Bupa Seaforth

Performance Report

550 Sydney Road
SEAFORTH NSW 2092
Phone number: 02 8247 3000

**Commission ID:** 1034

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

**Site Audit date:** 10 December 2019 to 13 December 2019

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-Compliant** |
| Requirement 1(3)(a) |  Non-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) | Non - 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) | Non - Compliant |
| Requirement 7(3)(d) | Non - 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 re-accreditation audit; the re-accreditation 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 re-accreditation audit report received 28 January 2020.

# STANDARD 1 NON - COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Assessment Team found the majority of consumers and representatives interviewed during the site audit generally confirmed that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

The following examples were provided by consumers and representatives when they spoke with the Assessment Team:

* one consumer said staff treat him and his wife with respect and respond quickly to their requests
* a representative said staff are very, very good and show empathy and know what they are doing
* staff know the consumer’s name, what the consumer’s like and accommodate their wishes
* the interaction of staff with consumers or the consumer’s family members, is constant
* staff have an understanding of the consumer’s needs and know enough to care.

The Assessment Team observed that care and registered staff, hospitality staff and Recreational Activities Officers spoke about consumers in a way that indicated respect and a general understanding of their personal circumstances.

Staff demonstrated they are generally knowledgeable of consumers’ backgrounds and their preferences that influence the day-to-day delivery of their care. They described how consumers are supported to make informed choices about their care and services, and to maintain relationships. Staff further reported on various ways they respect and maintain consumers’ privacy.

* However, 40 per cent of consumers and representatives interviewed by the assessment team said that they are not consistently treated with respect and their dignity is maintained. For example one consumer said that while staff knock before entering their room when the door is closed, they do not always wait for their reply before entering. In addition, observation of staff practice reflected that staff do not consistently respect and maintain consumer’s dignity and/or interact with them in a culturally appropriate and meaningful way.

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

## Assessment of Standard 1 Requirements

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

Each consumer is not always treated with dignity and respect, with their identity, culture and diversity valued.

The assessment team found during the site audit that the service did not adequately demonstrate that each consumer’s dignity and respect is preserved as:

* 40 per cent of consumers and representatives interviewed by the assessment team said that they are not consistently treated with respect and their dignity is not maintained
* observation of staff practice reflected that staff do not consistently respect and maintain consumer’s dignity and/or interact with them in a meaningful way; for example:
* a consumer was observed to be wearing a stained t shirt
* a consumer was seen to be inappropriately redirected by a staff member

The approved provider’s response to the Assessment Team’s site audit report included information that a recent independent survey of consumers indicated all consumers who participated said staff treat them with dignity and respect. The response also provided further information in relation to the care and support for consumers identified by the assessment team.

While there were many very positive comments provided by the majority of consumers and representatives in relation to the way they are treated with dignity and respect, a significant proportion of consumers and representatives interviewed also raised concerns in this regard.

I find the approved provider does not comply with this requirement as not all consumers and representatives confirm they are treated with dignity and respect.

### 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.

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 - 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

The Assessment Team found that a large proportion of consumers sampled during the site audit confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

The following examples were provided by consumers and representatives when they spoke with the Assessment Team:

* One consumer said they are well looked after, and they are satisfied with the treatment received
* One representative said staff are very loving and caring and treat consumers like their own family.
* A representative commented positively about how carers spend time with their family member ensuring that she is well presented and that staff know what the consumer likes and accommodate their wishes.

Although the Assessment Team found that assessment and care planning processes are in place, the systems are not always responsive to the changes in the consumer’s condition. Care and services are not always reviewed regularly for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the 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 2 Requirements

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

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

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

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

The assessment team provided evidence that the care needs of three consumers were not reassessed following a change and I have considered this in the context of requirement 2(3) €.

The assessment team also provided evidence of three consumers where the preferences of consumers or their representatives were not addressed. However I have considered the approved providers response and am satisfied for two consumers, action taken by the service was appropriate. In relation to the third consumer, I have considered this matter in relation to Requirement 3 (3) (a).

The assessment teams report includes the organisation has policies and procedures to guide assessment and planning processes care and lifestyle staff said they are very familiar with consumer needs and preferences and interviews with staff indicate that they are generally familiar with consumers’ needs and preferences.

Consumer and representative comments in this regard were also generally positive.

Based on this evidence I find the service complies with this requirement.

### 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 not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The assessment team found during the site audit that in relation to four consumers, the service did not review care and services for effectiveness when there was a change in circumstances or when incidents impacted on consumer needs, goals and preferences. The Assessment Team found that:

* A review of a consumer’s care plan indicated that this was not updated or reviewed once they returned from hospital after a critical incident
* There were no further reviews of a consumers care once an End of Life Plan was commenced.

The approved provider’s response to the Assessment Team’s site audit report included information on a systematic approach to review including, daily management meetings and clinical walk arounds, regular falls/risk management meetings, regular reviews and three monthly care plans and a resident risk register.

However for four consumers noted in the report the approved provider has submitted no evidence to support that comprehensive reassessment occurred for the following circumstances: post hospitalisation following incidents, for a consumer once an End of Life Plan was commenced or that alternative strategies were trialled prior to administration of psychotropic medications.

On this basis I have found the service does not comply with this requirement.

# 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 assessment team found most sampled consumers considered they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers receive the care they need.
* Staff know consumers well and ensure their care needs are meet.

Whilst most consumers and representatives spoke positively about the clinical and personal care consumers receive, some raised concerns which mostly related to issues in the service’s competence and knowledge in supporting consumers living with dementia.

The assessment team found the organisation has policies and procedures in place regarding clinical care and these are generally followed. However, the assessment team found the service does not always ensure these are followed including that changes in the care needs and preferences of consumers are not always identified and responded to and the service did not ensure the effective management of high impact or high prevalence risks associated with the care of each consumer.

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

Not all consumers received 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 team provided evidence that falls management arrangements were not effective for a consumer and no root cause analysis was undertaken in relation to each fall. However, I am satisfied given the information in the assessment teams report and the approved providers response that appropriate and extensive assessments had been undertaken including by a geriatrician, the general practitioner and a physiotherapist as well as nursing staff, there was regular review and the root cause of her falling had been identified. In addition, appropriate equipment was available and the consumer was generally closely monitored. I have also noted this consumer has not had a fall since early November 2019.

For another consumer the assessment team were concerned deterioration was not picked up in a timely manner. The approved providers response indicates the deterioration was acted upon on the day it was identified but has not submitted evidence to support this.

The team identified other deficiencies in care in relation to monitoring of wound care effectiveness, end of life planning. For example for a consumer with wounds, these were not monitored in accordance with the treatment plan, and for a consumer where an End of Life Plan was implemented, there was limited monitoring of their condition until commencement of palliation.

For these reasons I have found the service does not comply with this requirement.

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

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

The assessment teams report includes information in relation to the management of falls for two consumers at high risk and the pain management of a consumer who was palliative. I am satisfied the service generally managed consumers at risk of falls and appropriate action was undertaken post a fall. For example risk assessments were undertaken, the reasons for the falls were understood, assessment by physiotherapists occurred and there is evidence of geriatrician and general practitioner engagement.

However for one consumer I am not satisfied the consumer’s pain was managed as effectively as possible. The consumer experienced break through pain on an increasing number of occasions prior to death. While the approved provider asserts pain was managed and as required medication was generally effective in managing break through pain, I am not satisfied appropriate assessment and referral had occurred to minimise this occurrence.

For this reason I have found the service does not comply with this requirement.

### Requirement 3(3)(c) Non - Compliant

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

The assessment team identified a consumer whose general practitioner commenced them on an end of life care plan without engagement with the service or the consumers representatives and there is no information about why this had occurred. Some preliminary assessment indicated the consumer did not meet the threshold for end of life care, the plan and future care was discussed with a representative. no further assessment of how care should be provided beyond a “comfort care chart” was commenced. A formal end of life pathway was commenced approx. 10 days later and there is evidence care was appropriate during this time and the consumers family was consulted.

The approved provider asserts the end of life plan was not enacted as following assessment, the consumer did not meet the threshold for this course of action and the approved providers response states the consumer remained stable for some time. The approved providers response states the consumer continued to receive care while stable and, the end of life pathway was commenced once the consumer met the criteria for this action.

However, I am concerned that for a period of 7 days between when the general practitioner commenced the end of life plan and a decision to commence the end of life plan with a view to palliation, there was minimal monitoring or assessment of the consumer’s needs.

For this reason, I have found the service does not meet this requirement.

### 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 has noted the service has a comprehensive range of policies and procedures to guide staff in assessment and care planning processes. The team also identified two care recipients where changes were not responded to in a timely manner following a decision in relation to end of life planning and in relation to pain management during palliation. In relation to the consumer with end of life planning, I have considered this information in relation to requirement 3(3)(c) and I have considered the other consumers circumstances in coming to a view in relation to requirement 3 (3)(b).

I have also considered the majority of consumers satisfaction with care delivered, including that staff are responsive to their care needs and if they observe any issues of concerns ‘care staff call the RN to check”.

For this reason, I have found the service complies with this requirement.

### 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.

The assessment teams report included the service has a range of mechanisms to ensure effective communication regarding the care of consumers and staff spoke positively about these arrangements. This includes handover processes, review of clinical documentation such as progress notes and care plans.

I have also considered the majority of consumers satisfaction with care delivered, including that staff are responsive to their care needs and if they observe any issues of concerns ‘care staff call the RN to check” and that a range of allied health and other specialist services are available to assist in consumers care.

While the team identified a delay in follow up of a referral, I have considered this in relation to Requirement 3 (3) (f).

I have found the service complies with this requirement.

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

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

While the assessment team identified one circumstance when a referral was not followed up in a timely manner, other evidence in the assessment teams report indicated referrals are appropriate and timely.

On this basis, I have found the service complies with this requirement.

### 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

##### Consumer outcome

The assessment team found during the site audit that overall consumers and representatives sampled confirm said they generally get the services and supports for daily living that are important to their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers and representatives generally reported satisfaction with the support provided to consumers to do the things they want to do, including the opportunities provided to consumers to continue to participate in activities of daily living when consumers are no longer able to mobilise.
* Consumers and representatives interviewed mostly spoke positively on how the consumers do things outside the service and how they keep in touch with people who are important to them.
* Consumers and representatives largely expressed their satisfaction with the meals provided by the service. Their comments included for example, the “food is excellent”, the Chef comes up to the individual serveries and interacts with the consumers and the portions are sufficient.

In addition, the assessment team spoke to the Recreational Activities Officers who demonstrated how consumers are engaged and supported, on an ongoing basis, to make informed choices about the activities and social opportunities provided. Activities are incorporated to meet the needs of consumers with varying levels of functional and cognitive abilities. Care staff interviewed generally had a shared understanding of what consumers liked to do, and this generally aligned with consumers’ care planning documents. Management and staff also advised on how consumers are supported to do things not on the activities program.

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 services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The assessment team found most consumers sampled indicated that they feel they belong in the service, and feel safe and comfortable in the service environment.

The following comments and examples were provided to the assessment team:

* Consumers and representatives generally commented positively on the environment, and what makes it a nice place to live with one consumer relating that when their family visits, they meet in their “room, the lounge area or the alcove is always free, a nice place for a cup of tea”. Two consumers also advised they like going for a walk outside, going to the coffee shop and/or out for a meal with friends or visitors.
* Consumers and representatives reported their satisfaction with the cleanliness of the service, the consumers’ living environment and that the service is generally well maintained.
* Consumers and representatives commented positively on the furnishing and fittings of the service. They also expressed their satisfaction with the equipment provided to assist consumers for example, with their mobilisation requirement and this included wheel chairs and fall out chairs.

The assessment team also observed:

* reception staff were welcoming and engaged with consumers and/or their visitors in a friendly and positive manner,
* Consumers and their representatives/visitors had access to the communal lounge and seating alcoves areas throughout the visit.
* Consumers rooms were furnished and decorated with personalised items and mementoes.
* Consumers were observed to have access to call bells to request the assistance of staff when needed.
* Furniture and fittings were clean and well maintained, and there were sufficient quantities to meet the needs of consumers.

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.

The assessment team observed the service environment to be clean, tidy, free from clutter and generally well maintained.

The assessment team noted on one day of the visit a staff person did not stop doors banging when they were closing them and the call bell annunciator was loud and both were of concern to one care recipient.

In relation to the call bell, I note the approved providers response and the assessment team’s report confirms the call bell issue was being investigated at the time of the audit. The approved providers response states the call bell annunciator is at its lowest level, efforts have been made to soften the impact of noise and the consumer impacted has been offered a change of room but has declined

In relation to banging doors, I have noted the approved providers response that it is investigating and identifying solutions including staff training, changing the door retainers and putting rubbers on door jambs to reduce impact.

The assessment teams report also confirms there is an active maintenance program in place and consumers and representatives reported satisfaction with the cleanliness of the service and the living environment.

### Given in the main, the service is safe, clean and comfortable and consumers are able to move freely indoors and outdoors I have found the service complies with this requirement.

### 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

The assessment team found that most consumers and representatives interviewed during the site audit considered they were encouraged and supported to give feedback and make complaints.

For example the assessment team found consumers and representatives generally reported satisfaction with their ability in raising concerns, the ways they were able to do so and many advising they would be comfortable in raising such concerns with staff and/or management at the services. Two representatives spoke positively in relation to response received from staff and/or management of the service in relation to issues raised.

The assessment team also noted the service’s Complaints Management policy reflected a new complaints framework which was established in August 2019. The framework includes an Open Disclosure approach to managing complaints.

The assessment teams report includes that a range of brochures and posters about how to raise concerns are available throughout the service; this includes external complaint avenues and advocacy services. Feedback forms and suggestion boxes are available to consumers, representatives and other interested parties. Consumer and representative information packages and the consumer handbook includes information on how to raise complaints. Fortnightly consumer and representative meetings are currently held at the service, whereby issues of concern can also be raised.

However, the assessment team found not all consumers and representatives were satisfied that appropriate action was taken following a complaint being made or concerns identified. For example the assessment team advised some consumers expressed concern in relation to issues being raised and/or addressed at consumer and representative meetings and four consumers and/or representatives advised of issues of concern they had raised with staff and/or management, which are still ongoing and causing the consumer and/or their representatives continued concern.

The service is not able to adequately demonstrate that appropriate action is taken in response to complaints, and that complainants are consistently kept advised of the outcome of the concerns and/or the complaints they have raised.

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.

While the assessment teams report some consumers and representatives reported satisfaction with complaints processes, three other complaints had not been addressed to the consumers satisfaction. I have also considered the approved providers response and while both the response and the assessment teams report indicates action had been taken, it appears this did not resolve the issues or feedback was not provided in a timely manner. For example in relation to the investigation of the call bell annunciator and a representatives concern about a consumers care.

For this reason, I find the service does not meet this requirement.

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

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

I have considered the assessment teams report that management did not provide documentation to demonstrate how feedback and complaints data is used to support continuous improvement. The approved providers response indicates a range of strategies have been implemented including trend data, a complaints register, a plan for continuous improvement and training. The response also includes specific examples including new cleaning programs and new laundry schedules.

These statements are supported by evidence in the assessment team’s report including training has been focussed on areas of noncompliance, the complaints register generally reflected actions to address the concerns, and an activities focus group has been established to enable consumers to have choice in activities with consumers, resident and relative meetings are held.

For these reasons, I have found the service meets this requirement.

# 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

The assessment team found that most sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The following comments and examples were provided to the team by consumers and their representatives:

* Staff treat consumers well and are respectful
* Staff “very, very good, they have and show empathy (to consumers) and they know what they are doing”.
* Staff spending time with the consumer; “they make her look pretty, she has nail polish put on and her hair is done”.

The assessment teams report also includes the organisation has comprehensive recruitment processes and an orientation and induction program in place, there are sufficient staff to meet consumer needs. Calls for assistance from consumers are promptly attended to and staff confirmed they have attended a large number of education sessions and feel that they have been beneficial in developing their knowledge and skills.

However based on incidents of poor practice in care and service delivery, I am not confident the workforce has the knowledge to effectively perform their roles or that education of staff effectively supports them to deliver the outcomes required of the standards.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

I have had regard to the non compliance identified in other requirements of the Quality Standards in making a decision about this requirement and comments by representatives raising concerns about the skills and competence of some staff particularly in relation to interacting with consumers living with dementia.

However based on incidents of poor practice in care and service delivery, I am not confident the workforce has the knowledge to effectively perform their roles.

I have therefore found the service does not comply with this requirement.

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

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

The assessment teams report and the approved providers response indicates there are appropriate recruitment processes in place, there is an orientation and induction program, a comprehensive training strategy is in place and staff advised this has been beneficial in developing their skills and knowledge.

However I have regard to the non compliance identified in other requirements of the Quality Standards in making a decision and I am not confident education activities are effective in ensuring the workforce is supported to deliver the outcomes required by these standards

I have found the service does not comply with this requirement.

### 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 found that most sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services, including most consumers and representatives said management is responsive to their suggestions and concerns.

The assessment team also found work had commenced to involve consumers in the development, delivery and evaluation of care and services and that they are supported in that engagement including:

* Focus group meetings; increasing the involvement of consumers/ representatives running resident and relative meetings, creation of a consumer engagement manager whose role is to enhance the engagement of consumers/representatives in the planning, and implementation and evaluation of care and services.
* The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery and a range of organisational information including posters, handbooks, staff involvement activities and education promotes the organisation’s expectations and commitment to a culture of safe, inclusive and quality care and services.
* The organisation has commenced work to reduce the use of psychotropic medications and has developed policies and procedures in regard to the minimisation of restraint and antimicrobial stewardship

In addition the organisation has systems

* To identify opportunities for continuous improvement through consumer feedback, monitoring of regulatory requirements and audit/monitoring systems.
* for workforce governance
* for management of complaints which were introduced at the end of October 2019.
* In relation to risk management.

However the assessment team found some consumers and representatives do not feel the service is responsive to their complaints and concerns information to enable the delivery of quality services is not always captured, communicated and acted on.

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 assessment team identified deficiencies in relation to information management, for example documenting the monitoring of care for a consumer, information is not always transferred to the care plan and the lack of information on the safe and appropriate use of equipment specifically for one consumer.

While these indicate some instances of poor application, I have also considered that staff indicated they have access to relevant information to enable them to deliver care and services.

The assessment team also found the organisation has systems to identify opportunities for continuous improvement but they were not always effective at this service as there are deficiencies in other standards.

The assessment team also found some consumers and representatives were dissatisfied with the management and feedback of complaints and documentation of complaints outcomes or effectiveness is not always documented.

The approved providers response asserts there are continuous improvement and complaint processes in place but has not provided evidence of these.

While I acknowledge the organisation has continuous improvement processes they have not always been effective at this service as issues identified by the assessment team had not been identified by the service itself and the complaints processes are not effective in ensuring complaints are finalised.

I find the service does not comply with this requirement.

### 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 teams report and the approved providers response indicates the service has a risk management framework in place, clinical indicator data is collected and trended including in relation to high risk and high prevalent risks and measures have been implemented to reduce risk including in relation to falls, for example a falls management committee meets regularly nd reviews consumers at risk of falls.

For individual consumers identified in this requirement, I have considered their individual circumstances under other requirements.

I have also considered the education program implemented at the service, there is an incident report system at the service and consumers, representatives and observations indicate staff are generally kind and caring.

I have found the service meets this requirement.

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

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

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 1(3)(a)

Each consumer is not always treated with dignity and respect, with their identity, culture and diversity valued.

**Requirement 2(3)(e)**

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

**Requirement 3(3)(a)**

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

* Is best practice; and
* Tailored to their needs; and
* Optimises their health and well-being.

**Requirement 3(3)(b)**

Effective management of high-impact or high-prevalence risk associated with the care of each consumer.

### Requirement 3(3)(c)

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

**Requirement 6(3)(c)**

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

**Requirement 7(3)(c)**

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

**Requirement 7(3)(d)**

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

**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.