved provider was unable to demonstrate how consumers care and services are effectively reviewed when there are changes or incidents that impact on consumers’ needs.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The Assessment Team reviewed the files of ten sampled consumers, which did not demonstrate clinical care related to skin integrity, pressure injury identification and management was consistently in line with best or contemporary practices. Risk identification was not consistent and did not prompt early interventions for consumers’ health and wellbeing. Consumers do not consistently receive personal care or skin care in a timely manner or according to their care plan, needs or preferences.

The service does not consistently manage high impact or high prevalent risks particularly in relation to pressure injury management and falls management.

The service demonstrated that consumers who are nearing the end of their lives are treated with dignity and respect, their wishes recognised, and their comfort maximised.

The service demonstrated that deterioration in consumers’ health or condition is responded to in a timely manner.

The service demonstrated that timely and appropriate referrals to individuals, other organisations and providers of other care and services occurs.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that sampled consumer files did not demonstrate clinical care related to skin integrity, pressure injury identification and management was consistently in line with best or contemporary practices. Consumer files and documentation did not demonstrate that risks to skin integrity are identified in early stages and skin assessments do not identify accurate staging or specific individualised pressure relieving equipment in response to the level of risk. Pressure injury staging is not consistently conducted by clinical staff when injuries are identified, or as part of an ongoing review of pressure injuries. The Assessment Team also noted that wound photographs are not labelled consistently with staging identified, per contemporaneous practices.

Two sampled consumers’ wounds were acquired and deteriorated at the service. For example:

* One consumer has a sacral pressure injury that was identified as a stage 2 pressure injury and deteriorated over the next months. A wound consultant was referred to three months later, but photographs used to inform the review process were not consistently labelled and staging was not consistently addressed. A month later the wound had deteriorated to a stage 4 pressure injury. Pain considerations were addressed, and the consumer referred to the palliative care team. Pressure relieving equipment was in place and staff were provided guidance on how often pressure area care should be provided. Staff confirmed that two hourly pressure area care was required, consistent with documentation in the care plan, however, said that it was sometimes very difficult to find a second staff member when care was required.
* A second consumer had a pressure injury identified as a blister on their heel. Several weeks later the pressure injury was described as necrotic in progress notes. No staging was documented or amended at this point. A week later the new pressure injury was identified on the consumer’s other heel. Three months later the bilateral injuries had healed, but a new pressure injury appeared on the consumer’s left heel. Further documentation and referral to the wound specialist occurred two weeks later as deterioration continued with the pressure injury identified as stage 3.

The approved provider’s response to these issues acknowledges that documentation does not always demonstrate the delivery of effective clinical care and agrees the documentation requires improvement. However, the responses states that staff did provide effective care when the first consumer’s sacral pressure injury was identified. It was discussed with the consumer’s general practitioner and in consultation with the consumer’s representative and addressed other clinical issues such as weight loss, health deterioration, pain and referral to the palliative care team as confirmed by the Assessment Team.

In relation to the second consumer the approved provider’s response notes that while the documentation related to the assessment of the wounds was not accurate, pain associated with wound dressing was addressed through the provision of analgesia prior to wound dressings. Additional pressure relieving equipment has been implemented since the site audit. The heel injury has resolved, and the heel is monitored daily. The response notes that a comprehensive shift handover is now in place to guide staff in the care needs of consumers including pressure area care and interventions. The response also notes that a detailed plan for continuous improvement has been developed focusing on improved documentation through education, mentoring and oversight of staff practice.

The Assessment Team found that consumers do not consistently receive personal care or skin care in a timely manner or according to their care plan, needs or preferences. For example

* The Assessment Team observed one consumer who requires two staff assistance with transfers using lifting equipment and requires two hourly pressure area care, did not receive personal care or pressure area care until after 1.00 pm on the second day of the audit.
* Another consumer stated they did not like to be settled in bed too early in the evenings, however, this consistently occurs.
* A third consumer reported that they consistently wait over 40 minutes for assistance with toileting because they require two staff to assist with lifting equipment.
* Staff reported there is no process for monitoring whether personal care is delivered at the time of day consumers prefer or whether their preferences are met. Staff named several consumers who they said do not always receive their personal care.
* The representative of one the consumers named by staff confirmed that the consumer is not showered regularly and that they (the representative) recently had to clean the consumer following an episode of incontinence rather than wait for a second staff member to be found.

The Assessment Team found two consumers are prescribed regular and as required risperidone for the management of behavioural and psychological symptoms of dementia with limited behavioural charting and review information to support the use of the medication.

The approved provider did not respond to the issues raised above.

The Assessment team found that pain is managed effectively.

Having reviewed all the available information I find that this requirement is Non-compliant as the approved provider was not able to demonstrate effective management of consumers’ pressure injuries, provision of personal care and psychotropic medication used as a chemical restraint.

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

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

The Assessment Team found that the service does not consistently manage high impact or high prevalent risks particularly in relation to falls, skin integrity and manual handling.

Post fall review processes do not demonstrate identification of current risks. For example:

* A consumer who requires two-person assistance for all transfers and one person to assist her with wheelchair transfers, sustained eight falls at the service over a three-month period. A further six falls occurred the following four months. Of these 14 falls, three were related to falls from or during use of their four-wheeled walking aid and four were related to falls from or near their armchair. Neither the physiotherapy post falls review or clinical incident review identify falls from chair as a high risk. Falls prevention strategies do not indicate chair-based sensors or other equipment options. Documented strategies for prevention of falls were general and described measures for staff to monitor however, did not address the actual risk of falling from the chair, or provide chair sensor equipment as a result. Clinical staff stated they had organised a sensor mat for the consumer’s chair, after discussion with the Assessment Team about the identification of that specific risk.
* A second consumer has been assessed as an extremely high risk of falling. The consumer sustained bruising and skin tear injuries from five falls in one week. All falls occurred in the evening and overnight and four were unwitnessed. Although clinical assessment included medical and allied health review and investigations including urinalysis which detected no abnormalities, no further investigation or assessment was conducted with are staff to ascertain the reason for the consumer being restless after dinner and no other considerations such as pain or toileting needs were considered. Inappropriate falls prevention strategies for a consumer with severe cognitive impairment and memory loss were recorded. The Assessment Team observed the consumer on three days of the audit seated in the small lounge area without sensor equipment in place and calling out on numerous occasions for assistance without staff presence.
* A third consumer sustained bruising and skin tears following three falls over six weeks. Although falls prevention strategies state that bed sensors and chair sensors are in place in the consumer’s bedroom, no consideration had been given to potential for falls from a comfort chair or specific consideration to the type and size of the chair. The Assessment Team observed the consumer sitting in a comfort chair during the site audit. The falls risk was evident due to the length of the consumer’s legs and the lack of safety or support from the style of chair. There was no sensor mat in place as part of a falls prevention strategy and the physiotherapist review did not include her chair as a risk.

Pressure injuries are not identified in a timely manner at the first point of deterioration. For example, evidence reported under Requirement 3(3) (a) demonstrates that a consumer whose pressure risk rating is extremely high, did not have specific equipment in place to prevent pressure injuries occurring to their heels.

A second consumer discussed under Requirement 3 (3)(a) did not have a sacral pressure injury identified until it was at stage 2.

Consumers have sustained bruising and skin tears in relation to poor manual handling processes. For example

* One consumer sustained bruising and grazing to the face as a result of an incident occurring due to incorrect manual handling by care staff. The incident was not reported until another personal care assistant reported the consumer’s injury to a registered nurse. Management conducted an investigation of the incident and provided counselling to the care staff related to manual handling expectations and work instructions.

The response submitted by the approved provider notes that in relation to the second consumer falls investigation tools were completed after each fall and a chair sensor was initiated and set up. Following the site audit a geriatrician review was conducted and the consumer’s antipsychotic medication reviewed. Since the medication review the consumer has experienced two falls on the same day and other than this day the strategies are effective in preventing falls.

The response notes that the third consumer has transferred to another of the organisation’s services however, prior to this transfer an occupational therapy referral was made for a review and recommendations for a safer chare. This information was provided to the new service.

Having reviewed all the relevant information, I find this requirement is Non-compliant as the approved provider was unable to demonstrate effective management of risks associated with falls, medication, skin integrity and manual handling. This ineffective management of risk has led to consumers sustaining injury.

### 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) Non-compliant

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

The Assessment Team found that handover information does not consistently include risks such as falls, pain, chemical restraint or skin integrity changes. Information such as wound photographs and pressure injury staging documentation, shared to inform consultant review are not consistently labelled or accurate. The Assessment Team’s report provided examples of inaccurate information about two consumers’ wounds being shared with other relevant health care providers involved in their care.

The Assessment Team noted that the service had self-identified that handover information does not detail consumers’ risks, preferences or specific needs, and they are currently developing handover information sheets which include more robust information including risks, personal information and preferences.

The approved provider response indicates that the handover tool currently being introduced will assist in providing key information to staff, but that the source of detailed information will always be the consumer’s care plan. The response also notes that improvements are being made in relation to wound care documentation to ensure that accurate information is provided to consultants undertaking wound reviews.

I have reviewed the all the relevant information and find this requirement is Non-compliant. The approved provider was unable to demonstrate that information about consumers’ condition, needs and preference is accurately documented and shared with others as required.

### 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 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

While most sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being most feedback from consumers and representatives raised concerns specifically relating to meals and dining room experience, emotional wellbeing and lifestyle programs,

Management are unable demonstrate there is an effective lifestyle program to meet the sampled consumers’ needs, goals and preferences.

A high majority of consumers and representatives said food is of a poor quality and that the dining experience is often disruptive.

Consumers and representatives are satisfied that the service supports and promotes contact with family, friends and visitors.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team found that the service is unable to demonstrate that supports to promote consumers’ emotional, spiritual and psychological wellbeing are provided. The majority of representatives/ consumers sampled said staff do not provide consumers with one to one support/talks. While staff were able describe consumers’ emotional support strategies, and review of consumer care plans reflected these strategies, this support is not consistently provided.

While consumers’ care planning documents sampled reflected their emotional, spiritual and psychological support needs and detailed consumers’ individualised cultural and spiritual needs and preferences, a review of consumers’ individual activity participation records demonstrated that one on one support is inconsistently provided.

The approved provider response acknowledges the gap in promoting consumers emotional, spiritual and psychological wellbeing that occurred when an experienced staff member who had previously worked at the service left the position. The response identifies strategies that are being put in place to address this deficit through the lifestyle program and external services visiting the service when this is possible.

I have reviewed all the information provided and on balance I find this requirement is Non-compliant. The Assessment Team identified that consumers were dissatisfied with the loss of the emotional, spiritual and psychological support provided when an experienced staff member left their role. Whilst I acknowledge that the approved provider has plans to address this gap through the lifestyle program, these plans will take time to implement.

### Requirement 4(3)(c) Non-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.*

The Assessment Team found that most consumers and representatives said service does not offer sufficient support for individualised and suitable lifestyle activities or outings/events. While consumers and representatives described how group activities are facilitated at the service, consumers do not always engage in the programs listed on the activity planner. In particular a consumer from a culturally diverse background is not supported to undertake culturally based activities. Other consumers reported lack of activities tailored to the individual needs of different consumers. While consumers’ care planning documentation demonstrated their attendance at activities of choice from the activity program, they did not demonstrate support for individualised activities. Staff could not describe how consumers have input to the lifestyle planner and how they communicate with all consumers and or their representatives for ideas, suggestions and feedback.

The response submitted by the approved provider states that a review of all consumers’ consumers activities plans has been undertaken, including consumers’ specific cultural needs. Monthly evaluations will be conducted. The response also notes that monthly focus meetings will be reviewed to ensure consumers have an ongoing opportunity to provide feedback and have a say in the lifestyle program. Improvement to the lifestyle program has been added to the service’s plan for continuous improvement and will be evaluated after three months.

I have reviewed all the evidence provided and find that this requirement is Non-compliant as the approved provider was unable to demonstrate that consumers are supported to participate in their community and do 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) Non-compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

The Assessment Team found that the service does not provide varied, quality and satisfying meals for most consumers sampled. Most consumers and representatives interviewed said they did not consider the meals provided of suitable quality or at times edible. Some consumers interviewed indicated meals served were burnt, poorly made, flavourless with menu items not reflecting plated meals. An agency chef and recently appointed hospitality manger discussed planned improvements and management reported that they hold ‘resident meetings’ to listen to the concerns of consumers regarding meals and the dining room experience. The Assessment Team observed a rushed, noisy and disruptive meal service.

The response submitted by the approved provider acknowledges that improvements are required to ensure meals are varied and of suitable quality and quantity. The response outlines a number of actions undertaken and planned to address the identified issues including consultation with consumers regarding menu options, the provision of baked morning, afternoon teas and desserts and appropriate fresh fruit. Catering staff have received relevant training. Dining rooms have been decluttered.

I have reviewed all of the information provided and find this requirement is Non-compliant. Whilst acknowledging the improvements currently being implemented, the approved provider was unable to demonstrate that meals are varied and of suitable quality and quantity.

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers reported that visitors and representatives are made to feel welcome by the staff.

* The Assessment Team observed a clean, safe, comfortable and well-maintained service environment with several communal areas for consumers to socialise including nooks at the end of corridors and retreat areas.
* The service was observed to be spacious and generally uncluttered enabling the free movement of consumers both indoors and outdoors.
* The majority of consumers feel at home as the service enables them to decorate their rooms with significant personal items.
* Consumers interviewed mentioned the service environment was clean and well maintained. Consumers expressed confidence in knowing that if repairs are needed, maintenance acts in a timely manner.
* The service is currently ongoing renovations including new handrails and wall paint around certain areas of the service.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Most consumers and representatives feel supported to raise their complaints and are aware of external advocacy services. Advocacy resources are available at reception and in consumer welcome packs.

Consumers and representatives said management do not always respond to their feedback and complaints effectively. Management was unable to demonstrate that feedback and complaints are managed in a way to support the complainant and provide appropriate actions. Complaints have not been effectively recorded, monitored, resolved and not always documented in the service’s feedback and improvement systems. Not all verbal complaints raised in meetings and in person are documented on the service’s compliant management system.

Most staff demonstrated a basic understanding of open disclosure and what this means for consumers. Management provided examples of their understanding and application of open disclosure.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team found that the service does not effectively manage and resolve feedback and complaints from consumers and representatives. Consumers and representatives said management do not always acknowledge and action their concerns. Complaints of the same nature relating to the quality of meals and dining experience have been raised multiple times and have not been resolved. Review of the service’s feedback reports includes complaint information regarding most of the consumer and representative issues raised during the site audit and demonstrated acknowledgement of their issues. However, there was no evidence to demonstrate how management have addressed these concerns. Management demonstrated an understanding of open disclosure and a general awareness of its application. The service has a policy in relation to open disclosure.

The response submitted by the approved provider acknowledges that response to complaints was not effectively managed. Complaint management is the responsibility of the general manager; a role currently being recruited for. The response outlines a number of actions planned to ensure the new incumbent in the role has the understanding and skill to manage complaints and the provision of induction training in the organisation’s complaint handling processes. The response also states that complaints and feedback will be discussed openly at consumer meetings to ensure consumers feel confident that appropriate action will be taken to address their concerns.

I have reviewed all the information provided and find this requirement is Non-compliant as the approved provider was unable to demonstrate that appropriate action is taken in response to feedback and complaints.

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

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

The Assessment Team found that management could not demonstrate how current complaints and concerns have been appropriately reviewed to improved quality care and services, particularly in relation to feedback about the meal service, the lifestyle program and staffing levels. Consumers and representatives interviewed in relation to this requirement said management have not improved care and services in response to their feedback and complaints.

The response submitted by the approved provider states that compliant trends will be monitored and discussed at staff meetings to ensure staff are aware of the feedback/ complaints and areas for improvement. The plan for continuous improvement will be reflective of issues raised through complaints with measurable actions and evaluations. A new customer feedback reporting template has also been developed which will be used to monitor improvement activities in relation to consumer complaints.

I have reviewed all the available information and find this requirement is Non-compliant as the approved provider was unable to demonstrate continuous improvement to the quality of care and services that is responsive to’ feedback and complaints.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall a high majority of sampled consumers and representatives did not consider consumers receive quality care and services, stating staff shortages are common. Consumers and representatives interviewed did, however, express their satisfaction about the kind, caring and respectful interactions of staff members. Staff were observed to engage with consumers in a kind and respectful manner during the site audit.

The service did not demonstrate that the workforce enables the delivery and management of safe and quality care and services. Consumers’ personal care, clinical care, lifestyle activities and emotional care have been impacted by insufficient staff. Management said they are actively recruiting for more staff and use agency staff in the interim.

Although the service monitors the workforce’s qualifications, management did not demonstrate that all staff members competently perform their roles. While management assert that staff have completed required mandatory education and additional training, this training has not enabled staff to deliver the outcomes required by these standards.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found that the service did not demonstrate that the workforce enables the delivery and management of safe and quality care and services. Consumers’ personal care, clinical care, lifestyle activities and emotional support have been impacted by insufficient staff. Consumers and representatives interviewed provided mixed feedback about staff availability and response times, stating that it is common that there are not enough staff. A review of rosters and staff allocations demonstrate that not all shift vacancies are filled and that there are times during shifts when there are insufficient staff rostered to meet consumers’ needs. A review of incident reports evidenced that falls are occurring at times when reduced staff are rostered. During the site audit the Assessment team observed consumers who required assistance not being attended to in a timely manner.

The response submitted by the approved provider states that the service is staffed to meet the needs of the current consumers. The roster is reviewed daily to manage the staffing when unplanned leave occurs. The response also describes several strategies in place to recruit additional staff to address the vacancies in the roster and notes that Agency staff are used to fill shifts. Overall the response notes that the service is working to improve the number of staff available to ensure that the delivery of care and services meets consumers’ needs and preferences.

I have reviewed all the information provided and find that this requirement is Non-compliant as the approved provider was unable to demonstrate a planned workforce sufficient to enable the management and delivery 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) Non-compliant

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

The Assessment Team found that the service did not demonstrate that all staff members are competent and have the knowledge to effectively perform their roles and cites evidence related to consumer dissatisfaction with services provided in specific areas.

The Assessment Team also notes in Standard 2 Requirement (3) (e) that a consumer’s falls reviews completed by an allied health professional were inadequate.

The response submitted by the approved provider states that all members of the workforce have appropriate qualifications and knowledge to effectively perform their roles and describes ongoing training provided to staff to assist them to maintain currency in their roles. The response also notes that discussions are being held with the allied health contractor to ensure competent staff are provided.

Having reviewed all the information provided I find this requirement is Non-compliant as, while there is no evidence that staff are do not have appropriate qualifications there is evidence of staff not being competent to effectively perform their roles.

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

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

The Assessment Team found that while the service has processes to recruit and train staff it was not able to demonstrate that staff are able to identify pressure injuries, provide adequate wound management, identify the use of chemical restraint or have sufficient knowledge of dementia care to be able to provide appropriate care. A number of representatives stated that staff do not understand the needs of consumers with dementia. Staff said they receive induction and orientation, including buddy shifts, and that opportunities for additional training and education are offered. Analysis of training records indicates that only a small percentage of staff have completed education offered in 2021 including manual handling, SIRS training, prevention and management of skin tears and pressure injuries, fire safety, moving and handling consumers, assisting with medications including S8 medications, dysphagia and thickened fluids and managing malnutrition.

The approved provider response outlines the organisation’s staff recruitment and training program and notes that just over 80 percent of all staff completed mandatory training during 2020 and that progress with mandatary training completion for 2021 is good.

I have reviewed all the evidence provided and find that this requirement is Non-compliant. While the approved provider claims that staff are recruited based on required qualifications and that mandatory and additional training is provided, the Assessment Team’s report provides evidence that staff are not able to identify and document pressure injuries, provide adequate wound management, or identify the use of chemical restraint. Although training may have been provided in these areas, it has not been effective, and staff have not been supported to deliver the outcomes required in these clinical areas.

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

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

The Assessment Team found that this requirement was Compliant because the service was able to demonstrate that a performance appraisal process is in place. The Assessment Team also noted that the service has a performance management process to manage staff underperformance.

I have come to a different view. I have considered information in Standards 2, 3 and 4 of the Assessment Team’s report, particularly in relation to the management of skin integrity, wound care, falls prevention, and the use of chemical restraint and am of the view that the service has not effectively assessed, monitored and reviewed the performance of each member of the workforce. The report identified significant deficits in staff skills and knowledge that had not been identified or managed by the service and which have negatively impacted on consumers.

I therefore find this requirement is Non-compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

While some consumers and representatives said management generally provides a service that operates well overall, management were not able to demonstrate effective workforce governance and feedback and complaints systems.

The organisation risk and incident management systems do not always record all incidents with a relevant risk rating to ensure Board awareness and clinical review processes. This includes consumers acquiring pressure injuries at the service, consumers having recurrent unwitnessed falls, consumers prescribed psychotropic medications that are considered chemical restraint and consumers not receiving required personal care.

The service was unable to demonstrate effective implementation of the policy and procedure to support the minimisation of chemical restraint.

However, the service was able to provide a documented clinical governance framework including work instructions and policies in relation to antimicrobial stewardship and open disclosure. Most staff demonstrated a basic understanding of open disclosure and what this means for consumers.

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

## Assessment of Standard 8 Requirements

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

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

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

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team found that management at the service demonstrated how the organisation provides governance systems for information management, continuous improvement, financial systems and regulatory compliance. Management provided discussions and documented evidence and examples where applicable.

However, the service did not demonstrate effective implementation, monitoring and oversight of systems and processes regarding feedback and complaints and workforce governance systems.

The response submitted by the approved provider acknowledges that the service was unable to demonstrate that the previous manager had used the organisation’s governance systems relating to the management of feedback and complaints. The response also states that the difficulty recruiting staff during the current pandemic does not reflect on the effectiveness of the organisational workforce governance systems. The response notes that the new service manager will have the skills and knowledge to follow organisational governance systems.

Whilst acknowledging the difficulties faced by all approved providers in the current employment climate, on balance I find this requirement is Non-compliant as the approved provider did not demonstrate effective implementation of governance systems at the service to ensure feedback and complaints are managed effectively and that the workforce is sufficient, supported and trained to provide safe and quality care to consumers.

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

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

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

The assessment team found the service did not demonstrate effective risk management practices are in place. Although there is an organisational risk reporting system in place, not all incidents are categorised effectively with a relevant risk rating to ensure clinical review and Board awareness. Management report they monitor clinical data including infections, weight loss/gain, incidents and complete a monthly audit evaluation and that this information is discussed at organisational quality and clinical governance committee meetings. However, management was unable to demonstrate effective analysis and implementation of risk mitigation strategies in relation to risks associated with the care of consumers at the service including falls, skin integrity and use of psychotropic medications. Incident reports related to the wounds are closed prior to the wounds resolving without management review processes being conducted to analyse progress or non-effective strategies.

The approved provider response states that while the service has effective risk management system and practices in place, there is always room for improvement and notes that a detailed plan for continuous improvement has been developed to improve documentation.

The response states that a clinical risk register is maintained, and notes associated processes of discussion at weekly clinical team meetings and oversight by the regional manager and director of clinical services. The response states that the incident management system manages and prevents incidents, in that incidents are logged, and clinical investigation tools are used to manage and developed strategies to reduce the risk of incidents. The response also states that the organisation’s incident management system is a data collection tool rather than a clinical tool and all incidents are closed on initial review by the clinical care manager. The response states that ongoing monitoring and review is conducted by clinical care managers and appropriate documentation is completed and attached to the incident. Examples of such documentation were not provided. The response also notes that staff have received education in the organisation’s risk management systems, policies and practices.

Whilst appreciating that the organisation does have an incident management system in place, I find that this requirement is Non-compliant as the approved provider was unable to demonstrate that effective oversight of consumers’ clinical risks and incidents.

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

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

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

The Assessment Team found that management and clinical staff could not demonstrate how they identify consumers who are potentially subject to chemical restraint. The service does not fully understand or apply their policy and procedure to support the minimisation of chemical restraint. The Assessment Team identified three consumers who had not been identified as being prescribed psychotropic medication as a chemical restraint.

The approved provider’s response states that management and staff adhere to the organisation policies and staff have access to work instructions to guide their practice. In relation to the three consumers prescribed psychotropic medication, the response demonstrates that information about consent for the use of the medication has been obtained for two consumers but does not provide sufficient information to demonstrate that the use of chemical restraint is being managed and monitored as legislatively required.

I have reviewed all the information provided and I find this requirement is Non-Compliant as the approved provider was unable to demonstrate effective governance of the use and minimisation of chemical restraint at the service.

# 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.

* Ensure all consumers’ care plans are reviewed regularly and following incidents or changes, for effectiveness, particularly in relation to pressure injuries and falls. Ensure new interventions are recorded and evaluated for effectiveness.
* Ensure consumers’ care related to skin integrity, pressure injury identification and management are best practice, tailored to their needs and optimise their health and wellbeing.
* Ensure all consumers receive hygiene care and skin care in at timely manner and according to their needs and preferences as documented in their care plans.
* Ensure consumers’ psychotropic medications including chemical restraint are managed according to best practice and as required under current legislation.
* Ensure effective management of high impact, high prevalence risks:
  + Ensure consumers’ falls prevention strategies are reviewed, monitored and evaluated for effectiveness.
  + Ensure consumers’ requiring pressure care have interventions implemented as recorded on care plans
  + Ensure staff use appropriate manual handling practices to minimise risk of injury to consumers.
* Ensure information about consumers’ conditions, needs and preferences is accurately recorded in clinical files and effectively communicated on handover sheets and other to other service providers as required.
* Ensure staff are enabled to promote each consumer’s emotional, spiritual and psychological wellbeing.
* Ensure each consumer is assisted to participate in individualised and lifestyle activities of their choice.
* Ensure meals are varied and of suitable quality and quantity to meet the needs and preferences of all consumers.
* Ensure a pleasant and relaxed dining room experience is provided for all consumers.
* Ensure all feedback and complaints are acknowledged, appropriate action is taken and evaluated in consultation with the complainant.
* Ensure feedback and complaints are used to inform the service’s continuous improvement plan to improve care and services for all consumers where possible.
* Ensure there are sufficient staff of appropriate skill mix to deliver safe care and services, particularly in the areas of clinical care, personal care, lifestyle actives and emotional support.
* Ensure that the workforce (including contractors) is competent to effectively undertake their roles.
* Ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards, particularly in relation to hygiene care and pressure care, wound care, management of psychotropic medications and chemical restraint, falls prevention, provision of individualised lifestyle activities and complaint management.
* Ensure each staff member has regular assessment, monitoring and review of their workplace performance.
* Effectively implement organisational governance systems in relation to workforce and feedback and complaints.
* Effectively implement organisational risk management and incident management systems.
* Effectively implement organisational governance policies and procedures in relation to minimising the use of restraint and the management of psychotropic medications.