Bupa Waratah

Performance Report

219 Christo Road
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Phone number: 02 4967 2444

**Commission ID:** 0728

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

**Site Audit date:** 17 December 2019 to 19 December 2019

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-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** | **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) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-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) | Non-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 28 January 2020.

# STANDARD 1 NON-COMPLIANTConsumer 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

There was mixed feedback from consumers sampled about this standard, including 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:

* While most consumers said that staff treat them with dignity and respect most of the time, during interviews various issues were raised by consumers of when they felt they were not treated respectfully.
* Consumers interviewed confirmed that the service values their culture and diversity, and care and services are generally culturally safe*.*

Consumers interviewed provided positive feedback regarding being supported to make decisions about when family, friends, carers or others should be involved in their care, communicate their decisions, and make connections with others and maintain relationships of choice.

* However, consumers provided mixed feedback regarding being supported to exercise choice and independence to make decisions about their care and the way care and services are delivered.
* When asked about their privacy being respected, some consumers identified that staff often walk into their rooms without knocking or knocking but not waiting for a response before entering.

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.

* When interviewed, staff spoke about consumers respectfully and with regard to their identity, culture and diversity. When asked about the background and preferences of specific consumers in their area, they were able to talk about this and demonstrated that they were familiar with these consumers.
* Staff interviewed were able to describe how they have or would support consumers to take risks to enable them to live the best life they can.

Care planning documents reviewed reflected what is important to the consumer, however provided limited detail of preferences regarding care and services, particularly for timing and frequency of personal hygiene care.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment Team found that the Approved Provider was unable to demonstrate that consumers were consistently treated with dignity and respect. The Assessment Team provided evidence and findings that various issues were raised by consumers of when they felt they were not treated respectfully.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings.

While I acknowledge the Approved Provider’s proactive response to the Assessment Teams findings, I find that at the time of the site audit, the service did not ensure each consumer is treated with dignity and respect.

I find the Approved Provider does not comply with the Requirement.

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

Care and services are culturally safe.

### Requirement 1(3)(c) Non-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

make connections with others and maintain relationships of choice, including intimate relationships.

The Assessment Team found that the Approved Provider was unable to demonstrate that each consumer is supported to exercise choice and independence, including to make decisions about their own care and the way care and services are delivered. The Assessment Team provided evidence and findings that consumers sampled identified that they are not always supported in their preferences regarding personal hygiene care and sometimes care and services are delivered when best suited by staff.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings.

While I acknowledge the Approved Provider’s proactive response to the Assessment Teams findings, I find that at the time of the site audit, the service did not demonstrate that each consumer is supported to exercise choice and independence, including to make decisions about their own care and the way care and services are delivered

I find the Approved Provider does not comply with the Requirement.

### 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) Non-compliant

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

The Assessment Team found that the Approved Provider was unable to demonstrate that each consumer’s privacy is respected, and personal information is kept confidential. The Assessment Team provided evidence and findings that issues were raised by consumers who felt their privacy was not being respected. The Assessment Team observed staff practices that did not support keeping personal information confidential.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings.

While I acknowledge the Approved Provider’s proactive response to the Assessment Teams findings, I find that at the time of the site audit, the service did not ensure each consumer privacy is respected and personal information is kept confidential.

I find the Approved Provider does not comply with the Requirement.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall most sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers said they are consulted regarding their preferences and goals and most consumers/ representatives said they are aware they can access their care plans if they choose.
* Representatives/consumers said they had been involved in discussions with staff about advanced care wishes.

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.

* The service has a system for assessment and planning care and most consumers said they have been involved in the processes. Consumers have access to their care plans. The service offers consumers the ability to document their advanced care wishes if they choose to.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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 found that the Approved Provider was unable to demonstrate 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. The Assessment Team provided evidence and findings that the Approved Provider could not demonstrate assessment and planning is conducted appropriately for all consumers. Consideration of risks to the consumer’s health and well-being does not always inform the delivery of safe and effective care and services.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings.

While I acknowledge the Approved Provider’s proactive response to the Assessment Teams findings, I find that at the time of the site audit, the service did not 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 the Approved Provider does not comply with the Requirement.

### 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.

The Assessment Team found that the Approved Provider was unable to demonstrate that 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 provided evidence and findings that while there are systems to manage and address incidents as they occur, care services are not reviewed for effectiveness when incidents impact on the consumer. Reporting systems have gaps and the information recorded cannot be relied upon as accurate.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings, including that there was no negative impact on consumers and that consumers involved in the incidents in the Site Audit report had received appropriate care.

I acknowledge the Approved Provider’s proactive response to the Assessment Teams findings.

I find the Approved Provider does comply with the Requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Overall most consumers sampled considered that they receive personal care and clinical care that is safe and right for them. However, some consumers raised concerns regarding this requirement.

For example:

* Some consumers said they do not receive personal and clinical care that is in accordance with their needs and preference
* Most consumers interviewed confirmed that they have access to a doctor or other health professional when they need it

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.

* The service has policies and procedures to guide staff practice in providing clinical and personal care. There is a system for assessment designed to guide the development of care plans in consultation with consumers. Clinical monitoring occurs, and there is an incident reporting system. Staff demonstrated they have access to relevant clinical information and they are able to show this information to allied and medical health specialists.

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) Non-compliant

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

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

The Assessment Team found that the Approved Provider was unable to demonstrate 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. The Assessment Team provided evidence and findings that the Approved Provider did not demonstrate each consumer gets safe and effective personal care and/or clinical care. In particular this relates to registered nurse review of clinical issues or concerns, management of wounds, management of chemical and physical restraint, management of consumer personal care preferences, and management of medication.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings.

While I acknowledge the Approved Provider’s proactive response to the Assessment Teams findings, I find that at the time of the site audit, the service did not ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care,

I find the Approved Provider does not comply with the Requirement.

### 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 Approved Provider was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team provided evidence and findings that while the service is identifying consumers, who are at high impact high prevalence risk, it is not using this information effectively to manage those risks for consumers.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings.

I have considered the information and evidence provided by the Assessment Team and the Approved Provider response and I have considered the information under Requirement 3(3)(a).

I find the Approved Provider does comply with the Requirement.

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

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

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

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

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

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

### Requirement 3(3)(f) 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

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

For example:

* Consumers interviewed confirmed that they are supported by the service to do the things they like to do. This included having breakfast in their rooms, go out for lunch with friends in the community, and attend activities of their choice.Consumers interviewed confirmed that they are supported to keep in touch with people who are important to them. Staff assist consumers to keep in touch with telephone access, emails, skype sessions and letter writing.
* Feedback from consumers interviewed included meals provided are of a suitable quality, variety, and quantity and are provided in a safe pleasant environment, this was observed by the Assessment Team. Consumers are able to give feedback about the quality of the food and any special requests to staff and management at meal times, during consumer meetings, one to one conversation with the chef and surveys.
* The organisation demonstrated that each consumer receives 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 organisation provides services for daily living that promote each consumer’s emotional, spiritual and psychological well-being.

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.

* The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. This is supported by the services of religious leaders and referrals to other organisations. Consumers said they enjoy a variety of activities and events both in and outside the organisation.

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 services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

For example:

* Consumers interviewed confirmed they feel safe in their environment. They said their home is very secure and they feel safe knowing staff have the qualifications to care for them.
* Consumers interviewed by the Assessment Team were very happy living at the service. They said they feel at home and their family and friends are made to feel welcomed when they visit. Consumers are able to decorate their rooms according to their taste, with personal items and furnishings to make their home as comfortable as possible. Consumers interviewed confirmed that the service is clean and well maintained.

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.

* The Assessment Team observed the service has clear signage throughout, structural strategies to support consumers to mobilise independently, adequate lighting, heating and cooling, a comfortable atmosphere and appropriate noise levels. Pathways are level and safe. The service is light and airy and free from malodour. Security measures are in place and were observed in practice. Emergency procedures are readily available for staff should these be required, and the escalation process is clearly outlined.

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

Overall consumers sampled consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* All consumers and representatives interviewed stated that they felt supported and would feel comfortable to provide feedback and make complaints to the service. The majority were confident that action would be taken in response to their feedback.
* Most consumers sampled were satisfied with the response by the service when they had raised a concern about their care or said they have never had to raise any issues or complaints.
* Consumers and representatives interviewed identified that if they wanted to raise anything, they would tell staff in the first instance and also use the resident and relative meetings as a method to provide feedback.

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.

* When interviewed, management were able to describe the main areas of complaints and discuss what has been done and is proposed to be done in response.
* The service reviews complaints data to identify trends and improve the quality of care and services.

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.

The Assessment Team found that the Approved Provider was unable to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

However, the Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings, including demonstrating that an open disclosure process is used by the service.

I find the Approved Provider does comply with the Requirement.

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Some consumers interviewed indicated that they get quality care and services however others said they do not get the care and services they need in a timely manner from people who are knowledgeable, capable and caring.

For example:

* Consumer feedback varied from staff not responding to calls for assistance to staff responding to calls but then leaving consumers to wait for care in an undignified state.
* Several consumers interviewed believe that some staff do not know what they are doing and are not kind and caring. Several consumers commented on the high use of agency staff and substandard care.
* Several consumers interviewed believe staffing levels impact on their care and services which has resulted in delays in care and limitations on them living the life they choose

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.

* The workforce is not deployed in a manner that enables, the delivery and management of safe and quality care and services to each consumer based on their care needs. Staff with relevant skills and experience are not deployed to the area of greatest need which has led to delays in care being provided to consumers expressing an unmet need or who require assistance.
* Staff implementing the use of chemical and physical restraints are not following best practice management of restrictive devices and restraint.

The Quality Standard is assessed as Non-compliant as five of the five specific requirements have 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 Assessment Team found that the Approved Provider was unable to demonstrate 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 Assessment Team provided evidence and findings that staff with relevant skills and experience are not deployed to the area of greatest need which has led to delays in care being provided to consumers expressing an unmet need or who require assistance.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings.

While I acknowledge the Approved Provider’s proactive response to the Assessment Teams findings, I find that at the time of the site audit, the service did not ensure 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.

I find the Approved Provider does not comply with the Requirement.

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

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

The Assessment Team found that the Approved Provider was unable to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. The Assessment Team provided evidence and findings that whilst staff have been provided with an opportunity for education and awareness about the new standards including dignity and respect feedback from consumers reveals staff do not always deliver care in a manner that is kind, caring and respectful to consumers.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings.

While I acknowledge the Approved Provider’s proactive response to the Assessment Teams findings, I find that at the time of the site audit, the service did not ensure the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

I find the Approved Provider does not comply with the Requirement.

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

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

The Assessment Team found that the Approved Provider was unable to demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The Assessment Team provided evidence and findings that staff did not demonstrate awareness and implementation of processes for minimisation of restraint and restrictive practices. Staff did not provide consumers and representatives with information about the risks of restraint. Staff did not demonstrate they have the skills and knowledge to effectively identify and manage a consumers specialised care needs.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings.

While I acknowledge the Approved Provider’s proactive response to the Assessment Teams findings, I find that at the time of the site audit, the service did not ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

I find the Approved Provider does not comply with the Requirement.

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

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

The Assessment Team found that the Approved Provider was unable to demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. The Assessment Team provided evidence and findings that the service was unable to demonstrate that education and training is effectively planned and delivered to ensure all staff have the requisite skills and knowledge to provide safe and effective care and services.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement including commencement of additional education and training for staff.

While I acknowledge the Approved Provider’s proactive response to the Assessment Teams findings, I find that at the time of the site audit, the service did not ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

I find the Approved Provider does not comply with the Requirement.

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

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

The Assessment Team found that the Approved Provider was unable to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The Assessment Team provided evidence and findings that there has not been a process for the regular review and monitoring of staff performance.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement including the development of a schedule for ongoing review and monitoring of the staff performance and commencing staff performance reviews.

While I acknowledge the Approved Provider’s proactive response to the Assessment Teams findings, I find that at the time of the site audit, the service did not ensure regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

I find the Approved Provider does not comply with the Requirement.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Assessment Team 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).

* The organisation has established a system of governance that provides systems and frameworks to guide and support staff in the roles however, that guidance is not always effectively implemented at the service level. For example, to services continuous improvement processes do not demonstrate a mature system that monitors and reviews the effectiveness of care and service delivery to identify gaps for the purpose of improvement.
* Staff practices regarding minimising restrictive practices and restraint do not accord with the organisations work instructions and do not reflect best practice guidance regarding restraint management.
* The organisations governance frameworks and systems provide guidance for staff to perform their roles however staff practices do not reflect the organisations preferred practices and work instructions. This has led to gaps in the effectiveness of information management.

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.

The Assessment Team found that the Approved Provider was unable to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings. The Approved Provider has demonstrated that consumers are provided opportunities to be engaged in the development, delivery and evaluation of care, including through consumer meetings, case conference process and use of the feedback and complaints system.

I find the Approved Provider does comply with the Requirement.

### 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 found that the Approved Provider was unable to demonstrate effective organisation wide governance systems. The Assessment Team provided evidence and findings of deficits in relation to information management, continuous improvement, workforce governance and regulatory compliance.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings.

While I acknowledge the Approved Provider’s proactive response to the Assessment Teams findings, I find that at the time of the site audit, the Approved Provider did not ensure effective organisation wide governance systems.

I find the Approved Provider does not comply with the Requirement.

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

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

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

The Assessment Team found that the Approved Provider was unable to demonstrate effective risk management systems and practices.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings. The Approved Provider has demonstrated that there are effective risk management systems and practices established.

I find the Approved Provider does comply with the Requirement.

### Requirement 8(3)(e) Non-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.

The Assessment Team found that the Approved Provider was unable to demonstrate a clinical governance framework for minimizing the use of restraint. The Assessment Team provided evidence and findings of deficits in relation informing consumers/representatives of the risks associated with restraint and have not consistently gained informed consent for the use of restraint.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement including planned education and training for staff of the use of restraint.

While I acknowledge the Approved Provider’s proactive response to the Assessment Teams findings, I find that at the time of the site audit, the Approved Provider did not ensure a clinical governance system for minimizing the use of restraint.

I find the Approved Provider does not comply with the Requirement.

# 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.

* Ensure that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* Ensure that each consumer is supported to exercise choice and independence.
* Ensure that each consumer’s privacy is respected, and personal information is kept confidential.
* 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.
* Ensure that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care.
* Ensure that 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.
* Ensure that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.
* Ensure that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Ensure that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Ensure that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* Ensure effective organisation wide governance systems
* Ensure an effective clinical governance framework,