Bupa St Ives

Performance Report

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**Commission ID:** 1059

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

**Site Audit date:** 18 May 2021 to 20 May 2021

**Date of Performance Report:** 30 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** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-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) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-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) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **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** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 15 June 2021.

# STANDARD 1 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

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

Overall 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:

* Consumers, and representatives confirmed staff make them feel respected by treating them kindly and in a polite manner.
* Consumers and representatives interviewed confirmed consumers are encouraged to do things for themselves, saying consumers have a choice in what they do every day and staff know the consumers.
* Consumers said the staff always close the door prior to assisting them with their personal hygiene requirements or activities of daily living.

Observations by the Assessment Team were that confidential information is returned to secure areas after use, staff do not speak about consumer’s confidential information in public spaces and computers in the nurse’s stations were logged off when not in use.

However, deficits were identified with the services risk assessment processes to ensure risks to consumer’s safety and wellbeing are managed appropriately. The service was unable to evidence how it identified some risks or how it used solving solutions to minimise risk and tailor solutions to help consumers live the life they choose.

The Quality Standard is assessed as Non-compliant as one (1) of the six specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

### Based on the information reviewed I find this requirement compliant.

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

*Care and services are culturally safe.*

### Based on the information reviewed 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.*

### Based on the information reviewed I find this requirement compliant.

### Requirement 1(3)(d) Non-compliant

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

Whilst the service can demonstrate that consumers are able to take risks to enable them to live the best life they can, the service was unable to evidence how it identified some risks or how it used solving solutions to minimise risk and tailor solutions to help consumers live the life they choose. The Assessment Team identified deficits with the service’s risk assessment processes to ensure the consumers risks to their safety and wellbeing are managed appropriately, including in relation to management of smoking, a consumer’s safety while on unaccompanied outings and another’s while driving, and for consumer’s who self-medicate.

In its response the approved provider submitted that it supports consumers to take risks to live the best life they can, and noted that consumers stated they did not feel restricted and could give examples of when they were supported to take risks.

This information is acknowledged; however I have identified that the processes in place did not always consider and plan for risks in some of the activities identified. The approved provider gave details of the assessments, plans, reviews and strategies it had put in place to address the issues identified, which are comprehensive and which positively engage with the issues, however I consider that at the time of the site audit this requirement was Non-compliant.

I find this requirement Non-compliant.

### 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.*

### Based on the information reviewed I find this requirement compliant.

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

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

### Based on the information reviewed I find this requirement compliant.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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.

Generally sampled consumers or their representatives said they are consulted regarding the care and services provided and they feel like partners in the ongoing assessment and planning of their care and services and mostly felt they were partners in their care and services.

Management report they have informed consumers and/or their representatives they can access their care plans or have a copy if they wish. Care and services are generally reviewed for effectiveness or as required.

However, the service was unable to demonstrate consumers assessment and planning includes the consideration and management of risks.

The Quality Standard is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team reviewed assessments and care plans of sampled consumers and identified consumers have assessments for risks to their health and well-being, however not all care plans evidenced consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services. Recommendations from a speech therapist’s referral and recommendations were not documented in a consumer’s nutrition care plan, and strategies from a specialist behavioural review were not seen in the related care plan for that same consumer.

In addition, several consumers were observed to have their beds pushed against the wall, but no evidence was seen of a risk assessment being conducted or a consent to restrain form for these consumers, or evidence of a physiotherapy assessment regarding the consumer’s ability to move around in the bed or a formal discussion with the consumer and/ or their representative about any risk associated with beds being placed against a wall.

In its response the approved provider noted that relevant strategies were in the consumers behavioural plan, however the plan provided was post dated the site audit. It noted the Assessment Team’s comments about the speech therapist’s referral and recommendations but did not counter that information. In relation to the beds against the wall, the approved provider submitted evidence of risk assessments and related documentation which were dated prior to the site audit, and noted that the consumers were bed bound or unable to ambulate without assistance.

I acknowledge the information in relation to the beds against the wall and am satisfied with that information, but I am satisfied that the information regarding the speech therapist’s referral and recommendations and strategies from a specialist behavioural review were not documented in relevant care plans, and that this evidenced that assessment and planning, including consideration of risks to the consumer’s health and well-being, did not always inform the delivery of safe and effective care and services.

I find this requirement Non-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.*

### Based on the information reviewed 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.*

The Assessment Team found that while there is evidence of referral to other professionals and providers of care to ensure the consumer receives the appropriate care, which is shared verbally or via email with the consumer and or their representative, the service was not able to demonstrate whether the reviews are done in partnership with the consumer and/ or their agreed representative.

In its response the approved provider disputed the Assessment Team’s findings and submitted information to show how it partners with consumers and others in assessment and planning.

I find this requirement compliant.

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

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

The Assessment team found that the service could not demonstrate that formally updated care and services plans are readily available to the consumer as per the organisation’s policy, and that there was not a shortened and easy to understand version available for consumers in a format the consumer can easily understand or can be given a copy of.

In its response the approved provider disputed the findings and submitted information about how the outcomes of assessment and planning are communicated, such as through Resident of the Day meetings and other less formal processes. As a continuous improvement exercise it will notify consumers and their representatives about the availability of care plans and make them available.

I find this requirement compliant.

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

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

The Assessment Team found that while most consumers and / or their representatives said the service liaises with them regarding consumers changes, the Assessment Team identified there was no evidence of formal review of the care plans with the consumer and/or their representative as per the organisation’s resident care conference review policy.

In its response the approved provider disputed the findings and submitted information about three monthly reviews for consumers, and how its Resident of the Day process facilitates review of care and services.

I find this requirement compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

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 their representatives sampled said consumers get good personal and clinical care. Consumers said they have access to the doctor when they need them.

The service was generally able to demonstrate management of high impact, high prevalence risk associated with the care of each consumer and that changes in consumers’ condition was consistently recognised or responded to in a timely manner. Referrals were seen to be generally timely and appropriate practices in place for infection control.

However, care to some consumers was not always safe and effective. Deficits were identified in the management of the skin care, behavioural monitoring and management of physical restraint.

The Quality Standard is assessed as Non-compliant as one (1) of the seven specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### 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 found that for a consumer with documented frail skin that a stage two wound in the hip region was reported and documented on 16 May 2021. The Assessment Team reported there was no evidence in the documentation of any reports that consumer’s skin was breaking down in this area prior to the pressure injury being reported on that date. It also identified that the service was not able to demonstrate that the consumer was receiving regular pressure area care as per his care plan or that skin monitoring charts were in place. In its response the approved provider noted that consumer had a grade 2 superficial injury on their buttock which was attended to and which healed within 7 days. It did not provide documentation to verify this had occurred however I accept it healed. However, the approved provider did not specifically address whether there had been monitoring of the consumers skin integrity and regular pressure area care prior to the injury being reported, although it stated staff continued to provide 2 hourly pressure care. I am not satisfied the approved provider could demonstrate appropriate pressure area care and skin monitoring up to the time the injury was reported. The approved provider noted that ongoing education is being given on prevention of pressure injuries and management of pressure wounds.

The Assessment Team also identified that that consumer had a history of behavioural incidents which has resulted in skin tears, and that there was no behaviour management plan in place to manage that consumer’s behaviours (which included anxiety when staff approached them) when transferring and assisting with their care needs, or that there was a behavioural monitoring chart to track their behaviours. The Assessment Team reported that staff were aware of the consumer’s resistiveness and could usually calm them down. In its response the approved provider stated the consumer did have a behaviour management plan in place and that they had been earlier reviewed by a specialist and strategies were in place. However, it did not provide a copy of that plan. While I accept there had been specialist involvement, I am unable to be satisfied that a specific plan was in place to manage the consumer’s behaviour specific to when they were being given care.

The Assessment Team further identified there was inconsistent recording on the lap release chart for a consumer, stated by staff to be release every two hours for half an hour as per the organisation’s policy, with three occasions identified when it was not released for periods from four to six hours. In its response the approved provider stated it had considered this feedback and implemented relevant education.

The Assessment Team considered issues in relation to the management of a consumer following a fall. It stated that, despite the consumer being observed as confused, no delirium screening was undertaken. The approved provider stated that the consumer was resistive and was monitored by staff and taken to hospital shortly thereafter, and I am satisfied with this explanation. The Assessment Team also found, in relation to the same consumer, there was no monitoring post fall in regard to pain management due to this fall and despite the consumer’s history of back pain and a wound on their nose. In its response the approved provider stated that pain was monitored post fall at the service and submitted a pain chart which indicated pain monitoring following the event. I am satisfied with this response.

I acknowledge that the approved provider disputed aspects of the Assessment team’s findings and implemented improvement activities, however on balance and for the reasons stated above I am not satisfied it could demonstrate compliance with this requirement.

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.*

### The Assessment team found that the service is unable to demonstrate the high impact or high prevalence risks associated with the care of each consumer is appropriate. For a consumer with a history of urinary tract infections the service was unable to demonstrate timely follow up with the medical officer regarding the consumer pathology results.

In its response the approved provider demonstrated the measures it had implemented since the event in late 2020 regarding the urinary tract infection to ensure timelier follow up, and I am satisfied with this information.

The Assessment Team examined information under this requirement in relation to monitoring the pain and assessment of a consumer for delirium following a fall, I have considered those issues under Standard 3 requirement 3(3)(b).

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.*

### Based on the information reviewed I find this requirement compliant.

### 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 identified that, in relation to a consumer seen to be nearing end of life, that there was a delay in sending a referral to the palliative care team, not adequate handover of the consumer’s condition or adequate attention to their condition, or review of the management of the consumer following their passing.

In its response the approved provider was able to demonstrate monitoring and management of the consumer’s situation, but noted that as a continuous improvement exercise it was implementing audits post such events and was giving related education to its clinical staff.

### I find this requirement compliant.

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

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

### Based on the information reviewed I find this requirement compliant.

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

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

### Based on the information reviewed I find this requirement 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.*

### Based on the information reviewed I find this requirement compliant.

# STANDARD 4 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Most sampled consumers interviewed considered 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 interviewed confirmed they can do the things they like to do within the service and in the community. During the COVID-19 restrictions community activities had been cancelled, although the consumer's confirmed alternatives were arranged within the service.
* Consumers interviewed confirmed they are supported to keep in touch with people who are important to them.
* Consumers with varying levels of mobility were observed moving about the service, with staff providing support as required.
* Emotional and psychological wellbeing of consumers is being assessed and /or reviewed as needed.
* The service has demonstrated they are providing sufficient religious or spiritual services for consumers as required.
* Feedback from consumers interviewed was mixed with the majority having some issue with the meals provided. This include meals not being of a suitable quality, variety and quantity.

However, whilst the service has the systems in place to support each consumer gets the service and supports for their daily living that is important to them, deficits were identified in the assessment and care planning process to support and guide staff practice in the management of their needs, preferences and goals. This includes the consumers care, lifestyle and food documentation not being reflective of the consumers current preferences, needs and goals.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 4 Requirements

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

The Assessment Team found that while consumers generally stated they received safe and effective services, the support required for daily living that optimises their well-being and quality of life is not always documented and up to date. The preferred shower time and frequency for five consumers was identified on initial assessments however the preferred shower times had not been transferred to the care plans to guide staff practice in the management of consumers hygiene preferences. A consumer’s preference for the gender of staff to assist with hygiene needs was not transferred to the relevant care plan. Expectations and strategies for consumers and interactions with their family were seen to be generic and not individualised for some consumers reviewed.

In its response the approved provider indicated an audit of shower preferences was undertaken, agreed changes to the consumers preference for certain staff were actioned and an audit undertaken to personalise care plans, with related training given.

I acknowledge these improvements and the approved provider’s engagement with the issues, however I consider that at the time of the site audit this requirement was Non-compliant.

I find this requirement Non-compliant.

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

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

### Based on the information reviewed 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.*

### Based on the information reviewed 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.*

### Based on the information reviewed I find this requirement compliant.

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

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

### Based on the information reviewed I find this requirement compliant.

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

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

The Assessment Team found the service was unable to demonstrate a system is in place for the management of consumer’s allergies and dietary preferences. Allergies, preferences and food texture requirements were not consistently documented. The Assessment Team observed meals sitting in front of consumers for prolonged timeframes and meals served to consumers with food items on the plate they said they disliked. Consumers interviewed expressed mixed feedback with meals provided. Some consumers said the quality and presentation was not good, whilst others said it was not meals they would have at home.

In its response the approved provider indicated an audit of all dietary assessments and related documentation was undertaken, together education to staff on understanding dietary analysis forms and improving the dining experience. The Chef now meets with consumers as part of the Resident of the Day process, and spot checks implemented.

I acknowledge these improvements and the approved provider’s engagement with the issues, however I consider that at the time of the site audit this requirement was Non-compliant.

I find this requirement Non-compliant.

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

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

### Based on the information reviewed I find this requirement compliant.

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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

For example:

* Consumers interviewed confirmed they feel safe at the service. They said they feel the staff respected them and are confident they know what they are doing.
* Consumers interviewed said they feel welcomed, they are happy with their living environment and the care they receive from all the staff makes them feel at home. Representatives said they are always welcomed when they come to visit, and staff are very friendly.
* Consumers interviewed said the service is clean and the staff are very thorough when cleaning their rooms. They also said staff will respect the consumers privacy and return later to clean if they are being provided with care, or they don’t want to be disturbed.

The environment was observed to be is conducive to the well-being and safety of consumers. The staff has systems in place to ensure equipment is serviced regularly and maintained in optimal condition. Fire inspections were kept up to date. All staff have been trained in the use of equipment and are responsible for overseeing that equipment that is not appropriate or suitable is reported. Feedback given by the Assessment Team was acknowledged and followed up.

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.*

### Based on the information reviewed I find this requirement compliant.

### 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.*

### Based on the information reviewed I find this requirement compliant.

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

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

### Based on the information reviewed I find this requirement compliant.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall 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 representatives interviewed said they know how to raise concerns, make a complaint or give feedback and felt comfortable and safe in doing so.

Consumers and representatives gave examples of where changes or improvements had been made to consumer care and services in the service because of feedback or complaints being made to the management team and the organisation

Complaints are actioned in line with organisational policy.

The service uses an open disclosure approach and staff are educated on what this means and how to manage complaints. Of the consumers and representatives interviewed most stated they felt the management team had addressed complaints, suggestions or feedback within a timely manner, they were open and transparent, and were happy with the resolution of the complaint.

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.*

### Based on the information reviewed I find this requirement compliant.

### 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.*

### Based on the information reviewed 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.*

### Based on the information reviewed I find this requirement compliant.

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

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

### Based on the information reviewed I find this requirement compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall 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:

Consumers and representatives consistently identified staff are kind, caring and respectful in their interactions with consumers, and are considerate in maintaining consumer privacy and dignity.

Most consumers and representatives said the majority of staff know what they are doing when providing consumer care and services. However, some representatives stated that staff need further training in Dementia care and strategies, infection control and identifying changes in consumers health.

Consumers and representative said there is generally adequate staffing.

The Assessment Team observed staff in the service were busy, but they did not appear rushed and interactions were overall, respectful, kind and caring.

While generally the workforce was seen as competent and had the knowledge to effectivity perform their roles, concerns were identified in the ability of staff to deliver some of the outcomes required by the standards.

The Quality Standard is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

### Based on the information reviewed 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.*

### Based on the information reviewed I find this requirement compliant.

### 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.*

The Assessment Team found that, generally, consumers and representative said they feel staff are competent and capable to perform their roles. However, three representatives raised concerns around staff knowledge of dementia strategies and care and identifying changes in consumers. The Assessment Team also identified gaps in clinical care and identification and management of risk. I have considered these matters under Standard 7 requirement 7(3)(d).

In its response the approved provider submitted details of mandatory modules provided to staff and stated there had been 100% compliance in 2020 and strong attendance to date in 2021.

I find this requirement compliant.

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

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

### The Assessment Team reported that overall, consumers said they are satisfied staff know what they are doing and are qualified to complete their work-roles, however three representatives raised concerns around staff knowledge of dementia strategies and care and identifying changes in consumers. It was observed that staff have access to, and attend, a range of education and training throughout each calendar year relevant to their role. However, the Assessment Team found that learning outcomes for staff did not always equip them with the skills required for their roles, particularly to deliver the outcomes required by these standards. For example, concerns were identified in relation to identifying some risks and finding solutions to minimise risk (requirement 1(3)(d)), ensuring specialist recommendations are appropriately recorded and captured to support care (requirement 2(3)(a)) and in aspects of clinical care (requirement 3(3)(a)).

In its response the approved provider disputed the Assessment team’s findings, stated it recruits appropriate staff and maintains their competencies. It provided details of the ongoing training it provides staff, including development days, and specialised training for clinical staff. It stated that training was always an ongoing process.

I acknowledge these matters, and the ongoing improvements being implemented. However, at the time of the site audit the approved provider could not demonstrate that, in the areas identified, its workforce had the requisite capabilities to deliver the outcomes required by the standards.

I find this requirement Non-compliant.

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

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

### Based on the information reviewed I find this requirement compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

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

For example:

Consumers/representatives interviewed could describe how the organisation supports and encourages them to use the various feedback mechanisms or avenues available to them that enable them to be involved in designing and improving care and services. Consumers do feel that their views and needs shape how the service is run.

The services governing body is committed to delivery of quality care and safe services. Consumers were involved in some aspects of service delivery however the governance systems do not always support the delivery of quality care and services to manage high impact and high prevalence risks to consumers, information management and workforce competency and training.

Information was generally accessible by staff, although concerns were identified in relation to monitoring of continuous improvement activities and the monitoring of the capabilities of staff.

The Quality Standard is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

### Based on the information reviewed 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.*

### Based on the information reviewed I find this requirement compliant.

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

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

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

The Assessment Team found that while there is evidence that some organisation wide systems were effective this was not demonstrated in all areas, including gaps in information management. It also found that gaps in care were not identified by the service’s system, with the Assessment team noting that some identified improvements had not had action/progress/evaluation taken for a considerable time. Further, the Assessment Team noted that the service had identified deficits in the completion of documentation for risk assessments, planned interventions and evaluations, with no evidence of a completion of this action. I have identified risk management as an area for improvement.

In its response the approved provider disputed these findings. In relation to information management, I do not see this as an area of concern as I do not consider that deficits were identified in the ability of staff to readily access information, however I do consider that the gaps in care identified can be tracked to deficits in workforce governance.

In regard to workforce governance, the approved provider stated that it had an effective workforce governance system, supported by its organisation wide systems, however I consider that the issues identified in relation to the capabilities of staff indicate systemic concerns. In relation to continuous improvement, the approved provider noted that its continuous improvement system had lead to some improvements, which is acknowledged, and that it uses numerous means to achieve improvements. However, it agreed that achieving sustained continuous improvement requires commitment to regular review and update of its plans.

I find this requirement Non-compliant.

### Requirement 8(3)(d) Compliant

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

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

The Assessment Team found that the service was not able to demonstrate that it has adequately addressed the needs of high impact or high prevalence consumers or identified and discussed risk involved in consumer’s dignity of risk.

In its response the approved provider indicated its systems were appropriate but noted some improvements it had implemented. I have not identified particular issues in relation to the service’s management of high impact or high prevalence risks, and have considered the service’s management of other risks under other requirements.

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.*

### Based on the information reviewed 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 1(3)(d)

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

* Demonstrate how consumers are supported to take risks, through identification of risks and tailoring strategies and solutions to mitigate and manage those risks in conjunction with consumers and/or their representatives, while helping consumers live the life they choose.

### Requirement 2(3)(a)

*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.*

* Ensure that 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, and in particular, that specialist recommendations are appropriately recorded and captured to support such care.

### 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.*

* Ensurethat each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, including but not limited to monitoring and management of skin integrity, development and implementation of behavioural interventions in response to identified behaviours and management of physical restraint.

### Requirement 4(3)(a)

*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.*

* Demonstrate that consumer’s preferences for personal hygiene are adequately captured, and that expectations and strategies for consumers and interactions with their family are individualised, to ensure the services and supports for daily living they receive meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life.

### Requirement 4(3)(f)

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

* Ensure thata system is in place for the management of consumer’s allergies and dietary preferences and that information in relation to these matters is consistently documented
* Demonstrate that the dining experience for consumers is optimised through provision of warm meals, assistance with feeding and catering to likes and dislikes.

### Requirement 7(3)(d)

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

* Ensure that the workforce has requisite capabilities to deliver the outcomes required by the standards, including but not limited in relation to identifying risks and finding solutions to minimise risk, ensuring specialist recommendations are appropriately recorded and captured to support care, and in management of skin integrity, behaviours and physical restraint.

### 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.*

* Implement effective organisation wide governance systems relating to continuous improvement and workforce governance, in particular, to ensure that identified areas for improvement and related improvements are tracked, and that the workforce has requisite capabilities to deliver the outcomes required by the standards;
* Evaluate and review the effectiveness of these systems.