Bupa Tugun

Performance Report

6 Croft Court, 50-52 Mirreen Drive   
TUGUN QLD 4224  
Phone number: 07 5586 4000

**Commission ID:** 5380

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

**Site Audit date:** 20 July 2021 to 23 July 2021

**Date of Performance Report:** 16 September 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | 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) | 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) | Non-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 Date Response Received 26 August 2021.
* other information and intelligence held by the Commission in relation to the service.

# 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 staff at the service treat consumers with dignity and respect. Consumers are supported to maintain relationships of their choice and have representatives involved in their care.

Staff demonstrated awareness of consumers’ preferences, backgrounds and life experiences and applied this information in their roles. This included documenting consumers’ preferences for the gender of staff delivering care. The Assessment Team observed the staff providing information to consumers in their preferred language. Staff also spoke of supporting consumers to recognise special events.

Consumers said they are supported to make decisions and exercise choice about their care and engagement with activities at the service. Lifestyle staff interviewed identified consumer preferences for activity participation and consumers interviewed confirmed their preferences are respected.

Care planning documentation for sampled consumers identified their preferences and their nominated representatives. Consumers’ decisions regarding activities involving risk were evidenced in their care plans, supporting dignity of risk. Consumers and their representatives who were interviewed stated they are kept informed of daily activities and broader information at the service.

The Assessment Team observed staff implementing practices to ensure that consumer privacy is respected, including knocking on consumers’ doors and seeking consent to enter rooms. Consumers interviewed felt their privacy is respected. Staff interviewed could identify specific practices undertaken to maintain confidentiality. The Assessment Team observed confidential information being stored securely.

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 expressed general satisfaction with the assessment and care planning processes at the service.

Overall, the service was able to demonstrate assessment and care planning is effective in identifying and addressing consumer’s current needs, goals and preferences, including advanced care planning and end of life care. Staff interviewed were able to describe what is important to the sampled consumers in terms of how their personal and clinical care is delivered including their needs, goals and preferences.

The service was able to demonstrate assessment and planning, including care and service plan reviews are completed in partnership with most consumers and representatives. Staff have access to a suite of documented policies and processes on the organisation’s intranet to guide them in consumer assessment and care planning.

The service was able to demonstrate that outcomes of assessment and planning is communicated to consumers/representatives and is documented in the care documentation. The service advises that care plans are readily available and offered to consumers and representatives. Consumers and representatives interviewed advised they were aware they could access a copy of the care and services plan for the consumer

The service was able to demonstrate that care and services are reviewed regularly for effectiveness, when circumstances change or when incidents occur.

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.*

The Assessment Team identified instances where care documentation did not consistently identify information in relation to named consumers’ clinical care requirements. This included areas related to nutrition and hydration, medication management, behaviour management and pain. Consumers and their representatives who were interviewed said they were satisfied with the care given. There were no significant care impacts identified as a result of inconsistent documentation.

The Approved Provider supplied a response which included clarifying information to the Assessment Teams report as well as clinical records extracts, medication reports, behaviour monitoring records and care plan extracts. The Approved Provider did not agree with the Assessment Teams recommendation on not met for this Requirement.

Regarding a named consumer with specific nutrition and hydration requirements, the Assessment Team identified strategies to manage risks were not documented on the care plan. However, interviews with clinical staff identified they were aware of the consumers’ care requirements, including how to manage identified risks and the information to manage risk was contained in correspondence provided by allied health staff. The Approved Provider has updated the clinical records to reflect the potential risk to the consumer.

Regarding a named consumer with identified dietary restrictions. The Assessment Team reported that monitoring forms to manage the dietary restriction were not consistently completed. The Approved Provider identified that on some occasions when the monitoring form had not been completed, that the information was recorded in the consumers progress notes. Whilst I note that monitoring forms should be completed to assist in the management of the dietary restriction, I am satisfied that the Approved Provider’s response has demonstrated there are processes to monitor this consumer. I note there has been no adverse outcome from the incomplete monitoring forms and subsequent to the Site Audit the consumer has been reviewed by medical officer and changes were noted to the management of the dietary risk and no adverse outcome to the consumer was noted.

The Assessment Team identified incomplete medication information stored on paper care record relating to both pain management and behaviour management. The Approved Provider’s additional material supports that full and complete details for consumers’ medications were retained in the service’s electronic medication system. Registered staff had access to the electronic records. The electronic records contain sufficient information regarding the time, dosage and effectiveness of the medication given. I am satisfied the Approved Provider has processes to monitor safe medication administration and management.

I am satisfied, based on the available information from the Assessment Team and the Approved Provider, that consumers were not adversely impacted by the deficits identified by the Assessment Team and that the Approved Provider has appropriate systems to maintain records for safe and effective care to be delivered. The Approved Provider stated they are soon transferring to a fully electronic system and are providing ongoing training to staff to improve consistency in record-keeping in the interim.

I consider the service follows suitable processes to ensure 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.

I find this Requirement is 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.*

### 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 said the consumers receive personal and clinical care that is safe and effective.

Care plans reviewed show that a range of health professionals are consulted to determine appropriate care, including medical officers, dieticians and physiotherapists, with strategies implemented.

Staff interviewed demonstrated suitable understanding of risks. Records showed the service undertakes analysis to follow up on incidents and took demonstrated action regarding an increase in falls.

Documents reviewed showed the service demonstrated suitable end of life care for consumers, including by following advanced care plans, maintaining comfort for consumers and treating them with dignity.

Consumers’ condition is regularly monitored by the service. Care plans and progress notes show that action is taken following a change in a consumer’s condition, such as through identifying that a consumer’s behaviour has changed and then implementing strategies to address their needs. Staff provided examples of observations that are escalated to registered staff or senior clinical personnel where they identify that a timely response is needed to support the consumer’s health.

Staff demonstrated appropriate knowledge of infection-related risks.

However, deficits were identified in relation to information about the consumer’s condition, needs and preferences being consistently documented and communicated within the organisation, and with others where responsibility for care is shared.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have 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.*

The Assessment Team provided information relating to delivery of care regarding the clinical oversight, recording and monitoring care delivery, and staff training. This included that named consumers did not receive care that was consistent with prescribed treatment regimens related to nutrition and hydration, medication management. As well as deficits in behaviour management and pain management for other named consumers.

The Approved Provider provided a response that included clarifying information to the Assessment Team’s report as well as clinical records extracts and correspondence from the office of the Public Guardian.  The Approved Provider did not agree with Assessment Team’s recommendation on not met for this Requirement.

In relation to the named consumer with nutrition and hydration and medication management concerns. The Approved Provider has acknowledged that there were gaps in the recording on the feeding regime, however identified that this was not due to feeding regime not been followed, but rather that the named consumer was exercising choice and declining feeds, and this refusal of care was not being documented. The consumer is provided alternative nutrition to supplement feeds and no impact to decline of the feeds was identified by the Approved Provider. The Approved Provider has implemented recording the provision of or decline of feeds in the electronic medication system.

In relation to this named consumer, staff administered an incorrect dose of medication on multiple occasions. The Approved Provider has identified that the correct dose was administered, with an error by staff in the recording of variable dose medication in the electronic care system. No negative impact in care of the consumer was identified.  Education has been provided to staff on the correct use of the system. Whilst I note there was no adverse outcome for this named consumer, I do note that staff were not accurately recording care provided or accurately completing clinical records. I have considered this further under Requirement 8(3)(c).

In relation to the named consumer and the accurate recording of fluid intake. The Approved Provider has acknowledged that on the occasions fluid intake exceeded the treatment regime, this was not identified by staff at the time, however they believe these were isolated incidents and not a systemic deficit. The Approved Provider has also identified there was no adverse impact on the named consumer and the medical officer has since reviewed the named consumer and increased the fluid restriction as part of the treatment regime.

In relation to the named consumer without informed consent for restrictive practice (chemical and physical restraint). I note the consumer is recorded as not having capacity to provide informed consent.  I note that the Office of the Public Guardian revoked guardianship in 2019 for this consumer. However, I note in the correspondence from the Public Guardian that they remain available to provide consent for statutory health matters for the named consumer. The Approved Provider has indicated that the named consumer’s regular medical officer is currently making decisions in relation to the care of this consumer.  I also note that on the comprehensive responsive behaviours support plan in the section relating to chemical restraint that it is recorded that authorisation for the use of chemical restraint has been provided by the Guardian on 29 July 2021. I am unable to reconcile from the information provided by the Assessment Team or the Approved Provider what level of consent or authorisation has been obtained for this named consumer, due to the conflicting information provided.  I do note that the behaviour support plan does include non-pharmacological strategies to be implemented to manage behaviours before a chemical restraint is applied and I note from supplied behaviours charting that staff are using non-pharmacological interventions in the management of this named consumes behaviour. There are also review and “fade out” processes established for the use of chemical restraint.

In relation to a named consumer being subject to physical restraint (environmental restraint) without authorisation, I am satisfied with the explanation by the Approved Provider in relation to consumer access within and outside the service. I am satisfied that this named consumer is not being restrained.

In relation to a named consumer receiving medications for pain or behaviour management, I am satisfied that information relating to the administration and review of effectiveness of these medications is recorded in the electronic medication system and that this information is available to clinical staff.

I have considered the information provided by the Assessment Team and the Approved Provider. Whilst I acknowledge there have been deficits in the recording or documenting of care provision within the service and this would be a departure from best practice, I am satisfied there has been no adverse impact on consumers as a result of these deficits as demonstrated by the Approved Provider’s response. I have considered the impact of these deficits further under Requirement 3(3)(e) and Requirement 8(3)(c).

I find that there was insufficient information provided by the Assessment Team to indicate that each consumer did not get safe and effective personal care, clinical care, or both personal care and clinical care.

I find this Requirement is compliant.

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

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

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

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

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

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

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

The Assessment Team provided information relating deficits in the documentation of consumer’s condition, and that information is not consistently communicated within the organisation. For named consumers this related to maintaining clinical records for nutrition and hydration, medication management and behaviour management.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as clinical records extracts. The Approved Provider did not agree that the many of the identified deficits were systemic, but rather one-off actions of staff. However, the Approved Provider did acknowledge that information related to a names consumers behaviour management was not consistently being recorded in the services incident management system.

In relation to the named consumer were information about refusal of care was not documented, the Approved Provider acknowledge the refusals of care were not documented. Staff are being provided training on correct documentation.

In relation to the named consumer with incorrect recording of medication administration, I accept the Approved Providers response that the consumer did receive the correct dose, however I note that the Assessment Team identified the inconsistent recording of administration doses and this had not been identified by the services internal monitoring processes.

In relation to the named consumer with ongoing challenging behaviours, I note that whilst incidents may have been record in progress notes or behaviour charts, this information was not entered the services incident management system, where an analysis of behaviour incidents is undertaken to monitor behaviours and plan new actions. An accurate review had not occurred as the number of incidents of challenging behaviours had not been entered into the system.

I note the Approved Provider provided examples of where actions taken at the home have meet the needs of this Requirement. However, I also note there is ongoing inconsistent use of established processes to meet this Requirement.

I have considered the Assessment Teams report and the Approved Providers response and I note ongoing inconsistent documenting of information about consumer’s condition. I note the improvement actions taken by the Approved Provider including education for staff and increased monitoring. However, I find at the time of Site Audit the service did not demonstrate that 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.

I find this requirement is non-compliant.

### 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

The service supports consumers to engage with the things they want to do both within and outside the service environment. Consumers are also supported to maintain relationships and contact people who are important to them. Consumers provided feedback that staff are aware of their preferences and interests.

Primarily positive feedback was provided by consumers and their representatives about the available activities at the service.

Consumers have opportunities to maintain social and personal relationships in person and via telephone or video calls. Consumers reported they are able to leave the service to spend time with family, and that any visitors they receive at the service are made to feel welcome by staff.

Consumers described positive relationships with the service’s staff, and that staff know them and their needs well. During the audit staff were observed providing emotional support to consumers. Lifestyle staff interviewed provided details about specific support and services for consumers.

Consumers and representatives provided positive comments regarding the meals provided by the service, including available choice and access to alternatives. The service said they have focused on providing improvements to meals and dining experience, including through a new menu, new table settings, and additional choices for consumers that meet their preferences and nutritional needs. Care planning documents reflected consumers’ assessed dietary needs and their preferences.

Equipment provided by the service was observed to be suitable, cleaned and well-maintained. Consumers and their representatives were satisfied with the access to provided equipment and its safety. The maintenance log and schedule were observed, which supports the staff and consumer comments.

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 and representatives said they feel safe, at home and welcomed at the service.

The service environment was observed to be safe and clear of hazards, enabling consumers to navigate. Consumers provided feedback about the high standard of cleanliness and that they feel safe using the provided equipment. All staff have processes to communicate about cleaning or maintenance issues and the staff interviewed could explain how they follow the applicable processes.

The service has communal areas including dining and lounge spaces on each floor, a formal dining room, balconies and outdoor spaces. Consumers have single rooms with an ensuite that are personalised, and they may have furniture arranged to suit their preferences while maintaining safety. The service supports consumers to have independence through facilities such as access to do their own laundry, quiet areas and libraries.

Twenty-five consumers at the service reside in the special care unit, which provides a safe environment for those who have been assessed as requiring secure accommodation. Management are working to improve the environment to optimise the environment for those consumers through increased signage and enhanced communal areas.

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 said they are supported to give feedback or to make complaints about the service, that a response is given and action is taken regarding the issues raised.

The service provides written materials about how to make complaints and allows opportunities for consumers to lodge feedback anonymously. Staff said they support consumers that may not be able to raise a complaint without assistance by helping those consumers with feedback forms, or liaising with representatives, or referring consumers to interpreters if applicable. The service conducts regular surveys, identify concerns and any issues are addressed by management.

Staff described that they will first attempt to resolve any feedback or complaint items when they are raised, and if unable to resolve would escalate to registered or management staff for action. Review of the service’s complaint register supports that this occurs. Staff said they are also encouraged to raise any feedback regarding service improvements.

There are policies in place including continuous improvement, comments and complaints, and open disclose, to facilitate complaints management. Staff interviewed described their understanding of the open disclosure process, that was consistent with the documented policy.

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 consider they receive quality care and services, and that staff provide care in a kind, caring and respectful manner. This was consistent with observations by the Assessment Team.

The workforce is planned to support safe and quality care delivery. Consumers and representatives consider there are sufficient staff to meet their needs, and calls for assistance are promptly attended. Staff considered they had sufficient time to undertake their tasks and responsibilities. The Assessment Team identified all shifts were filled during the period prior to the audit.

The service has recruitment processes in place to recruit suitable staff and utilises casual or agency staff as required. Ongoing performance monitoring occurs, although the Assessment Team identified delays in performance reviews being undertaken. The service delivers formal and periodic training to support staff in delivering appropriate care, however the Approved Provider had not effectively monitored the completion of mandatory training for staff.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

The Assessment Team provided information that identified a number of staff who reported they had not recently undertaken training, including mandatory training modules for hygiene, care delivery and legislative change. Education records confirmed that mandatory training for staff had not been delivered to all staff.

The Approved Provider provided a response to the Assessment Teams report that included clarifying information on matters raised. The Approved Provider advised that they have a Staff Education Tracker to monitor training, that a number of staff have completed the required training and the outstanding training is being actioned urgently to ensure staff are up-to-date with training requirements. Based on this information a number of staff had completed the training between the audit and the time of the Approved Provider’s response.

The Approved Provider has not demonstrated they were sufficiently monitoring the training completion and implementing strategies to address the delays in completion prior to the issue being raised by the Assessment Team.

Though the Approved Provider has taken action in response to the Assessment Team’s findings, at the time of the site audit the reported volume of outstanding training modules supports that the service was not effectively monitoring and addressing the issue at that time.

I find this Requirement is non-compliant.

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

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

The Assessment Team provided information that at the time of the Site Audit approximately 27% of staff performance appraisals were yet to be completed. Some staff interviewed by the Assessment Team did not have a good understanding of the performance appraisal process. The service’s Plan for Continuous Improvement identified compliance with the yearly performance review process was poor, that a tracker is in place and the leadership team is setting aside time to complete outstanding appraisals.

The Approved Provider stated delays in performance reviews have occurred due to changes in management. The Approved Provider identifies the outstanding performance reviews as an urgent priority and progress is monitored weekly. The Approved Provider expects the performance review process will return to the ordinary schedule once the outstanding appraisals are completed.

I note that the service appears to promptly address any concerns with staff, and that the service was aware of and was actively addressing the issue. This has been evidenced by the other findings of the Assessment Team and in the Approved Provider’s response.

Whilst I note that staff performance appraisals were overdue for some staff, I am satisfied that the Approved Provider had identified this deficit in staff performance appraisals prior to the Site Audit and had commenced actions to address this deficit.

I find this requirement is 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

Consumers interviewed said they consider the organisation is well run and they are engaged in initiatives such as monthly consumer meetings and focus groups to contribute to the delivery of care and services.

The service’s management promotes a culture of safe, inclusive and quality care through being accountable, analysing information to inform improvement actions and having oversight of potential risks.

Overall the service’s governance systems are suitable, though some deficits in the deployment of the systems were identified by the Assessment Team.

The service has appropriate systems for recording risk, though in practice the service has not demonstrated effective management of risk on some occasions, particularly in relation to documentation and incident reporting.

The service has a clinical governance framework which includes policies on antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated understanding of the policies and could give examples of how they comply with them.

The Quality Standard is assessed as non-compliant as two of the five specific requirements have been assessed as non-compliant.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The Assessment Team provided information that the Approved Provider had effective governance processes for continuous improvement, financial governance, regulatory compliance and feedback and complaints. However, deficits were identified with information management and workforce governance.

In relation to information management he Assessment Team considered that information management governance was insufficient, primarily relating to the paper-based care documentation system and incomplete information contained within. The Approved Provider had identified and commenced transition to an electronic records management system. Whilst I acknowledge that the Approved Provider is transitioning to an electronic documentation system, current process to monitor that staff are completing paper-based records accurately have not been effective. Deficits in the documentation of care was identified in recording refusal of care provision, recording incorrect mediation doses for administration, monitoring completed monitoring charts and deficits in the of recording of behaviour incidents.

For continuous improvement, the Assessment Team considered some parts of the Plan for Continuous Improvement were not sufficiently updated. The Approved Provider responded with information about a corrective action plan being implemented with the Plan for Continuous Improvement, that monthly reporting processes are in place in support of assessment and monitoring of compliance with the Quality Standards. I also note that the Approved Provider processes for monitoring the service has not been effective, and they had not consistently identified the deficits that were raised at the Site Audit.

The Assessment Team identified concerns about workforce governance systems being deficient, as evidenced by the findings in Standard 7 regarding training and performance assessment of staff. The Approved Provider responded that they consider the systems in place are sufficient and described the established governance systems. I consider the service has appropriate governance systems in place for workforce governance, and that deficits in training of staff was due to service level issues not a deficit in organisational governance.

I have considered the Assessment Teams report and the Approved Providers’ response and I find that whilst the organisation generally has effective governance systems, at the time of the Site Audit the Approved Provider was not able to demonstrate effective governance in relation to information management and continuous improvement.

I find this Requirement is non-compliant.

### Requirement 8(3)(d) Non-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 provided information regarding compliance with incident management, specifically regarding recording of behaviour incidents in the incident management system. The Assessment team were satisfied that effective risk management systems were established for the management of high impact or high prevalence risks, for identify and responding to abuse and neglect and supporting consumers to live the best life they can.

The Approved Provider provided a response to the Assessment Teams report, and whilst the Approved Provider identified that behaviours incidents were being recorded in progress notes, they acknowledged that behaviour incidents were not consistently being entered into the incident management system. The Approved Provider is undertaking additional training for staff on recording of behaviour incidents.

For a named consumer, the Assessment Team brought forward evidence of multiple challenging behaviours in a short period of time, with limited evidence of the service effectively reporting the behaviours via the incident management system, or using that information to better manage the behaviour. While I accept the Approved Provider’s response that generally there is good compliance with staff entering incidents and with implementing strategies to manage or prevent future incidents, I note the Approved Provider acknowledged that this was not consistently occurring for behaviour incidents.

Due to the number and nature of the incidents involving the named consumer, including physical and verbal aggression, I accept the Assessment Team’s findings of a deficit in the incident reporting process. I also acknowledge the improvement activities been undertaken by the Approved Provider. However, I find at the time of the Site Audit the Approved Provider did not demonstrate effective risk management systems and practices in relation to managing and preventing incidents, including the use of an incident management system.

I find this Requirement is non-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.*

# 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) – the Approved Provider ensures that 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, particularly in relation to documentation of incidents in the service’s incident management system.
* Requirement 7(3)(d) – the Approved Provider ensures the workforce is suitably trained to deliver the outcomes required by the Quality Standards, including monitoring and addressing completion of scheduled mandatory training.
* Requirement 8(3)(c) – the Approved Provider improves their organisation wide governance systems, specifically in relation to information management and continuous improvement, to ensure effectiveness.
* Requirement 8(3)(d) – the Approved Provider demonstrates effective risk management practices through managing and preventing incidents, including requiring staff to utilise its incident management system for all applicable instances of behaviour incidents.
* The Approved Provider implements all planned actions to address identified deficiencies and establishes monitoring process to ensure ongoing compliance with the Aged Care Quality Standards.