Bupa Tugun

Performance Report

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**Commission ID:** 5380

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

**Site Audit date:** 20 October 2020 to 22 October 2020

**Date of Performance Report:** 24 November 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **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) | Non-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 infection control monitoring checklist completed 20 October 2020
* referral information received by the Commission
* the provider’s response to the Site Audit report received on 16 November 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and representatives interviewed by the Assessment Team stated they were treated with respect by the service and were supported to exercise choice and independence and to maintain relationships. They said staff knew what was important to them in terms of care and the consumer’s personal privacy was respected. Consumers advised they were provided with enough information to enable them to make choices about their care and lifestyle.

Staff demonstrated an awareness of consumers’ backgrounds and their preferences and how the care they delivered was individualised for each consumer so that the consumer felt valued and safe.

Care planning documents reviewed by the Assessment Team reflected what was important to each consumer and provided information on each consumer’s background. Care documentation established that consumers’ needs were identified on entry to the service and described areas in which consumers were supported to take risks to live the life they wished.

Meeting minutes demonstrated that staff received information on the Quality Standards and on promoting independence, choice and dignity of risk. Staff have received training on cultural safety.

The Assessment Team noted that information regarding the collection, use and disclosure of personal information, and the circumstances when the information would be used, was outlined in the ‘Resident Agreement’.

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

## Assessment of Standard 1 Requirements

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

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

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

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

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

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

# STANDARD 2 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

Consumers and representatives interviewed by the Assessment Team stated they were involved in initial assessments upon entry to the service and in the ongoing assessment and planning of consumer care. Consumers and representatives were informed about the outcomes of assessment and planning and could access the consumer’s care and services plan if they wished. They said the service involved medical officers and allied health professionals in the assessment process.

Care planning documentation reviewed by the Assessment Team established assessments were completed upon entry to the service with the involvement of consumers and their representatives and were reviewed periodically or when changes to consumers’ health and well-being occurred. Initial assessments were undertaken by registered staff and included identification of consumers’ goals, needs, choices and preferences, including advanced care planning if the consumer wished. Care planning documentation evidenced an integrated and coordinated approach towards assessment and planning involving allied health professionals and providers of other care and services. Care planning directives include care needs such as pain management, skin integrity, behaviour management, nutrition and hydration and mobility. Care plans were readily available to staff and allied and other health professionals involved in the care of the consumers. Care plans are readily available to consumers on request.

The Assessment Team identified initial assessments were undertaken by registered staff utilising evidence-based risk assessment tools. Risks to consumers identified during the assessment and planning process were referred to specialist practitioners where appropriate.

The Assessment Team were informed clinical care managers initiate conversations with consumers and representatives about end of life wishes on entry to the service or during the scheduled annual reviews of care plan if consumers did not wish to discuss end of life planning at the time of entry. Staff were guided by organisational policies and procedures relating to palliative care and advance care planning.

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.*

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-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

Consumers and representatives interviewed by the Assessment Team stated that consumers received the care they needed and had access to medical officers or other health professionals when they needed it. Consumers and representatives expressed confidence that when consumers needed end of life care, the service would support them to be as free as possible from pain and to have those important to the consumer with them.

Care planning documentation reviewed by the Assessment Team established that consumers’ personal and clinical care, including end of life care, was safe and effective. The documentation identified consumers’ high impact and high prevalence risks, including falls, pain, pressure injury and aggressive behaviours, and evidenced the effective management of such risks. Appropriate and timely referrals to other health care providers was also evidenced in the documentation.

Clinical managers stated consumer reviews were undertaken monthly and annually or when a consumer’s needs changed. Registered staff ensured consumer care plans were updated to reflect consumers current’ needs. Registered staff said they would seek advice from the clinical managers, medical officers and allied health professionals if they had concerns about a consumer’s personal or clinical condition. Staff had access to a registered nurse on-site 24 hours per day and could access support from a specialist older persons outreach team at the local hospital.

The Assessment Team identified the service had a suite of evidence-based procedures to guide staff in the safe and effective care of consumers, including minimising the use of restrictive practices, recognising and managing pain, preventing pressure injury and managing falls risks.

The service provided the Assessment Team with monthly clinical indicators reports that demonstrated the service trends, analyses and responds to high impact and high prevalence risks. Clinical indicators were discussed at service monthly meetings and were used to identify improvements in the delivery of consumer care. Clinical incidents were recorded on the service’s risk management system.

The Assessment Team reviewed the care documentation for consumers prescribed psychotropic medication for the purposes of chemical restraint and established that informed consent and authorisation had been obtained for the use of the psychotropic medication. Consumers with physical or environmental restraints had authorised consents for the restraints.

The service sought advice from a wound specialist nurse practitioner in the acute outreach service at the local hospital to support the management of chronic and complex wounds. The documentation demonstrated that the service monitored and attended to wounds in accordance with directives.

Care planning documentation of consumers who required management of their pain established that pain management was safe, effective and tailored to the needs of the consumers.

The service had policies and procedures to guide staff in minimising infection-related risks. The service was following health directives in relation to COVID-19. Staff demonstrated an understanding of how they could minimise infection risks by handwashing and using sanitiser and personal protective equipment. Staff advised they had received training in infection control.

Registered staff demonstrated a knowledge of antimicrobial stewardship, infection control and infection minimisation strategies. Clinical managers advised they had regular discussions with medical officers to minimise the use of antibiotics. Antimicrobial stewardship was a standing agenda item at the service's medication advisory committee.

While the Assessment Team identified consumers are receiving safe and effective care, and consumers and representatives are satisfied with care and services, communication processes are not effective. Therefore, information about the consumer’s condition, needs and preferences was not always communicated effectively between staff.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

### Requirement 3(3)(e) Non-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.*

Information relating to consumers’ condition, needs and preferences was not consistently documented in handover documentation or effectively communicated between persons involved in the care of consumers.

Care planning documentation, including progress notes, provided information about the consumer’s condition, needs and preferences. However, the Assessment Team identified the service did not consistently document or communicate consumers’ current or changed care needs during staff handover. A review of the handover information established that care directives relating to a consumer experiencing a change in their condition had not been recorded in handover documents.

Registered staff attended handover at the beginning of the shift to gather information about any changes to a consumer’s condition or needs. Care staff advised they did not attend a formal handover process. They were provided information in a taped handover, a shift handover form, or directly from registered staff after the registered staff handover. Registered night staff recorded the verbal handover using a handheld device. Care staff advised the Assessment Team that they did not always get adequate information to deliver care and services to consumers. They said the taped handover was often muffled and difficult to hear and registered staff were often too busy to provide verbal handover. This communication deficit resulted in care staff not having current knowledge regarding a consumer’s psychological state and another consumer’s infective status.

Management advised they were aware that the service’s clinical handover process was not effective, and the service was investigating ways to improve handover. The service could not provide evidence that information regarding the consumer’s condition, needs and preferences was consistently communicated with others where responsibility for care was shared.

The Approved Provider’s written response to the Assessment Team’s findings indicated the service has been working on improvements to the handover process since May 2020, including trialling a recorded handover. Throughout the trial, staff have had access to hardcopy handover information. The service’s Continuous Improvement Plan indicated that the service was considering consolidating handover information for Registered staff and for care staff into one document. The service will also develop a clinical handover training package.

The Approved Provider stated that care staff are now provided with handover at the commencement of their shift provided by a Registered nurse and sign an attendance record to document they attended the handover.

I acknowledge the Approved Provider’s actions to address the findings of the Assessment Team, however at the time of the site audit, information relating to consumers’ condition, needs and preferences was not consistently documented in handover documentation or effectively communicated between persons involved in the care of consumers. Therefore, I find the service Non-compliant in this requirement.

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 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

Consumers and representatives interviewed by the Assessment Team stated the service’s lifestyle program supported consumers’ lifestyle needs. Staff assisted consumers to be as independent as possible in activities of daily living. Consumers said the service supported their emotional, spiritual and psychological wellbeing. They said staff were kind and caring and they were comfortable speaking to staff or management. Consumers said they could provide feedback on meals and make suggestions for the menu. Most consumers were satisfied with the quality and quantity of meals provided by the service.

Consumers said the service assisted them to keep in touch with people and to maintain social and personal relationships. They were supported in maintaining links with the community and to do things that interested them.

Care planning documentation reviewed by the Assessment Team included consumers’ likes and dislikes and listed the people that were important to the consumers. The documentation provided information on consumers’ spiritual beliefs, family contacts, dietary preferences and lifestyle preferences. Care plans demonstrated the service collaborated with other providers and organisations to support the needs of consumers, including allied health providers, medical officers, religious providers and National Disability Insurance Scheme providers.

The Assessment Team confirmed the service’s activities program takes into consideration those consumers with varying levels of functional ability. The activities program was regularly reviewed and revised and provided consumers with options to participate in a range of social events. The Lifestyle Manager advised the Assessment Team that consumers were supported to remain in touch with family through telephone calls, video calls and emails if family members were unable to visit.

The Chef demonstrated an awareness of the dietary needs and preferences of consumers. The four-week menu was changed quarterly with the involvement of a dietician to ensure it met the nutritional requirements of all consumers. All meals were cooked fresh on site.

The Assessment Team found the main kitchen and kitchenettes were clean and tidy and staff were wearing the appropriate personal protective equipment.

The Assessment Team found the equipment used to support consumers to engage in lifestyle activities was suitable, clean and well-maintained. Mobility aids such as walking aids and wheelchairs were clean and well-maintained. Staff were aware of how to report damaged or malfunctioning equipment to maintenance staff.

Clinical and care staff said they had access to the equipment they needed to perform their roles, such as hydraulic lifting hoists.

Hospitality staff said the equipment they used was suitable and regularly inspected and maintained.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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

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

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

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

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

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

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

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

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

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

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

# STANDARD 5 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

Consumers interviewed by the Assessment Team stated they felt safe and at home at the service and the service was clean and well-maintained. Consumers and representatives said visitors were welcomed and they enjoyed having various indoor and outdoor areas where they could sit comfortably. They said maintenance issues were followed up promptly.

The service environment was observed by the Assessment Team to be clean and well-maintained. Maintenance records confirmed the service undertook regular maintenance. Fire evacuation diagrams and illuminated emergency exit signage were displayed and fire-fighting equipment was readily available for staff. Consumers had access to call bells in their rooms.

The Maintenance Manager explained staff document jobs or service requests in maintenance logs located throughout the service. The Maintenance Manager advised, and the Assessment Team confirmed, all scheduled and preventative maintenance was up to date.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 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

Consumers and representatives interviewed by the Assessment Team stated the service encouraged and supported them to provide feedback. They said they felt comfortable raising complaints directly with staff or management, or in a meeting or by using the feedback form. They stated they were satisfied with actions taken by the service in response to feedback. Consumers and representatives said they had received an apology when appropriate and had been given an explanation to their complaint.

Staff demonstrated an understanding of the service’s complaints management processes and were able to describe how they would respond if a consumer had a concern, including the process for escalation.

The consumer handbook contained information on how to make complaints and provided information on advocacy services. The Assessment Team sighted information on advocacy services and external complaints agencies displayed in the service, including in languages other than English.

The service’s complaints management procedure included information on open disclosure. Staff demonstrated to the Assessment Team an understanding of open disclosure and the appropriateness of providing an apology and an explanation as part of complaints management.

Training documentation confirmed staff have been given education on complaints management.

The service’s managers provided the Board with monthly reports on complaints. The plan for continuous improvement reflected improvements made in response to complaints.

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.*

### 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.*

# 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

Consumers interviewed by the Assessment Team said staff were kind and caring and respectful of their identity, culture and diversity. Consumers and representatives said staff were aware of consumers’ care needs and preferences. Most consumers and representatives said staff were well trained and had the skills and capability to perform their roles.

Staff competency was monitored by the service to ensure care delivery was provided by appropriately trained staff. The service demonstrated staff had the necessary qualifications and were competent to perform their roles within their scope of practice.

Staff were provided with position descriptions and orientation packs when they commenced with the service. The position descriptions incorporated core competencies. All new employees participated in an orientation program that included written and visual competency assessments.

The service had mandatory training requirements that included manual handling, infection control, elder abuse and incident management. Staff stated they had received adequate training to perform their roles and felt comfortable in approaching management for additional training. Attendance at mandatory training was monitored using an electronic register. Training records reviewed by the Assessment Team established that staff were provided with training in relation to their roles and responsibilities.

The service had a formal process for performance appraisal that included annual performance reviews. The service used an electronic tracking register to monitor when staff were due for their annual performance review.

The service used casual staff and agency staff to fill vacant shifts.

While the service has established human resource processes, consumers and representatives advised they did not think there were enough staff to provide consumer care in a timely manner. The service cannot demonstrate the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services. Staff are not consistently replaced to cover shifts across all aspects of the service, including hospitality and care services.

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

## Assessment of Standard 7 Requirements

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

The service could not demonstrate the number and mix of staff enabled the delivery and management of safe and quality care and services. Staff were not consistently replaced to cover shifts across all aspects of the service, including hospitality and care services.

The service was unable to demonstrate it had processes in place to fill shifts impacted by unplanned leave. The service’s documentation demonstrated that several shifts relating to clinical managers, registered staff, care staff, cleaning staff and catering staff were not replaced between August and October 2020.

A report on call bell response times reviewed by the Assessment Team for the period September 2020 to October 2020 indicated there were a number of occasions when call bells went unanswered for a period longer than service’s response time threshold of twelve minutes.

Staff stated to the Assessment Team that registered staff did not provide consistent handovers due to being short staffed. They said they often had their shifts extended or they worked across different areas to cover unfilled shifts. Registered and clinical staff said shifts were not consistently replaced. Clinical managers said when the service was short staffed, they provided support to staff to ensure care was delivered. Cleaning staff said they often work without the full component of staffing.

Management advised that nursing agencies have not been able to provide care or registered staff consistently due to high demand. They said they were continuing to recruit staff to address sick leave gaps.

The Approved Provider’s written response to the Assessment Team’s findings stated the service’s management had a detailed knowledge of the rostering and staffing requirements of the service. The General Manager and the Regional Manager review the service’s master roster weekly and consider consumer feedback, the clinical risk register, incident reports, call bell response time reports and staff capabilities when reviewing the roster. In response to an increase in clinical needs, a registered nurse has been recruited to the afternoon shift. The Approved Provider advised that the service developed a graduate registered nurse program that enables new graduates to transition into positions where they can effectively manage care and services. The service has employed two registered nurses from this program.

The Approved Provider advised that the service has reviewed the care provided to consumers who considered they had experienced delays in care and apologised to the consumers. care planning has been reviewed for these consumers to assist staff in meeting their individual needs.

I acknowledge the Approved Provider’s actions to address the findings of the Assessment Team, however at the time of the site audit, the service was not able to demonstrate that the workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services. I note that the Approved Provider’s response did not address concerns raised by the Assessment Team relating to short staffing in hospitality services. The actions taken by the Approved provider to address concerns in staffing levels are yet to be tested for their effectiveness, therefore, I find the service Non-compliant in this requirement.

### 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.*

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

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

# STANDARD 8 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

Consumers interviewed by the Assessment Team said the service was well run and they were involved in the development and evaluation of care and services. They said they were encouraged to make suggestions to improve the service by providing written or oral feedback to the service’s management or participating in meetings. Meeting minutes evidenced the involvement of consumers and representatives in the planning of service improvements.

Service and regional managers and the senior quality team met regularly to review risks from an organisational and consumer perspective. The Assessment Team noted there were organisation-wide governance systems and a business strategy to support the service’s financial and resource management and compliance with regulatory requirements.

The Board and the quality team used collated data to identify gaps in service delivery and monitor the effectiveness of remedial action.

Staff and management reported they could access relevant information when they needed it. The electronic documentation system provided access to consumer care plans. Meetings were held for all levels of staff across the organisation and staff received information from the organisation in the form of newsletters, memos and e-mail.

The service maintained an electronic record of its Plan for Continuous Improvement. The Plan evidenced activities for improvement relating to the Quality Standards initiated by the organisation’s strategic plan or in response to incidents, feedback, audit results or new legislation. The service’s management received clinical alerts from the organisation detailing any changes to processes, policies or directives from external regulatory agencies.

As part of the service’s recruitment strategy, regional management meet regularly with the quality team to review staffing needs and discuss any changes to the workforce.

The service had processes to monitor compliance with policies and procedures, including the reporting and recording of reportable assaults. A review of the mandatory reporting register established that the service had an escalation process to address and identify all potential mandatory reporting incidents. Staff interviewed were aware of their responsibilities for reporting allegations of assault. Instances of potential abuse or neglect were escalated to senior regional management and the national quality team and documented in the services electronic incident database. The incidents were managed by service and regional management and reviewed at monthly quality meetings.

The service had a documented clinical governance framework which included policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff understood antimicrobial stewardship, minimising the use of restraint and practising opening disclosure and could demonstrate their relevance in their day to day practice.

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.*

### 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.*

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

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

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

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

# Areas for improvement

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

* Requirement 3(3)(e) – Communication processes are required to be established to ensure information about consumers’ condition, needs and preferences are communicated effectively.
* Requirement 7(3)(a) – Staffing levels need to be established to deliver safe and quality care and services.