Bupa Mt Sheridan

Performance Report

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**Commission ID:** 5721

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

**Site Audit date:** 23 February 2021 to 25 February 2021

**Date of Performance Report:** 13 April 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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | 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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other relevant intelligence or information received by the Commission
* the provider’s response to the Assessment Contact - Site report received 22 March 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

Consumers and representatives stated they were treated with respect by staff and consumers were encouraged to do things for themselves. They said staff respected their cultural needs and supported them to express their individuality and to take risks to live the life they chose. Consumers and representatives said they were provided with information so that they could make decisions about the activity’s consumers liked to be involved in and the food they liked to eat. Most consumers and representatives stated personal privacy was respected and staff confirmed consumers personal privacy was respected.

Staff were guided by organisational policies that outlined the rights of consumers to be treated with dignity and respect and for their religious and cultural identity to be valued. Staff have been provided with education relating to consumer dignity and choice.

Staff demonstrated knowledge of what was important to consumers and could describe how they ensured that consumers’ preferences were understood and respected. Staff described various ways in which they provided information to consumers about meal options and leisure activities. Staff demonstrated they were familiar with consumers’ backgrounds and the people who were important to consumers and could describe how they supported consumers to maintain relationships with family and friends.

Care planning documents informed staff on what was important to consumers and provided information to guide staff in delivering care tailored to consumers’ preferences. Documentation included information regarding consumers’ needs and preferences.

The service’s consumer handbook contains the Charter of Aged Care Rights and the Staff Handbook includes information about person-centred care and how to maintain confidentiality and privacy for consumers.

The organisation was guided by a 'Dignity of Risk’ policy and information regarding customer-centred care and risk management formed part of the organisation’s Clinical Governance Framework. Care planning documents described areas in which consumers were supported to take risks to live the life they wished. Risk assessments were completed for consumers who chose to smoke at the service.

Staff described how they supported consumers to take risks to live the best life they could.

Staff advised and documentation confirmed staff were provided with education regarding consumer choice and dignity. The Staff Handbook outlined the importance of confidentiality and privacy for consumers. The Assessment Team observed consumers doors closed while staff were assisting them with cares.

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 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

Consumers and representatives considered they were made to feel like partners in the ongoing assessment and planning of the consumers care and services. They said they are involved in initial assessments upon entry to the service and ongoing planning of the consumer’s care. Consumers and representatives said they were informed about the outcomes of assessment and planning and can have access to the consumer’s care and service plan if they wish.

Care planning documentation confirmed reviews were generally completed and in partnership with the consumer or their representative. Assessment and care planning documentation reflected individual consumer’s current needs, goals and preferences.

Care planning documents reflected the involvement of consumers and their representatives in assessment and planning and involved other providers of care and services such as medical officers and allied health specialists. Care planning documentation detailed the individual’s current needs, goals and preferences, including advance care planning and end of life preferences. The care and services plan included information on the management of personal and clinical risks.

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.*

In response to the deficiencies identified in the previous performance assessment, the service has implemented several improvements regarding assessment and planning including restraint and wound management. Management advised monitoring processes had been implemented to ensure improvements were effective and included observation of handover, weekly reviews of all consumers’ progress notes, weekly clinical meetings and regular clinical audits to ensure assessment and planning in relation to restraint and wound management was accurate and informed the delivery of safe and effective care and services.

A review of consumers’ manual handling assessments, care plans, wound assessments, restraint authorisations and consent processes had been completed by the service. Staff were provided with additional education in September 2020 in relation to restraint management.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

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

# STANDARD 3 NON-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

The service did not demonstrate each consumer received safe and effective clinical care that was tailored to their needs and optimised their health and well-being, particularly relating to skin care. Consumers were not receiving care that optimised their health and well-being and monitoring processes were not effective and did not identify deficiencies identified by the Assessment Team relating to the management of skin care.

Consumers and representatives were generally satisfied with their care and services and felt their care and services were delivered the way they wished.

The organisation had policies, procedures and tools in place to support the delivery of care in relation to such areas as restraint, pressure injury prevention and management and pain management.

For the consumers who had chemical, environmental or physical restraints, their care documentation established that the consumer or their representative provided informed consent and authorisations were obtained from medical officers. The documentation also established that the restraints were monitored and evaluated by medical officers or specialists and registered nurses.

Pain management of consumers was safe, effective and tailored to the needs and preferences of the consumers.

Staff described strategies to manage individual consumer risks including, but not limited to, the administration of psychotropic medications, falls, skin care and pain. The service utilised a self-assessment tool to monitor the use of psychotropic medications.

Staff described the main high impact and high prevalence risks for most consumers in the service and how these were communicated to staff each shift. Clinical incidents were recorded on the electronic management system and included in monthly clinical indicator reports.

Care planning documentation included advance care planning and preferences for end of life care. Staff demonstrated a shared understanding of their roles and responsibilities in recognising and addressing the needs of consumers nearing the end of their life. A registered staff member was available 24 hours per day to provide additional clinical support when needed.

Consumer files demonstrated input from Medical officers and other health professionals was sought and their recommendations were incorporated into care plans. Information and recommendations from other providers of care and services were consistently recorded in consumer electronic clinical files.

The organisation had written policies and procedures relating to antimicrobial stewardship and staff have been provided with education on antimicrobial stewardship. Registered staff provided examples of how they minimise infection related risks. Care staff said they received training regarding infection minimisation strategies including hand hygiene, the appropriate use of personal protective equipment and outbreak management processes.

The Quality Standard is assessed as Non-Compliant one 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.*

Care documentation for some consumers reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. However, the service was unable to demonstrate that consumers received safe and effective personal and clinical care in relation to wound management.

The service did not identify changes in a named consumer’s skin integrity or provide the named consumer with appropriate care during a thirteen-day period. Changes in the named consumer’s skin integrity were not communicated to their representatives, staff or management. Documentation including wound charts, incident reports and progress notes were not completed until eight days after the changes were identified. A further delay of three days occurred in the supply of prescribed treatment for the named consumer.

The Approved Provider’s response received 22 March 2021, acknowledged the breakdown in communication and incident management processes. The Approved Provider confirmed existing processes to ensure consumers skin integrity was maintained included monthly skin reviews, daily walk arounds by the Clinical Care Manager, individualised skin integrity care plans, the use of validated assessment tools, weekly clinical risk meetings and work instructions for staff to ensure consumer’s skin integrity is well maintained.

The Approved Provider acknowledged the deficiencies identified by the Assessment Team and has initiated improvement actions to address them which included, an investigation into the incident involving the named consumer, establishing regular meetings with the named consumer’s representative to ensure they were informed about care provided. A formal meeting was completed with the named consumer’s representative and management following the site audit to discuss the named consumer’s care needs. Mandatory education has been scheduled for registered staff pertaining to skin integrity, wound and incident management. The Approved Provider said regular education regarding wound, incident reporting, manual handling and skin integrity management is provided each year to all staff.

Most consumers said they were satisfied with the care and services delivered and felt care was provided in line with their preferences. Care documentation for most consumers reflected individualised care that was safe, effective and tailored to the specific needs of consumers including, but not limited to, pressure injury prevention, restraint and pain management. Staff advised they were guided by organisational guidelines to ensure care delivered was best practice and felt supported by management after hours if they required additional information or advice.

Management described monitoring mechanisms for care delivery which included daily walk arounds, daily clinical meetings, daily reviews of progress notes and incident reports and through the collection and monthly analysis of clinical incident data.

I have considered the Approved Provider’s response and acknowledge the service plans to implement actions to address the deficiencies identified by the Assessment Team. However, at the time of the site audit, the Approved Provider was unable to demonstrate monitoring, communication, clinical and incident management processes were effective for the delivery of safe and effective clinical care for each consumer. While the Approved Provider had included information regarding the monitoring processes for the management of consumers skin integrity, these were identified to be ineffective during the performance assessment. I am not satisfied monitoring processes for care delivery, staff practice, incident management and communication of changed care needs were effective at the time the performance assessment was completed.

Therefore, I find this Requirement is non-compliant.

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

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

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

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

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

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

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

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

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

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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

*Minimisation of infection related risks through implementing:*

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

# 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

Consumers and representatives said consumers were supported by the service to do things of interest to them. They said they were encouraged and supported to engage in personal and social relationships with people who were important to them. Consumers and representatives said they were supported to participate in community and social activities of their choice.

Lifestyle documentation confirmed consumers were involved in the planning of activities. The Assessment Team identified the service delivered a variety of events to enable consumers to feel socially connected and be engaged in activities and things of interest.

Lifestyle and care staff were able to state what was important to consumers and what they enjoyed doing. Lifestyle staff said activities were developed based on consumer feedback, suggestions following each activity and through consumers monthly meetings. The activity calendar included activities to meet the needs of consumers with different physical and cognitive abilities.

The Assessment Team observed the activity schedule displayed at the service which included a large variety of group and individual activities for consumers to choose from.

Care information was individualised with the consumer’s life history, past events of significance, community and family contacts and what was most important to them.

The organisation had policies relating to supporting social connections, wellbeing and culturally safe care and services to guide staff practice. Staff said church services were conducted on site for different denominations.

Care documentation provided adequate information to support effective and safe sharing of the consumer’s care information. Consumers said where responsibility for services and supports for care were shared, their needs and preferences were effectively communicated within and between organisations.

Staff described how changes in consumers care and services were communicated including through verbal and documented handover processes, electronic mail, care plan reviews and meetings.

Care planning documentation reflected the involvement of others in provision of lifestyle supports. The Clinical Care Manager and the Lifestyle Coordinator confirmed the service has a system for initiating referrals to individuals and providers outside the service.

The Chef advised consumers can provide feedback regarding food through the service’s formal and informal feedback mechanisms. They said they received feedback through consumer and representative meetings and through morning discussions with consumers who are in the dining rooms. Dietary information reviewed by the Assessment Team was noted to be current and reflective of consumer’s feedback and care plan information. The kitchen was observed to be clean, tidy with staff adhering to food safety and work place health and safety protocols.

The Assessment Team observed equipment used to provide and support lifestyle services to be safe, suitable, clean and well maintained. Care staff said they had access to equipment they needed and were aware of maintenance repair processes. Maintenance documentation confirmed scheduled preventative maintenance, including equipment maintenance had been completed.

Consumers and representatives said they enjoyed the food, were provided with different food choices and were encouraged to participate in menu planning at the service.

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 NON-COMPLIANTOrganisation’s services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Monitoring processes were not effective for consumers who chose to smoke outside designated smoking areas. The service was unable to demonstrate the environment promoted the safety of consumers in relation to consumers who chose to smoke.

Consumers and representatives said equipment was inspected and maintained and the environment was monitored to minimise risks. Consumers said they found the services living environment safe, clean and well maintained and confirmed they could access different areas of the service including outdoor living areas.

The Assessment Team observed the service’s environment to be generally clean, tidy and well maintained. Maintenance staff were observed to be working safely within the service and using appropriate equipment.

Maintenance staff explained how the service’s preventative maintenance schedule reviews all aspects of the service. Staff described the process for documenting maintenance issues. Maintenance registers evidence regular maintenance of the service environment was completed. The maintenance program included planned, periodic and unplanned maintenance in response to maintenance requests.

The Assessment Team observed consumers accessing external courtyards and external pathways which were level and free from trip hazards.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-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) Non-Compliant

*The service environment:*

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

Some consumers expressed dissatisfaction with the actions taken by the service to address cigarette smoke from other consumers which was affecting the comfort of their living environment. Consumers were observed smoking in non-designated smoking areas of the service during the performance assessment.

Risk assessments were completed for consumers who chose to smoke however, the strategies recorded in risk assessment information were not consistently implemented, including, but not limited to, smoking in designated smoking area and when required, providing those consumers with adequate supervision.

While a fire blanket and garden hose were observed accessible in the designated smoking area, access to a fire extinguisher, a call bell and signage that identified the area as smoking area were not.

I acknowledge the Approved Provider’s response, safety equipment and a call bell had been installed in the designated smoking area following the performance assessment. In addition to these actions, the Approved Provider said discussions with all staff and consumers regarding legislative requirements and organisational guidelines for smoking had occurred.

While I acknowledge the service has implemented several improvements in response to the deficiencies identified during the site audit, details regarding how they will be monitored for effectiveness were not provided. However, at the time of the site audit, the service did not provide a safe and comfortable service environment for consumers.

Therefore, I find this Requirement non-compliant

### 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

Consumers and representatives said they generally felt comfortable raising concerns and providing feedback however, some said management did not consistently action their responses to concerns raised or use an open disclosure process when things went wrong. The service was unable to demonstrate appropriate action was taken and open disclosure was used when complaints were raised during the performance assessment.

The service’s feedback information was generally reviewed and actioned by the service’s General Manager. Consumers and representatives could provide feedback through consumer and representative meetings each month.

Staff were aware of complaints mechanisms at the service and described how they would respond to a consumer or representative’s feedback.

The Assessment Team observed feedback mechanisms and complaints and advocacy information throughout the service for consumers to access and provide feedback to the service anonymously if they wished.

Staff were able to describe the external agencies available to assist consumers and representatives including interpreter services to make a complaint or provide feedback. The organisation’s handbook includes information regarding complaints, advocacy and interpreter services.

The Quality Standard is assessed as Non-compliant as one of the four 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 services monitoring processes did not identify appropriate action was taken and open disclosure used when concerns were raised by some consumers and representatives in relation to care and service delivery. Care information and written correspondence confirmed two complaints had not been recorded in the service’s electronic complaints register or actioned by management.

The Approved Provider’s response stated that the service failed to take appropriate action in response to concerns raised by the representative for one named consumer in relation to care delivery and communication. However, no information was provided in the Approved Provider’s response to indicate actions had been initiated to address concerns raised for the second complaint. Management acknowledged the named consumer’s complaint during the site audit and advised follow up actions including an apology would be commenced.

While the Approved Provider has initiated some actions to address deficiencies identified by the Assessment Team, information regarding the monitoring of the service’s complaints system to ensure appropriate actions are taken in the future when complaints are received were not provided.

I have considered the Approved Provider’s response and acknowledge it indicated the service had sent a letter of acknowledgement and apology to the named consumer’s representatives and would commence follow up actions for the other complaint. However, at the time of the site audit the service was unable to demonstrate appropriate action was taken and open disclosure was used in relation to complaints.

Therefore, I find this Requirement non-compliant

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

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

# 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

Some consumers and representatives said staff did not know what they were doing and did not consider staff were adequately trained and competent in their roles. Competencies for registered staff were incomplete in relation to compulsory reporting. Staff were unable to demonstrate they had followed organisational guidelines in relation to supporting consumers who chose to smoke, compulsory reporting, open disclosure and escalation processes for clinical changes. The service’s plan for continuous improvement did not indicate any planned actions of improvement had been recorded in relation to staff competencies and training.

Most consumers and representatives believed staffing numbers were adequate to meet their care needs. Staff said they had enough time to provide consumers with the assistance they required.

The organisation has a human resource management policy to ensure staff were equipped to meet the needs and preferences of consumers. Information in the policy included role descriptions, mandatory training and core competency requirements relevant to their roles.

Staff and management were observed engaging with consumers in a respectful manner and addressing consumers by their preferred name during the performance assessment.

The service’s orientation processes included several mentoring shifts to support the onboarding of new staff. In response to increased incidents in the memory support unit, management said psychologist service options were being investigated for staff to access if they chose to.

The service monitored criminal history certificates, professional registrations and annual influenza vaccination records. Performance appraisals, refresher training in mandatory topics and competency assessments were generally completed each year.

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) Non-Compliant

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

Some consumers and representatives said they did not feel confident staff were suitably skilled to meet the needs of consumers. One named consumer’s representative expressed concern with the services’ failure to identify, manage and communicate changes in relation to the named consumers clinical condition.

Compulsory reporting competencies for registered staff were not consistently completed. The service did not have a shared understanding of legislative information and organisational guidelines in relation to designated smoking areas, compulsory reporting requirements, open disclosure and escalation processes when changes in consumers’ conditions were identified.

Management advised further training was conducted for registered staff in relation to reportable incidents during the site audit. All registered staff were expected to complete the training by 2 March 2021.

The Approved Provider’s written response to the Assessment Team’s findings included an education calendar with planned training topics which focused on skin integrity, wound and behaviour management, serious incident response scheme and complaints management processes including managing complaints for leaders. Education was planned to be delivered by the organisation’s education team and external service providers following the performance assessment. The Approved Provider’s response did not include information regarding how the service will monitor the effectiveness of education delivered or the completion of mandatory competencies.

I have considered the Approved Provider’s response and acknowledge ongoing education has been planned for the before mentioned topics and compulsory reporting however, at the time of the site audit the service was unable to demonstrate staff had completed training relevant to their roles or had sufficient skills and knowledge to perform their roles. Insufficient information was included in the Approved Provider’s response to demonstrate how the service planned to monitor the completion of education/competencies and staff’s understanding to effectively perform their roles.

Therefore, I find this Requirement non-compliant

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

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

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

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

# STANDARD 8 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

The Assessment Team identified the service’s consolidated records did not demonstrate the service had a shared understanding of legislative requirements in relation to the compulsory reporting of sexual assaults.

Consumers and representatives said they had input into how care and services were delivered. They said they were supported to make informed decisions about the care and services they were provided.

Consumers and representatives confirmed the service was generally well run.

Management said they encouraged consumers and representatives to participate in decisions about the service. Management and staff described the ways in which consumers were generally encouraged to engage and be involved in decisions about changes to the service, and the development, delivery and evaluation of care and services.

Monthly consumer meetings were scheduled within the service to address any issues relating to care and services and to discuss new ideas proposed by consumers. Feedback brochures were available throughout the facility and suggestions boxes throughout the service. Management reviewed most feedback and suggestions and ideas raised at the monthly consumer meetings.

The organisation’s governing body was accountable for the delivery of safe, inclusive and quality care and services. Roles and responsibilities for the Board of Directors and senior management personnel included accountability for maintaining standards of quality. The Board of Directors meet each month and had overall accountability for consumer safety, care delivery and system governance.

Management said information from incidents, mandatory reporting data, consumer feedback and complaints, staffing reports and continuous improvement activities were reported to the Board of Directors at monthly Board meetings.

Staff and management said they could readily access the information they needed about the organisation’s systems, processes and practices and about the care and service requirements of each consumer. They said they had access to policies and procedure on the organisation’s electronic system.

The service’s manager had control of the service’s budget and any additional expenditure required approval from the Board.

The organisation’s governance framework incorporated a risk management plan and policies and procedures that included the identifying and responding to abuse and neglect of consumers. Most staff demonstrated they were aware of their reporting responsibilities in the event of an allegation of abuse raised with them or witnessed by them.

The service had a clinical governance framework that referenced antimicrobial stewardship, minimising the use of restraint and an open disclosure policy.

Staff advised that they had received mandatory training and education on infection control practices, restraint management, and elder abuse. Staff described strategies to minimise the risk of infections, which included hand hygiene, appropriate use of personal protective equipment and the timely identification of infection-related symptoms.

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 service’s consolidated records did not demonstrate the service had a shared understanding of legislative requirements in relation to the compulsory reporting of sexual assaults. Care information and compulsory reporting documentation was inconsistent in relation to the recording of several reportable incidents for one named consumer.

Management did not consistently escalate incidents in line with organisational guidelines. Staff advised and education records confirmed most staff did not have a clear understanding of their reporting responsibilities in relation to incidents of a sexual nature involving a named consumer with a cognitive impairment. The Assessment Team identified risk assessments and care reviews were not consistently completed following compulsory reporting incidents.

The Approved Provider’s response included the development of a new Serious Incident Response Scheme management system accompanied by mandatory education for all staff. Education planned will include reportable incidents, reporting changes, work instruction updates, My Aged Care portal and how to support care staff with the new Serious Incident Reporting Scheme requirements.

While the Approved Provider disputed the Assessment Team’s findings in relation to the amount of registered staff who had completed compulsory education in 2020, the Approved Provider was unable to provide evidence to support their response.

The Approved Provider stated in their response that most registered staff completed their compulsory reporting training in February 2021.

I have considered the Approved Provider’s response and acknowledge most registered staff have been provided with education regarding compulsory reporting and further education has been planned including the Serious Incident Response Scheme however, at the time of the site audit the service was unable to demonstrate an effective organisation wide governance system was in place in relation to regulatory compliance.

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.*

### 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 3(3)(a) – Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that optimises their health and well-being.
	+ Changes in the clinical condition are identified, communicated and managed appropriately.
* Requirement 5(3)(b) – Ensure the service environment is
1. Safe, clean, well maintained and comfortable
2. Enables consumers to move freely both indoors and outdoors
	* The service environment is safe and comfortable for all consumers in relation to smoking
* Requirement 6 3(c) – Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
	+ Complaints need to be actioned in a timely manner and open disclosure processes used when things go wrong.
* Requirement 7 (c) – The workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles.
	+ Ensure staff complete all mandatory education and have a shared understanding of legislative requirements and organisational guidelines regarding smoking, open disclosure processes, care delivery and compulsory reporting.
* 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
* Ensure all incidents which meet compulsory reporting requirements are recorded in the services compulsory reporting register and reported within required time frames.