Bupa Dural

Performance Report

1 Stonelea Court
DURAL NSW 2158
Phone number: 02 9653 9600

**Commission ID:** 0570

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

**Site Audit date:** 12 January 2021 to 14 January 2021

**Date of Performance Report:** 26 February 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* The Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Site Audit report received 11 February 2021.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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.

Overall consumers considered 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. Consumers were generally satisfied with the way staff treat them and felt respected and valued at the service. Two consumers said that they “cannot fault” the staff and they are “absolutely lovely” and treat everyone with respect.

Consumers interviewed stated they felt their privacy is respected and their personal information is kept confidential. Consumers were observed to be happy and engaging in all interactions throughout the visit. They were aware of their rights and responsibilities and felt comfortable expressing their concerns to management. Most consumers indicated that staff respect their choice and preference. They are provided with current information and are able to maintain relationships of their choice.

Most staff interviewed generally spoke about consumers respectfully and demonstrated they knew and understood consumer preferences, choice and cultural backgrounds.

Documentation was seen to support the requirement findings under this Standard.

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 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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.

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

Some consumers interviewed said they were not always aware of having a care plan but could recall participating in discussions about their care. They said each staff member explain aspects of their care to them while providing care and services and one consumer said staff kept them informed of progress and any other changes. Each of the consumers sampled thought they get the care and services they need.

Evidence was found that generally demonstrated that care planning and assessment was appropriate in relation to consumers clinical needs This information is utilised in the re-evaluation of the consumer’s care planning. Clinical deterioration was identified and acted upon.

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.*

Although the service was able to demonstrate it has an assessment and care planning process and a range of policies and procedures to support this, the Assessment Team found it was not always able to demonstrate effective management of consumers’ physical and mental deterioration.

The Assessment Team reported the service uses an interim care plan for one month while developing an extended care plan based upon ongoing assessment. However, the Assessment Team found this was not followed in supporting the care of one identified consumer who was at the service for nine weeks. The Assessment Team also found the service was unable to demonstrate a safe and meaningful care planning and assessment process for another consumer who had mental health issues and related care needs.

In response the approved provider disputed that the service could not demonstrate ongoing assessment, monitoring, review and care of the two consumers identified in the site audit report. They acknowledged both consumers had complex care needs on commencing at the service. In one instance, one consumer had an identified chronic terminal illness with other co-morbidities. They provided documentation to show this was identified, assessed and monitored and reviewed throughout their nine week stay. With the other identified consumer, the approved provider noted that immediately upon becoming aware of a manifestation of that consumers mental health concerns, very shortly after that consumer was admitted, and took multiple actions to address this.

I have carefully considered the information provided, and I am satisfied the approved provider’s response and submission shows planning, assessment and review did occur and in a timely way for both consumers during their time at the service.

I find this requirement is 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.*

The Assessment Team reported the service was unable to demonstrate effective care planning and assessment in relation to two identified consumers. They reported that assessment and re-assessment for these consumers did not take place within a timely manner.

In its response the approved provider disputed this finding and outlined how both consumers and others had significant input with other services in supporting their ongoing care. I am satisfied both consumers received effective, ongoing, assessment and review and that their care plan documentation was sufficient to support their care requirements while at the service.

I find this requirement is compliant.

### 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.*

The Assessment Team reported the service was unable to demonstrate that the care and services are regularly reviewed for effectiveness or when circumstances change, in particular, for the two consumers identified under requirement 2(3)(a). The Assessment Team found that the service was unable to demonstrate effective assessment, review and reassessment following a deterioration and the changing circumstances for these consumers.

The approved provider outlined the actions taken to address one of the consumer’s identified ongoing deterioration, including falls management, the cessation of an as required (PRN) medication and ongoing pain assessment and management. They also maintained close representative liaison regarding the changes in this consumer’s health and well-being. The consumer was reviewed multiple times by the medical officer during their brief time at the service.

In addition, the approved provider listed the assessments, review and reassessments carried out for both consumers in regard to changes and deterioration in their health and well-being. This includes falls and pain management, medical officer review and referral and transfer to other services, including specialists, allied health and hospital, following their deterioration. They noted that all care delivered and changes to care were made in consultation with the consumers and their representatives.

I am satisfied the approved provider has demonstrated care and services were being monitored, reviewed and assessed on an ongoing basis and in line with the consumers identified changing needs.

I find this requirement is compliant.

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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.

Most consumers and representatives considered that consumers receive personal care and clinical care that is safe and right for them. They confirmed that they had access to doctors, allied health and specialist care when required.

Consumers generally receive the clinical and personal care that is required to maintain their wellbeing, and the identification of the consumers deteriorating health status was adequately managed.

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 found that service management was able to describe the organisation’s clinical governance framework, including how best practice is monitored and implemented at the service. The service has two clinical care managers who are responsible to oversee the clinical care within the service. The service has weekly clinical leadership meetings and a weekly falls management committee. The Assessment Team was provided with a breakdown of monthly clinical indicators.

However, the Assessment Team found the service was unable to demonstrate that all consumers are provided with safe and effective care specifically in those consumers with challenging behaviours. The Assessment team found that safe and effective care was not provided to two consumers identified throughout the report.

In its response the approved provider disputed the Assessment Team’s findings regarding consumers receiving safe and effective care. It stated its records demonstrated that staff monitored the consumer effectively and provided appropriate care during their time at the service. It provided documentation in support of this.

I am satisfied with the approved provider’s response under this requirement. They have provided an outline of the actions taken to ensure ongoing evaluation, assessment and review of consumers with identified complex care requirements. Based on the information provided I find that the consumers received safe and effective care.

I find this requirement is compliant.

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

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

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

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

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

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

The Assessment Team found for the consumers sampled, that generally their care planning documents and/or progress notes reflect the identification of, and response to deterioration or changes in function/capacity/condition. However, they found in the review of two consumers, the service was not able to demonstrate this. The Assessment Team found progress notes showed ongoing deterioration of the consumers health but did not show sufficient evidence of timely review was occurring. They also identified a lack of critical investigation into the consumers ongoing deterioration.

The approved provider noted the management of both identified consumers demonstrated that the service did escalate review and assessment when their condition changed. In the submission they included a range of documentation including behaviour and supervision charts, medical and allied health notes and lifestyle assessment. They identified that one consumer had multiple co-morbidities which over nine weeks required close monitoring, ongoing assessments, referral and hospitalisation. The approved provider outlined that there was a comprehensive plan of care in place and being adjusted, based on changes as they occurred. The other consumer was at the service for a very short period during which an urgent referral was initiated, hospital review was discussed, and the consumer received 24 hours of one-on-one care. Following the assessment, the consumer was transferred to hospital for specialist review.

I have carefully considered the information provided. I am satisfied that deterioration in the consumer’s condition was managed effectively.

I find this requirement is compliant.

### 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 COMPLIANTServices 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.

Overall sampled consumers considered they get the services and supports for daily living that are important for their health, particularly with the current environment of the COVID-19 pandemic. Some consumers felt limited in being able to do the things they want to do such as being taken out by family members, however they considered that staff were doing the best they can in the circumstances to provide activities within the service.

All consumers sampled said staff support them in keeping in contact with the people who are important to them. They assist in ensuring regular phone, video links and booked contact visits continue to occur. Most consumers interviewed said they like the food at the service. They also said staff are knowledgeable on their food preferences and dietary needs. They stated the food is plentiful and alternatives are available for those wanting something different.

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 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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 they feel they belong in the service and feel safe and comfortable in the service environment. Consumers and/or representatives sampled also said the service is clean and well maintained.

The Assessment Team observed the environment to be welcoming clean and easy to move around. Movement inside and outside of the service is not restricted. For example, the doors to the outside area of the secure unit were open throughout the day allowing those residents to freely access their garden as they wished. The automatic doors to the terrace are keypad operated which can be overridden to allow free access outside. Equipment was observed to be clean, well maintained and appropriate to consumer needs.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, however some consumers felt that appropriate action was not always taken. Generally, consumers and their representatives interviewed said they felt they could make complaints and felt safe to do so.

The organisation was able to demonstrate how it had use feedback and complaints as a basis for quality improvement actions in the service’s plan for continuous improvement.

The organisation has a comprehensive documented complaints management process. However, this process was not effectively followed in relation to a consumer’s complaint about a staff member’s conduct towards another consumer.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team found the service could not sufficiently demonstrate that appropriate action is taken in response to complaints. Consumers provided a number of examples showing the service is not consistently addressing their concerns. One consumer stated they had not heard back regarding a complaint they had made about the conduct of a staff member toward another consumer, and documentation available did not indicate what the resolution of that concern was.

The approved provider is of the view that the service has a robust complaints process which is fully supported by principles of open disclosure. This is supported by the organisation’s monitoring and review systems. They noted findings under this requirement focused mainly on a one-off event where an outgoing manager and the management transition led to a delay in response and closing off the consumer’s complaint. The approved provider stated this has since been addressed and the consumer provided with an apology.

I acknowledge the approved provider’s response; however I am not satisfied this addressed the issue identified by the Assessment Team as to whether the service can demonstrate appropriate action is taken to manage complaints or concerns. Although the approved provider gave an explanation as to why a complaint lodged was not followed up with the consumer concerned or managed as per their organisational requirements, it did not identify why the system in place to monitor complaints was in this case ineffective. I have also given weight to the feedback from consumers who did not think their concerns were consistently addressed in a timely way or adequately resolved.

Based on the information provided I find this requirement is non-compliant.

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

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

The Assessment Team found the service did not sufficiently demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. Although the plan for continuous improvement showed that consumer feedback and complaints form the basis for some of improvement initiatives, there was a significant amount of feedback from consumers that their suggestions had not resulted necessarily in care and service improvements.

The approved provider response acknowledged some of the issues raised by consumers such as in the meal service and staff communication with consumers where English is a second language. They outlined the actions taken to improve the meal service and to ensure feedback is received and actioned by improvements in the quality of food and meal services. They note staff recruitment includes ensuring staff are capable of communicating effectively with consumers.

I am satisfied that the approved provider has provided a range of examples where concerns raised by consumers have been used to initiate improvements in care and services. I have considered feedback given by consumers in relation to their concerns not being consistently addressed in a timely way or adequately resolved in requirement 6(3)(c) above.

I find this requirement is compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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 sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Generally, consumers said staff are kind, caring and respectful of each consumer, their identity, culture and diversity. This was also observed by the Assessment Team throughout the site audit.

Most consumers interviewed said they felt staff know what they are doing.

The service has made considerable improvements to its training needs analysis process, program, and with mandatory education completion rates.

Most consumers interviewed said they felt there were adequate staff.

However, the service did not sufficiently demonstrate that assessment, monitoring and review of the performance of each member of the workforce is undertaken, particularly in relation to an identified event.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.*

The service demonstrated that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. Overall, consumers did not identify any major staff training needs. Care staff mentioned they happy with the mandatory e-learning programs they had completed and also said that they have regular toolbox talks on topics as the need arises. Education has included behavioural management, falls management and care planning. The service’s quality educational partner said that training specifically on the new quality standards is included in staff induction. A training needs analysis has been completed and underpins the education calendar. Staff have completed their mandatory education requirements.

I find this requirement is compliant.

### 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 mostly the service could demonstrate that assessment, monitoring and review of the performance of each member of the workforce is undertaken. The organisation has a documented probation and performance management process that includes a consistent process for managing probations, setting clear expectations and conducting annual performance appraisals, including the roles and responsibilities of the people involved in the process.

However, the Assessment Team reviewed a complaint made by a consumer regarding a staff member’s practice. A senior manager confirmed there was no record on the staff member’s file about the investigation and the performance management process that took place. There was no record that the staff member’s behaviour had been sufficiently addressed.

In their response the approved provider indicated that examples of where staff had been performance managed had been provided. It stated that it believed it could demonstrate an effective system in place to manage monitoring and review of staff performance. It gave context on why the recording of the outcome of the complaint was not available at the time of the assessment contact.

I acknowledge the approved provider’s response and consider that a system was in place which was mostly effective and that it had examples of where the performance of staff had been managed, however in this instance identified it was unable to demonstrate this had occurred effectively.

I find this requirement is non-compliant.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers were able to describe different ways that they are involved in the development, delivery and evaluation of care and services, including their participation in weekly morning tea meetings with the general manager, feedback survey they completed and consumer focus groups.

The organisation’s governance systems are documented, and most are effective. However, the service did not sufficiently demonstrate that its systems effectively supported the management of feedback and complaints or the management of workforce performance in relation to a complaint made by a consumer.

The Quality Standard is assessed as non-compliant as one 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 organisation demonstrated that its organisation-wide governance systems are documented and most are effective. However, the service did not sufficiently demonstrate that its systems effectively supported the management of feedback and complaints or the management of workforce performance in relation to a complaint made by a consumer, see Standard 6 Requirement 6(3)(c) and Standard 7 Requirement 7(3)(e) for further information regarding this.

In their response the approved provider states the complaint raised by the consumer was addressed and an apology provided for the delay in responding to the consumer about their concerns regarding a staff member’s perceived behaviour. Likewise, the approved provider believes this matter was also addressed sufficiently as a performance management issue. It also provided information in relation to management of complaints generally and the complaint identified specifically. I have considered that information under Standard 6 Requirement 6(3)(c) and Standard 7 Requirement 7(3)(e).

Although I acknowledge the approved provider’s response, I am not satisfied this sufficiently addressed the issues identified. I consider that the organisation’s governance monitoring system was not effective in supporting the management of complaints or the management of workforce performance in relation to a complaint made by a consumer.

I find this requirement is non-compliant.

### 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.*

The Assessment Team found the organisation could not demonstrate the service applies the risk management system and practices in place to minimise the risk to health safety and wellbeing of consumers. It has a documented comprehensive risk management framework. However, in practice these systems are not always followed in relation to deterioration or change of consumers’ mental health, cognitive or physical function.

In their response the approved provider states that staff did follow required risk management practices to ensure the safety of the two consumers identified under Standards 2 and 3. In particular, that staff actively assessed and monitored their deterioration and mental health well-being.

I reviewed the documentation and information provided. I consider that both consumers had significantly complex health care needs and that the approved provider was able to show that it effectively managed the care given to both consumers and that the systems in place supported it to do so.

I find this requirement is compliant.

### 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 6(3)(c)

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

* That the service can demonstrate that it responds to and follows through on complaints raised by consumers.

### Requirement 7(3)(e)

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

* That the service can demonstrate effective and timely review of the performance of each member of the workforce, particularly when incidents occur.

### Requirement 8(3)(c)

*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.*
* That the organisation can demonstrate its governance system is effective in ensuring complaints are addressed and appropriately finalised, and that there is adequate follow up after concerns are raised about work practices.