Bupa Seaforth

Performance Report

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**Commission ID:** 1034

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

**Site Audit date:** 14 April 2021 to 16 April 2021

**Date of Performance Report:** 2 June 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **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) | Non-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** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 18 May 2021

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Most sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose.

For example:

* All consumers feedback indicated they are treated with dignity and respect, with some providing examples of what respect means to them.
* Consumers confirmed they are supported to form and maintain relationships with others.

The service has systems in place to engage and include consumers and/or representatives in care and service planning, delivery, and evaluation, as well as to provide each consumer with information that is current, accurate and timely.

Staff were observed to treat consumers respectfully while providing care and services and when speaking to consumers. All staff confirmed they have received training in dignity and respect.

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.*

This requirement was found to be Non-Compliant in the previous site audit as the service did not demonstrate an understanding of each consumer’s background and what is important to them. Some staff were also observed to not uphold dignity and respect when working with consumers.

The Assessment Team interviewed a sample of consumers and/or representatives who say they feel accepted and valued, and their care documentation now include a map of life document that records their background and what is important to them. Staff were observed to be interacting respectfully with consumers, and are guided by service documents, policies and procedures that enable an inclusive approach to delivering care and services.

I find this requirement Compliant.

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

*Care and services are culturally safe.*

This requirement was found to be Non-Compliant in the previous site audit as the service did not demonstrate an understanding of each consumer’s background, and the Assessment Team were unable to identify examples of culturally safe care and services through staff interviews or documentation.

The Assessment Team interviewed staff who were able to provide examples of consumer identity and how they deliver care in line with the consumers cultural preferences, and how they are guided by a consumer’s care documentation, and policies/procedures to deliver culturally safe care. The team also interviewed a sample of consumers who confirmed that staff are respectful and understand their needs and preferences.

I find this requirement Compliant.

### 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.*

This requirement was found to be Non-Compliant in the previous site audit as not every consumer and/or representative interviewed felt they were supported to make decisions about their consumers care.

The Assessment Team interviewed a sample of consumers who said they feel they have a say in the care and support that is provided to them. Staff interviewed were able to provide examples of how they help consumers make day-to-day choices and help facilitate access to any support the consumer needs to live their best life. The Assessment Team also reviewed documentation which included details of consumer’s representatives and documents the key decisions that consumers have made about care and services.

I find this requirement Compliant.

### 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.*

This requirement was found to be Non-Compliant in the previous site audit as the service did not demonstrate current, accurate, and accessible information has been provided to enable some consumers to exercise choice.

The Assessment Team interviewed a sample of consumers/and or representatives whom said information and communication has improved, and consumers provided examples of having access to a current menu and activities schedule. Staff were also observed by the Assessment Team to use tools to assist communication with consumers from a non-English speaking background or with a cognitive impairment, and ensure they receive information that is current, accurately and timely.

I find this requirement Compliant.

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

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

This requirement was found to be Non-Compliant in the previous site audit as a consumer provided feedback about an unauthorised disclosure of consumer personal and sensitive information, and staff were not observed to uphold consumer privacy in their conversations.

The Assessment Team interviewed a sample of consumers whom generally described staff respecting privacy in their conversations and care practices, and one consumer stated that staff have recently improved and knocks on their door before they enter. The Assessment Team also observed staff and noted they did not discuss personal information in public areas, and staff interactions with consumers were observed to be discrete and respectful. I note that the previous unauthorised disclosure of consumer personal and sensitive information has been resolved and the Assessment Team has not identified any similar occurrences, although the Assessment Team noticed two occasions where consumers files were left open in a registered nurses’ station in the presence of another consumer.

On balance, I find this requirement Compliant.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

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

* Consumers and/or representatives said they are included and informed about outcomes of assessments and planning through case conferencing and receiving telephone calls or emails from the service.
* Consumers and/or representatives said they received copies of the care plan or could access it when requested.

The Assessment Team identified that care planning documentation address a consumers needs, goals, and preferences, and they are reviewed and routinely updated according to the service’s protocol.

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.*

This requirement was found to be Non-Compliant in the previous site audit as care and services documentation showed assessment and/or care planning did not reflect known risks associated with the health and well-being of the sampled consumers.

The Assessment Team reviewed a sample of consumer documents and note they now demonstrated comprehensive assessment and planning undertaken by the service. Consumer’s individual risks are considered and documented in their care plans. Staff are aware of the care planning process and could provide examples of the importance of assessment and planning

I find this requirement Compliant.

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

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

This requirement was found to be Non-Compliant in the previous site audit as care and services documentation did not reflect the needs, goals and preferences of the consumers sampled, and staff were not always familiar with consumer needs, goals and preferences.

The Assessment Team have reviewed a sample of care documentation and identified they were now up to date, except for a few advanced care directives. Staff were able to describe what was currently important to consumers in terms of their personal and clinical care. Consumers interviewed confirmed they have an opportunity to communicate end of life care wishes with staff. Management staff interviewed also confirmed they seek to discuss advanced care directives for consumers whom wish to have it completed.

On balance, I find this requirement Compliant.

### 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.*

This requirement was found to be Non-Compliant in the previous site audit as care plans of some consumers had not been reviewed regularly, or when circumstances changed.

The Assessment Team reviewed care documentation and identified they contained up to date information and evidenced regular review. Staff interviewed were able to describe the process that ensures care plans receive regular review, and/or when there is a change in the condition of a consumer. One representative interviewed confirmed that their consumer’s care is reviewed each time there was a change in their consumer’s condition and they were notified by staff in a timely manner.

I find this requirement Compliant.

# 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

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

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Most consumers and/or representatives said the care they were receiving was right for them and they felt safe.
* Representatives said consumers are referred to appropriate health professionals when required and they are contacted if there are any concerns or changes.
* The service has written materials and systems in place to enable staff to provide comfort and maximise the dignity of a consumer who is receiving palliative care.
* The service has practices in place to minimise infections and promote appropriate prescribing and usage of antibiotics. Staff were able to describe these practices as well as strategies to minimise infections.

Whilst consumers and/or representatives gave mostly positive feedback about clinical and personal care, the review of care and service records does not support that clinical care delivered to the consumers is best practice or optimises consumers’ health and wellbeing, or is otherwise inconsistent documented to evidence the care that has been provided.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team interviewed a sample of consumers who mostly said they are satisfied with the care they are receiving, with the exception of one representative who felt that the service was not assisting their consumer with hygiene and meals. Staff interviewed were able to describe the clinical and personal care provided for the sampled consumers, including how they were addressing the aforementioned representative’s concerns.

The Assessment Team reviewed a sample of care documentation and noted that care that is best practice and optimises consumers health and wellbeing are either not delivered or documented to evidence it has occurred. For example, consumers wounds are not always reviewed and measured, consumers identified with significant weight loss do not always have their care plans updated with recent health professional recommendations in their care plans, and risk assessments are not always completed.

The provider has responded acknowledging that documentation for their consumers do not always evidence a clear record of care, and state they will commit to ensuring registered nurses receive the appropriate education to improve their documentation and understanding. They will also provide further education on clinical issues to staff, such as the management of wounds. Furthermore, they have updated outstanding documentation during the site audit or thereafter, such as updating risk assessments for consumers using bed rails and dietician recommendations for care plans.

I find this requirement Non-compliant.

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

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

This requirement was found to be Non-Compliant in the previous site audit as the service did not demonstrate effective management of behaviours of concern, including analysing and responding appropriately to behavioural incidents.

The Assessment Team has not identified any further significant behaviours of concern that have not been effectively managed by the provider during this site audit.

The Assessment Team also interviewed consumers and/or representatives and most said they are happy with the care provided, except for one consumer representative who was not satisfied with the management of their consumer’s falls. Staff interviewed could describe the high impact, high prevalence risks at the service and review of care planning documents identified that these risks are tracked, trended and updated in care planning documents. Management could provide examples of strategies and interventions for minimising their identified high impact, high prevalence risk, including those related to falls, and behaviours of concerns. They were also able to describe how they are managing the fall risks specific to the consumer by one of the consumer representatives.

On balance, I find this requirement Compliant.

### 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) Non-compliant

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

The Assessment Team interviewed a sample of consumers and/or representatives who said they have access to doctors and other health professionals when required. Staff interviewed were also able to describe the process for referring a consumer to other organisations or providers of other care and services and were aware of the directions given by health professionals for a sample of consumers.

On the other hand, the Assessment Team reviewed a sample of consumer documentation and identified they did not always evidence the input of doctors and allied health providers and/or timely referrals to manage changes in consumers, including wounds and behaviours of concern.

The provider acknowledged that there is a lack of documentation available to evidence that the service has made timely referrals to GPs and other specialists. To address the identified areas for improvement, they have discussed the issue at a registered nurses’ meeting, and further education has been planned for staff to improve their skills relevant to this requirement.

On balance, I find this requirement Non-Compliant.

### 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.*

This requirement was found to be Non-Compliant in the previous site audit as staff were not aware of antimicrobial stewardship and were observed to breach infection control practices.

The Assessment Team has identified the service has since placed systems in place to manage an outbreak and minimise infection related risks, including practices to promote appropriate prescribing and usage of antibiotics. Staff interviewed were aware of antimicrobial stewardship and were observed to be adhering to infection control practices. The Assessment Team also identified the service had a recent outbreak of gastroenteritis which was well managed by the Infection Prevention and Control Lead.

I find this requirement Compliant.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers provided examples of the activities they enjoy and described their interactions with church services and volunteers.
* Staff demonstrated how consumers participate in activities that are not on the schedule. For example, some consumers enjoy making jewellery in their spare time.
* Consumers are assisted to use their telephones to contact relatives.
* Staff are aware of important relationships to consumers and facilitate quality time spent together.
* Feedback from consumers in relation to the meals provided was consistently positive. All consumers reported meals to be suitable in variety, quality, and quantity.

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.*

This requirement was found to be Non-Compliant in the previous site audit as some consumers previously interviewed did not feel supported to do the things they wanted to do across various aspects of their daily living, and staff and documentation did not evidence consistent understanding of each consumers preferences for daily living.

The Assessment Team interviewed a sample of consumers who described their interests and how the service now supports them to participate in activities relevant to their interests. Staff also demonstrated an understanding of each consumer’s preferences with daily living and were able to describe how they support consumers to do activities not on the schedule based on the interests and need for consumers.

The Assessment Team also identified that consumer care planning documents now include a ‘map of life’ which outlines personal information about a consumer’s identity, and which can be used to inform care.

I find this requirement Compliant.

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

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

This requirement was found to be Non-Compliant in the previous site audit as some consumers previously interviewed did not feel supported emotionally, spiritually or psychology. Care documentation also lacked evidence that consumers were supported with these needs.

The Assessment Team interviewed a sample of consumers who now describe the ways the service meets their needs, goals and emotional, spiritual and psychological well being needs. Staff interviewed also demonstrated knowledge of supporting these consumers with their psychological needs, and their care is supported by care planning documentation which evidences individualised strategies to address and support the psychological and spiritual wellbeing of consumers.

I find this requirement Compliant.

### 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.*

This requirement was found to be Non-Compliant in the previous site audit as some consumers previously interviewed did not feel supported to participate in their community and do things of interest them, and staff and documentation did not evidence consistent understanding of each consumer’s need in these aspects.

The Assessment Team interviewed a sample of consumers whom now describes how they are assisted to participate in the community through different internal and external activities. Staff interviewed were also able to demonstrate knowledge of activities that sampled consumers enjoy and the relationships that are important to them. The team also reviewed a sample of care plans which reflect relevant information about consumers in regard to their interests, relationships and participation in the community.

I find this requirement Compliant.

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

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers interviewed reported they feel safe within the service and find the service and equipment to be clean and well maintained.
* Consumers said the cleaning had improved a lot and is one of the things that makes it a nice place to live.

The Assessment Team also observed the corridors are well lit with natural light from windows in all areas. Walkways are free of obstacles and clean. Temperature control within the service is adequate. The noise level within the service was observed to be at an acceptable level and the overall service environment is welcoming, clean and well maintained.

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 interviewed a sample of consumer which indicated the service has made recent improvements. They complimented the cleanliness of the service and said they can go outside if they wished.

Staff interviewed were also able to describe how they ensure the service remains clean and well maintained. The Assessment Team’s observed that the environment was clean and well maintained, and there were no outstanding maintenance tasks in the maintenance and cleaning logs.

On the other hand, the Assessment Team observed two consumers in the dementia specific unit who was prevented from going outside, either due to a locked door or being redirected away by staff. The team also observed that these consumers did not have any environmental consent forms. Furthermore, they noted that a staff member said the sliding door to the dementia specific courtyard sometimes does not open and they are unclear on the cause of these occurrences.

The provider has since disputed that the doors were locked as they state it unlocks on an automatic schedule and it would’ve been unlocked during the time Assessment Team were onsite. They note that staff do not have the ability to lock/unlock the door but are aware of the process to report an issue if the doors were faulty so that it can be fixed. Furthermore, they note that one of the consumers was redirected as one consumer’s care plan requires them to be supervised to prevent her falls and there was no staff available to supervise them outdoors at the time. Also, they note that the two consumers do not have environmental restraint forms as they do not reside in the secure dementia unit but are given the choice to participate in dementia specific activities or consume meals with the residents in the unit if they prefer.

Based on the differing views of the provider and Assessment Team, I am unable to confirm if the door was locked/unlocked at the time of the assessment and whether it was restraining the observed consumers. I note that the provider has also not provided a reason to explain why one of the observed consumers was redirected from the door rather than facilitated access to the outside courtyard. However, I have considered the balance of information and note that all consumers interviewed said they are able to go out if they wish, and there is no other information in other requirements to indicate that consumers are not able to move freely indoors or outdoors. I have also considered that the service is well maintained and cleaned as observed by the Assessment Team and supported by consumer feedback.

On balance, I find this requirement Compliant.

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers and/or representatives interviewed said they would speak to management, lifestyle, or a family member to make a complaint.
* Consumers and/or representatives have been made aware of advocacy groups or external mechanisms of complaint
* Consumers interviewed did not identify specific changes made because of feedback. Representatives indicated management and staff listen to feedback provided.
* The complaints folder and recent changes demonstrates how care and services are improved based on feedback received.

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

This requirement was found to be Non-Compliant in the previous site audit as consumers previously interviewed did not know how to access advocates, language services or other methods for complaint, and staff were not aware how they could support consumers to access these resources.

The Assessment Team interviewed a sample of consumers and/or representatives and they were able to identify what advocacy groups are available to help with complaints and were aware of how to raise external complaints. Staff interviewed were able to demonstrate how they would support consumers to make a complaint in line with the complaints policy, although they could not provide examples of specific advocacy groups for consumers.

On balance, I find this requirement Compliant.

### Requirement 6(3)(c) Compliant

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

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

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

This requirement was previously found to be Non-Compliant in the previous site audit as consumers and management staff interviewed were unable to identify any changes made as a result of a consumer’s complaint.

The Assessment Team interviewed a sample of consumers who similarly could not identify specific changes made following feedback, but also did not raise any particular concerns about complaints and feedback. Staff interviewed were able to provide examples of areas improved following feedback.

The Assessment Team reviewed a recent consumer engagement survey and reported 91% of consumers agree that staff follow up feedback/complaints when raised. The team also reviewed the service’s complaints log, which evidenced action taken as a result of complaints or feedback, and also included monthly analysis and trends of complaint categories.

I find this requirement Compliant.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable, and caring.

For example:

* Most consumers and/or representatives said staff are kind and caring when providing care and feel they are skilled enough to meet their care needs.
* Most consumers and/or representatives said staffing levels are adequate with most saying they don’t have to wait on call bells to be answered.

Discussions with staff indicated since December 2020 there has been an increase of staff to most areas of the service and an additional shift has been added to the afternoon. Review of education and training records identified mandatory training and competency assessments are mostly up to date, with the service introducing complaints management and open disclosure to the mandatory training schedule. Review of the unfilled shifts for the month of March 2021 identified approximately ten shifts that were not filled, and call bell response times remain high.

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

## Assessment of Standard 7 Requirements

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

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

This requirement was previously found to be Non-Compliant in the previous site audit as consumers interviewed stated there were not enough staff and long call bell response times

The Assessment Team has interviewed a sample of consumer and or representatives and most have said that there are enough staff and their call bells are answered quickly, with the exception of one consumer and one consumer representative whom said that it still takes staff some time to respond, although the consumer representative says they have noticed improvement. Staff interviewed also said there has been a significant improvement in staffing levels, particularly in relation to care staff.

A review of the shifts by the Assessment Team still indicates some unfilled shifts, but the service is reviewing this regularly and is continuing to recruit staff to ensure they can maintain full staffing levels and to build a casual pool of staff to backfill. A review of the call bells record note that there is still a high number of call bell wait times exceeding the service policy of 12 minutes, however, it is noted 50% of these were from one consumer, and the service is in the process of investigating these call bell wait times.

On balance, I find this requirement Compliant.

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

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

### Requirement 7(3)(c) Compliant

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

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

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

This requirement was previously found to be Non-Compliant in the previous site audit as consumers felt staff required more training, and staff interviewed stated they had not received some training relevant to the standards and had a knowledge gap relevant to their roles and responsibilities.

The Assessment Team interviewed a sample of consumers and most said staff know they are doing, except for one representative who suggested staff could benefit from more training in Dementia. Staff interviewed have stated they have completed a lot of training in regard to the standards. Management staff interviewed were able to describe how they provide training to staff, including running multiple sessions of repeat training in case staff members were unable to attend.

The Assessment Team reviewed the mandatory training schedule relevant to the standards for the service and noticed that a majority of staff have completed the requisite training, with a few remaining that are expected to complete the training by May 2021.

I find this requirement Compliant.

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The service has established governance systems that are developed and managed by the Board and committees are used to guide the delivery of care and services. The organisation has risk management systems in place and demonstrated they have been responsive to the implementation of SIRS. Staff confirmed they have received training in these policies and provided relevant examples to their work.

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

## Assessment of Standard 8 Requirements

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

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

This requirement was previously found to be Non-Compliant in the previous site audit as the service did not demonstrate consumer engagement to develop the service.

The Assessment Team has identified that the service has since engaged a consumer representative who engages in various meetings to develop the service, such as workplace health and safety meetings, resident meetings, and consumer representative meetings. The consumer representative resides at the service and other consumers in the service have been informed of their role, and that they are able to approach the consumer representative with suggestions to improve the service. The team interviewed the consumer representative who has found the committee and service ‘happy’ to take on suggestions and has provided an example of a suggestion that has been taken onboard.

The Assessment Team also identified the service has sought nominees for the national ‘Resident experience and community engagement committee’. The committee aims to discuss and seek input from consumers about issues impacting their care and choices. The committee will commence an induction program in May 2021 and will cover aspects like consumer journey, dining, enrichment, home service, community engagement and feedback management.

I find this requirement Compliant.

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

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

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

This requirement was previously found to be Non-Compliant in the previous site audit as the service did not demonstrate information management, continuous improvement, workforce governance, regulatory compliance, or feedback and complaints.

The Assessment Team has since identified that the service has made improvements and have organisational wide governance systems in place. For example, there are systems to ensure feedback and complaints have been addressed, to ensure that regulatory compliance such as chemical restraint requirements are not met, to ensure continuous improvement towards the Quality Standards, and other improvements. Staff interviewed were able to confirm their understanding and application of these systems, and management provided examples of how their day to day practice aligns with the governance systems.I find this requirement 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*
4. *managing and preventing incidents, including the use of an incident management system.*

This requirement was previously found to be Non-Compliant in the previous site audit as it was identified some staff had not been educated on the topics listed in the requirement, and the service did not demonstrate effective management of high impact and high prevalent risk.

The Assessment Team has since identified that the service has a documented risk management framework including policies on the topics listed under this requirement, staff interviewed were able to state that they have been educated in these policies, and were able to provide examples of their relevance to their work. The service also reviews clinical indicators and undertakes clinical risk meetings to inform care.

The team notes that there is still some deficiencies in staff practices related to high impact and high prevalence risks as some staff were not following the policies and practices expected by the service, however, I have referred to this in Standard 3.

On balance, I find this requirement Compliant.

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

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

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

This requirement was previously found to be Non-Compliant in the previous site audit as it was identified some staff had not been educated on the topics listed in the requirement, and the service did not demonstrate a clinical governance framework regarding chemical restraint.

The Assessment Team has since identified that the service has a documented risk management framework including policies on the topics listed under this requirement, staff interviewed were able to state that they have been educated in these policies and were able to provide examples of their relevance to their work.

Clinical staff interviewed were also able to describe how the service is attempting to reduce chemical restraint and provided an example. Management Staff were able to describe changes because of implementing new policies related to a clinical governance framework.

I find this requirement Compliant.

# 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)

*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.*
* Ensure care delivered to consumers is documented to evidence best practice and care that is informed, tailored to consumer needs, and optimises their health and wellbeing.
* Ensure wounds are reviewed and measurements of the wounds are undertaken.
* Ensure care plans are updated with recommendations from health professionals (when required).

### Requirement 3(3)(f)

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

* Ensure that referrals for consumers are made in a timely manner and documented to inform care for consumers.