Bupa Willoughby

Performance Report

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**Commission ID:** 0765

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

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

**Date of Performance Report:** 17 December 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-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 an Assessment Contact conducted 13-14 October 2020; the Assessment Contact report was informed by a site assessment, including observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Assessment Team’s report for the Site Audit conducted 20-22 October 2020; the Site Audit report was informed by a site assessment, including 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 17 November 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers (and representatives on their behalf) said they feel respected and valued as individuals, they are supported to maintain and develop relationships of choice, they have the information they need to make choices, and their privacy is maintained. Most consumers/representatives said the consumer is enabled to make choices about their own care and services (or the representative is on their behalf).

Other information gathered by the Assessment Team through staff interviewed, documentation reviewed, and observations made confirmed this.

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 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

Some consumers (and representatives on their behalf) provided information about management/staff working in ongoing partnership with them in relation to consumer assessment and care planning. However, some said recent case conferencing had occurred for the first time recently or had not occurred.

Other information gathered by the Assessment Team through staff interviewed, documentation reviewed, and observations made showed overall that consumer assessment and planning was based on ongoing partnership and the outcomes were being communicated to the consumer. It also showed that consumer assessment and planning addressed advance care and end of life planning.

However:

* Assessment and planning was inclusive of health and well-being risks in some areas for some consumers, but was not inclusive of health risks for other consumers including in relation to wounds, diabetes and behaviours.
* While regular review of care and services was occurring it was not effective for some consumers, and review had not taken place or was not effective for other consumers when their circumstances had changed or an incident had occurred.

The Quality Standard is assessed as Non-compliant as two 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’s assessment contact report and site audit report and the approved provider’s written response include information about the organisation having policies, procedures and tools (other than a behavioural assessment tool) for assessment and planning, and staff being familiar with these.

The Assessment Team’s reports reflect assessment and planning was inclusive of health and well-being risks in some areas for some consumers. However, they also include information about assessment and planning not being inclusive of health risks for some consumers. While some improvement was noted from the assessment contact to the site audit, there remained gaps in assessment and planning for some consumers regarding risks associated with wounds, diabetes and behaviours.

The approved provider’s written response includes the Assessment Team wrote the organisation’s policies, procedures and tools were being implemented with effect or generally/mostly with effect. This is acknowledged, however the Assessment Team also provided specific examples of where this was not the case. The provider’s written response includes information about assessment and care planning for some named consumers has been reviewed and updated since the site audit.

The approved provider does not comply with this requirement as, at the time of the site audit, assessment and planning for some consumers did not include consideration of risks associated with their health.

### 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) Non-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’s assessment contact report and site audit report and the approved provider’s written response include information about the organisation having policies, procedures and tools for regular and as needed review of consumer care and services and about staff being familiar with these.

The Assessment Team’s reports reflect while regular review of care and services was occurring it was not effective for some consumers, and review had not taken place or had not been effective for some consumers when their circumstances had changed or an incident had occurred.

The reports include feedback from consumers, representatives and a general practitioner indicating the care and services of some consumers had not been reviewed for effectiveness when the consumer’s circumstances changed or an incident occurred.

The reports have information about regular reviews not having been effective in relation to behavioural management for some consumers. The assessment contact report includes information about falls prevention strategies not having been reviewed or updated following a fall by some consumers; this had largely been addressed by the time of the site audit.

The reports include information about other changes in the condition of some consumers and about incidents which had occurred but had not prompted review of their care and services, at all or effectively. They include information about various care monitoring charts not having been completed well for consumers and about some consumer incidents not having been reported or investigated to inform the review and development of appropriate strategies for care and service delivery.

The provider’s response includes that care plans are regularly reviewed and are updated to reflect changes whenever care needs and preferences change and strategies need to be adjusted. As noted above it is not evident in the Assessment Team’s reports that all care plans were effectively reviewed on a regular basis or that review and updating had occurred when there were changes.

The provider’s response includes the care and services of some named consumers has been reviewed since the site audit.

The approved provider does not comply with this requirement as, at the time of the site audit, care and services had not been effectively reviewed on a regular basis for some consumers and, had not been reviewed at all or effectively, on an as needed basis when the condition of some consumers had changed or an incident had occurred.

# 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

Some consumers (and representatives on their behalf) provided information about personal and clinical care being safe and right for the consumer, and all said the consumer is able to access a general practitioner when needed. However, some consumers (and representatives on their behalf) provided information about personal and clinical care not being safe and right for the consumer and spoke of adverse impacts on the consumer. Some also spoke of information not being shared within the organisation to inform care delivery.

Other information gathered by the Assessment Team through staff interviewed, documentation reviewed, and observations made showed overall that the needs, goals and preferences of consumers nearing end of life had been addressed, consumer clinical deterioration was being recognised and responded to in a timely manner, and timely and appropriate allied/health referral was being made for consumers. It also showed infection-related risks are being minimised.

However:

* While the organisation has systems and processes to support safe and effective personal and clinical care delivery, these were not consistently implemented at the service. Care consistent with best practice, tailored to needs and optimising health and well-being had not been provided to some consumers in areas such as pressure injury prevention and wound care, pain management, nutrition management and diabetic management, as well as clinical monitoring of consumers.
* While the organisation has systems and processes to support effective management of high impact and high prevalence risk associated with the care of consumers, these were not consistently implemented at the service. High impact and high prevalence risks relating to falls and behaviours had not been managed effectively for some consumers.
* While the service has care plans for consumers and handover sheets for staff to share information about the consumer’s condition, needs and preferences, the care plans for some consumers did not reflect all relevant information about the consumer’s condition and needs. Other information gathered, including from staff interviewed, showed information about the consumer’s condition and needs had not always been well communicated within the organisation.

The Quality Standard is assessed as Non-compliant as three 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’s assessment contact report and site audit report and the approved provider’s written response describe the organisation’s systems and processes to support safe and effective personal and clinical care delivery, however the Assessment Team’s reports include information about these not having been consistently implemented at the service.

The Assessment Team’s reports include feedback from some consumers/ representatives and a general practitioner about deficits in personal and clinical care delivery. The reports include examples of consumer care and service delivery not having been safe and effective in areas such as pressure injury prevention and wound care, pain management, nutrition management and diabetic management, as well as clinical monitoring of consumers. While some improvement in some areas was noted from the assessment contact to the site audit there remained significant deficits.

The provider’s response includes an acknowledgement that wound management for one consumer has room for improvement. The provider’s response includes that education for staff relating to this requirement is planned to occur in November 2020, and there will be ongoing monitoring of consumer wound management through auditing.

The approved provider does not comply with this requirement as, at the time of the site audit, personal and clinical care for some consumers had not been and was not best practice or tailored to their needs, did not optimise their health and well-being and was not safe and effective for them overall.

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

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

The Assessment Team’s assessment contact report and site audit report and the approved provider’s written response describe the organisation’s systems and processes for the effective management of high impact and high prevalence risks associated with the care of consumers, however the Assessment Team’s reports include information about these not being consistently implemented at the service.

The Assessment Team’s reports include feedback from some consumers/ representatives about high impact and high prevalence risks not being effectively managed for the consumer, including in relation to falls and behaviours. They include examples of such risks not being managed effectively for some consumers.

The approved provider’s written response includes an acknowledgement of an opportunity to improve behaviour management and notes corrective actions have been and are being taken.

In the written response the provider refutes there are deficits in falls management. Some improvement in this area was noted by the Assessment Team from the assessment contact to the site audit, particularly in relation to consumer care plans (as acknowledged under Standard 2). However during the assessment contact deficits in falls prevention and post-fall clinical monitoring for some consumers were identified, and during the site audit lack of investigation was noted of skin injuries evident when a consumer was found on the floor four times in September 2020.

The provider’s response includes additional information relating to some of the named consumers, which has been taken into account.

The provider’s response includes that education for staff relating to this requirement is planned to occur.

The approved provider does not comply with this requirement as, at the time of the site audit, there was not effective management of some high impact and high prevalence risks associated with the care of some consumers.

### 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’s assessment contact report and site audit report include there were care plans and handover sheets for staff to share information about the consumer’s condition, needs and preferences, however the reports include information about care plans for some consumers not reflecting all relevant information about the consumer’s condition and needs.

The Assessment Team’s assessment contact report includes feedback from a consumer representative that their written instructions for care staff about how to care for a consumer were not understood or followed by them; and from a consumer representative that the consumer’s documented wish to remain at the service was not followed and the consumer was sent to hospital.

It includes staff said on some occasions care plans or follow up information is not available to them and recommendations from allied health professionals are not always communicated to them. The report includes information about a medical officer directive not being updated in a consumer’s care plan; and wound photography not being readily available or fit for purpose to understand consumer wound status and care needs.

The Assessment Team’s site audit report includes two care staff said they were new and did not know about a consumer’s needs. It includes information from a hospital discharge summary for a consumer not being reflected in their care plan and a related delay in care provision to the consumer. The report includes senior clinicians were not aware a consumer had a pressure injury or that a consumer’s medical officer had given a directive for monitoring of their bowel function. It includes continuing issues with wound photography.

The reports include some of these matters were actioned by senior clinicians and management of the service at the time.

While the approved provider submitted a written response, it did not include information about this requirement.

While the Assessment Team recommended this requirement was met at the time of the site audit, the information in their assessment contact report and site audit report shows that the condition and needs of some consumers has not been communicated effectively among staff. The approved provider does not comply with this requirement.

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

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

The Assessment Team’s site audit report includes information about the organisation’s systems and process for consumer referrals relating to personal and clinical care, and about staff being familiar with these.

The Assessment Team’s site audit report includes three named consumers who had not had appropriate referral made. However review of information in the assessment contact and/or site audit report about those three consumers showed the need for referral was not established or that appropriate referral had been made.

The Assessment Team’s assessment contact report and site audit report include information about significant delay in the referral of consumers with chronic wounds for review by a wound specialist. Referral processes were underway at the time of the assessment contact and by the time of the site audit referral had been made, wound specialist reviews had occurred and treatment plans were available.

The approved provider’s written response includes it refutes this requirement is not met. It has additional information about referrals made for another consumer named in the reports.

The Assessment Team recommended this requirement is not met. However upon consideration of all relevant information, including the approved provider’s written response, the approved provider complies with this requirement.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers (and representatives on their behalf) said they feel supported to do the things they want to do, they are enabled to do things of interest to them, and they are satisfied with the quality and quantity of the meals provided. Some consumers (and representatives on their behalf) said they feel supported emotionally, but others said in recent times they have not.

Other information gathered by the Assessment Team through staff interviewed, documentation reviewed, and observations made confirmed this.

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 on their behalf) said they feel at home at the service; and the service environment, their rooms, furniture and equipment are safe, clean and well maintained.

Other information gathered by the Assessment Team through staff interviewed, documentation reviewed, and observations made confirmed this.

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 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers (and representatives on their behalf) provided information about being able to raise concerns and make complaints and while they did not feel supported by the service’s previous management team, they do by the current team. Some consumers (and representatives on their behalf) provided information about having raised a concern or complaint, but this not being addressed, related improvements not being made and/or the issue giving rise to the concern or complaint reoccurring.

Other information gathered by the Assessment Team through staff interviewed, documentation reviewed, and observations made showed overall consumers are encouraged and supported to give feedback and make complaints, and they have access to relevant supports such as advocates.

However, the Assessment Team found while there is organisational guidance for management and staff of the service about complaint management this had not been implemented in relation to addressing complaints and using an open disclosure process when things went wrong. There had been a significant increase in complaints by consumers/representatives and staff had also complained and said they had not received a response. While improvements have recently been made in response to some feedback and complaints, there was a significant period of time when this was not occurring and improvements were not demonstrated in relation to other complaints.

The Quality Standard is assessed as Non-compliant as two of the four specific requirements have been assessed as Non-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) Non-compliant

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

The Assessment Team found while there is organisational guidance for management and staff of the service about complaint management this had not been implemented.

As documented in their assessment contact report the Assessment Team received feedback from five consumers/representatives about their complaint not having been actioned, at all or until recently, and/or about open disclosure not having been used.

As documented in their site audit report the Assessment Team:

* Received feedback from consumers and representatives who provided information about significant delays in receiving a satisfactory response to one or more recent complaints they had made.
* Received feedback from staff they had made a complaint to the current management team and had not received a reply.
* Note 15 complaints have been made to the Commission’s Complaints Resolution Group from July to October 2020. It has details about three of those complaints, as examples. It is acknowledged that two of those complaints had been and one was being addressed at the time of the site audit.

The provider’s written response includes detailed information about ways consumers and others are encouraged and supported to give feedback and make complaints organisationally and within the service, which is acknowledged by the Assessment Team in their site audit report under Standard 6, Requirement (3)(a) and has been taken into account by the decision-maker under that requirement.

The response has information about previous complainants being contacted and an acknowledgment and apology given to them when it was found things had gone wrong. It does not include supporting evidence showing open disclosure had been used in relation to any of the recent complaints made.

The approved provider does not comply with this requirement as, at the time of the site audit, appropriate action had not been taken in relation to some recent complaints and as it has not been demonstrated that an open disclosure process was used in relation to complaints where relevant.

### Requirement 6(3)(d) Non-compliant

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

The Assessment Team’s assessment contact report includes information from a consumer representative about improvements having been made recently in response to concerns they had raised, however also feedback from three consumers/ representatives about improvements not having been made after they raised concerns.

The Assessment Team’s site audit report includes information about consumers not having felt heard by the service’s previous management team. It also reflects that over the previous six weeks the service’s current management team had been engaging with consumers and their representatives to bring about feedback and complaint related improvements, including about the meals.

The approved provider’s written response has information about the organisation’s framework, systems and processes for feedback and complaints. It has general information about service management responding to consumer/representative feedback and complaints, as well as two specific examples about the meals and the staffing levels. No other specifics or supporting evidence was provided.

The approved provider does not comply with this requirement as, at the time of the site audit, while some improvements had recently been made there was a significant period of time preceding this when improvements had not occurred and for some consumers/in some areas improvements have not been demonstrated.

# 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 (and representatives on their behalf) provided information about staff being knowledgeable, capable, caring and available to meet their needs and preferences. However, other consumers (and representatives on their behalf) provided information about there not being enough staff to meet consumer needs and preferences, and gave information about adverse impacts on the consumer. Some also provided information about some staff not being knowledgeable or needing to be trained in some areas.

Other information gathered by the Assessment Team through staff interviewed, documentation reviewed, and observations made showed overall staff were kind, caring and respectful to consumers; and some staff training and competency assessment had occurred.

However:

* While there was workforce planning, the workforce deployed had not enabled the delivery and management of safe and quality care and services for some consumers.
* While there were organisational systems and processes for staff training and for equipping/supporting staff and while some staff training had occurred, it was not demonstrated to have been effective in some areas of consumer personal and clinical care.
* While some staff had recently been performance managed and a schedule had been developed for staff performance appraisal to take place, regular assessment of each member of the workforce had not occurred.

The Quality Standard is assessed as Non-compliant as three 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’s assessment contact report and site audit report include information about roster planning and management, including rostered shifts having been filled for specified time periods and consumer call bells mostly having been answered in a timely manner.

The Assessment Team’s site audit report includes consumers/representatives considered positive changes are being made by the current management team. However this and the assessment contact report include feedback from numerous consumers/representatives about the workforce not enabling the delivery and management of safe and quality care; and some saying they believed this was due to there not being enough staff. The feedback included staff rush, call bell response is delayed, and consumer personal and clinical care provision is delayed. Some provided information about an adverse impact of this on the consumer’s health and well-being, such as a consumer having unmanaged pain, a consumer having a fall and consumers having incontinence episodes.

The Assessment Team’s reports include feedback from some staff that they had mostly been able to complete their work in a timely manner, but also feedback from some care staff about there not having been enough staff at times. They spoke about impacts of this, including having had to rush and delays in consumer personal care provision having occurred.

The Assessment Team’s assessment contact report includes information from a general practitioner about an increase in staff workload during a recent precautionary lockdown period at the service, which they said had meant care provision was not maintained for all consumers. They gave an example of adverse impacts on a consumer’s clinical condition.

The report includes the general practitioner advised they believed there was enough staff, but the staff lacked experience and ability. It also includes of the 15 registered nurses, four are new graduates identified as needing professional support, there is a clinical care coach to support them, and while relevant education sessions have been facilitated they have not been well attended by the registered nurses.

The approved provider’s written response includes they refute this requirement is not met. The response includes that information about workforce planning was provided to the assessors and there were some positive findings by the Assessment Team as documented in their reports, including rostered shifts having been covered and very few calls for assistance by consumers having a delayed response. This is acknowledged.

The approved provider’s response has clarification about staffing numbers in the two weeks preceding the site audit. It has additional information about the staff roster having recently been reviewed with increased consumers at the service and roster adjustments then made. It also had information about on the job clinical care coaching for registered nurses being additional to the education sessions which were provided.

This demonstrates workforce planning occurs, but at the time of the site audit, the workforce deployed had not been enabling and was not enabling the delivery and management of safe and quality care and services. The Assessment Team’s findings in relation to consumer personal and clinical care in the site audit report are consistent with this. The approved provider does not comply with this requirement.

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

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

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

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

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

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

The Assessment Team’s assessment contact report and site audit report include information about a range of staff training occurring, however that staff behavioural management training and medication management competencies were not demonstrated. The reports include that staff confirmed regular education had been provided which was relevant to their role.

The reports include while consumers/representatives did not have confidence in the previous management team, many did in relation to the new team. They include while some consumers/representatives were unsure if staff needed extra training, others thought they did. This was in relation to personal and clinical care, including understanding dementia, behavioural management and medication management.

The approved provider’s written response has information about the organisation’s systems and processes for recruiting, training and equipping/supporting staff and about how these have been working at the service. It provides additional information about staff being trained in behavioural management during induction and annually, additional training being held in October 2020, and behavioural management being modelled by senior staff and the clinical care coach so that staff learn in situ.

The provider’s response has an example of staff being trained, equipped and supported to deliver the outcomes required by the Quality Standards for a consumer. It is noted this occurred after the site audit. The provider’s response includes further education for staff in responsive behaviour is planned to occur in November 2020.

The approved provider’s written response has additional information about staff being trained in medication management and about their related competency assessments being up-to-date. No supporting evidence has been provided in relation to the latter.

The approved provider does not comply with this requirement as, at the time of the site audit, the training being provided had not been effective in equipping and supporting staff to deliver the outcomes required by the Quality Standards. This was reflected in the Assessment Team’s findings in relation to consumer personal and clinical care in the site audit report.

### 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’s site audit report includes staff were unable to provide information about when their last assessment took place. It includes none of the four staff personnel files reviewed showed the staff member’s performance had been appraised in recent years and this being inconsistent with the organisation’s policy and procedure. The report has information about service management undertaking staff performance management. While for two of the three examples the performance issue giving rise to this was identified through organisational/service monitoring and review, for the other it was identified by the Assessment Team.

The approved provider’s written response includes a schedule has been developed for staff performance assessment to be completed by the end of 2020. As well as noting the Assessment Team’s site audit report reflects performance management recently took place for some staff, it includes that staff performance is monitored in other ways such as audits and incident notification.

The provider’s response includes the service’s general manager only commenced in the position on 8 September 2020. This is acknowledged however the assessment of service performance against the Quality Standards is not limited to that timeframe.

The approved provider does not comply with this requirement as, at the time of the site audit, regular assessment of some members of the workforce had not occurred.

# 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

Consumers have been engaged in the development, delivery and evaluation of care and services, and have been supported in that engagement, through meetings and committees, focus groups and surveys, and other feedback mechanisms.

However:

* While there is some information about a culture of inclusive care and services at the service, a culture of safe and quality care and services was not evident based on findings relating to consumer personal and clinical care. Governing body accountability for consumer safe and quality care was not demonstrated.
* Effective organisation wide governance systems were not demonstrated in relation to information management, continuous improvement, workforce governance, or feedback and complaints.
* Effective risk management systems and practices were not in place in relation to high impact and high prevalence risks associated with the care of consumers and supporting consumers to live their best life.
* The clinical performance and effectiveness component of clinical governance and clinical governance in relation to open disclosure were not demonstrated.

The Quality Standard is assessed as Non-compliant as four 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) Non-compliant

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

The Assessment Team’s site audit report and approved provider’s written response include that recently an experienced regional manager was assigned, a new general manager was appointed and an experienced clinical care manager was transferred to lead and oversee the team at the service. The provider’s response includes this was done within a tight timeframe.

However, the Assessment Team’s site audit report includes information about significant gaps in consumer personal and clinical care occurring earlier in 2020.

The Assessment Team’s site audit report and provider’s response include information about monitoring the delivery of safe, inclusive and quality care at the service through audits. The provider’s response includes that monitoring also involves reporting tools and regular meetings with senior leadership team, and that the results are discussed and plans for improvement are developed.

However, the Assessment Team’s site audit report includes that an internal Quality Standards type audit was conducted at the service in April and May 2020. This identified failings in two requirements under the Quality Standards and not in other requirements where the Assessment Team has found significant gaps. The provider’s response does not include information in response to this ineffective monitoring.

The provider’s response includes they refute this requirement is not met. It includes broad statements about the governing body promoting and being accountable for a culture of safe, inclusive and quality care and services. It includes that a commitment to this has been shown through the regional and service management personnel changes outlined above. It also includes the Assessment Team’s site audit report has information about respectful and culturally safe care and services having been provided to consumers at the service.

While there is some information about a culture of inclusive care and services, a culture of safe and quality care and services was not evident at the service based on the Assessment Team’s findings in relation to consumer personal and clinical care in the site audit report. The organisation’s systems and processes had not enabled early identification and timely actioning of the gaps in safe and quality care and services for consumers. The approved provider does not comply with this requirement.

### 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’s assessment contact report and site audit report include information about the organisation having relevant policies and procedures and having provided education and other organisational support for management and staff in relation to implementation of the sub-requirements. This is also evident in the approved provider’s written response. However, the Assessment Team’s reports include some information about the policies and procedures not having been implemented effectively at the service.

In relation to effective organisation wide governance systems for information management:

* The Assessment Team’s site audit report includes that staff said keeping up with work related information about the COVID-19 pandemic was difficult as the information was changing and information was not always easily available. The provider’s response includes this related to the rapidly evolving information becoming available as the pandemic progressed, and includes information about what and how related information has been made available to staff. This is acknowledged however it is noted the feedback from staff was also about them finding the information not always easily available.
* The Assessment Team’s assessment contact and site audit report include feedback from consumers and representatives about information not having been managed effectively. This includes not having been given information relevant to the consumer’s health, having had to repeat themselves when speaking with staff, and having had difficulty communicating with staff. Some spoke of an adverse impact of this on the consumer, including frustration and feeling helpless.

This does not demonstrate effective governance was in place in relation to information management.

In relation to effective organisation wide governance systems for continuous improvement, the Assessment Team’s site audit report includes the service had a continuous improvement plan (the plan) capturing a broad range of improvements. However, the Assessment Team’s assessment contact and site audit reports include feedback from some consumers, representatives and a care staff member about continuous improvement not having occurring or being effective; and documentation reviewed confirming this. An example relates to wound care: the Assessment Team was informed a review of the wounds of some consumers had taken place, but during the assessment contact there continued to be gaps in wound care.

The provider’s response is there was a plan and it was used to drive and monitor quality improvement across the Quality Standards. It is acknowledged there was a plan, however it has not been demonstrated this was used to drive and monitor quality improvements in some areas.

In relation to effective organisation wide governance systems for financial governance, the Assessment Team’s site audit report and provider’s response include information about this having been effective.

In relation to effective organisation wide governance systems for workforce governance, the Assessment Team’s assessment contact report and site audit report include information about significant gaps in human resources at the service. The provider’s response has general information about staff credentialing and training. It does not provide information to demonstrate effective workforce governance was in place.

In relation to effective organisation wide governance systems for regulatory compliance, the Assessment Team’s assessment contact report and site audit report included information about minimising the use of restraint, use of compulsory reporting processes and the consolidated record of reportable assaults. The Assessment Team’s reports did not include information to show organisation wide governance systems are ineffective in relation to regulatory compliance.

In relation to effective organisation wide governance systems for feedback and complaints, the Assessment Team’s assessment contact report and site audit report include information about significant gaps in the management of complaints and use of these to have brought about improvements at the service. The provider’s response includes broad statements about feedback and complaint management and related organisational governance. This does not demonstrate effective governance was in place in relation to feedback and complaints.

The approved provider does not comply with this requirement as, at the time of the site audit, effective organisation wide governance systems were not demonstrated in relation to information management, continuous improvement, workforce governance, or feedback and complaints.

### 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.*

The Assessment Team’s assessment contact report and site audit report include information about the organisation having a documented risk management framework, relevant policies and procedures and having provided education and other organisational support for management and staff in relation to implementation of the sub-requirements. This is also evident in the approved provider’s written response, which includes the provider refutes this requirement is not met. However, the Assessment Team’s reports include some information about the framework, policies and procedures not having been implemented effectively at the service.

In relation to effective risk management systems and practices for managing high impact or high prevalence risks associated with the care of consumers, the Assessment Team’s assessment contact report and site audit report include information about significant gaps in managing these risks. The provider’s response includes a range of information including about systems and processes for managing high-impact and high-prevalence risks and two examples of such risks being managed during the COVID-19 pandemic. This is acknowledged, however does not demonstrate effective risk management was in place in relation to these risks.

### In relation to effective risk management systems and practices for identifying and responding to abuse and neglect of consumers, information in the Assessment Team’s reports and provider’s response show effective risk management in relation to abuse and neglect of consumers.

In relation to effective risk management systems and practices for supporting consumers to live the best life they can, the Assessment Team’s site audit report and provider’s response include examples of consumers having been supported to live their best life. However, the Assessment Team’s assessment contact report and site audit report also include examples of significant gaps in consumer personal and clinical care impacting on their quality of life. This included negative feedback from consumers/representatives. It has not been demonstrated that effective risk management was in place to support consumers to live their best life.

The approved provider does not comply with this requirement as, at the time of the site audit, effective risk management systems and practices were not in place in relation to high-impact or high-prevalence risks and supporting consumers to live their best life.

### 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’s assessment contact report and site audit report include information about the organisation having a documented clinical governance framework, relevant policies and procedures and having provided education and other organisational support for management and staff in relation to implementation of the sub-requirements. This is also evident in the approved provider’s written response.

However, the Assessment Team’s reports include some information about the framework, policies and procedures not having been implemented effectively at the service.

The Assessment Team’s reports in relation to clinical governance include information about them being advised the clinical indicator monitoring process had recently been re-established and gaps had been identified, and that the Assessment Team found the clinical data was inaccurate. For example, pressure injury for some consumers had not been reported as an incident and counted in the data. The reports also include information about clinical statistics for the service not having been reported correctly by the service’s previous management to regional management for reporting on to the governing body.

In relation to a clinical governance framework for antimicrobial stewardship, the Assessment Team’s reports include information about taking steps to minimise the need for use of antibiotics and about ensuring appropriate antibiotic use for consumers. The provider’s response includes information about antimicrobial stewardship.

In relation to a clinical governance framework for minimising the use of restraint, the Assessment Team’s reports and the provider’s response include information about minimising the use of restraint.

In relation to a clinical governance framework for open disclosure, the Assessment Team’s reports include information about open disclosure not being used in relation to some complaints. The provider’s response has general information about the systems and processes for open disclosure and broad statements about the organisation and service having implemented these. It includes reference to some positive information in the Assessment Team’s reports. This does not demonstrate clinical governance in relation to open disclosure.

The approved provider does not comply with this requirement as, at the time of the site audit, the clinical performance and effectiveness component of clinical governance and clinical governance in relation to open disclosure was not demonstrated.

**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 2(3)(a)**

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

Required improvements

Ensure each consumer’s assessment and planning is inclusive of all risks to their health to inform the delivery of safe and effective care and services.

Review and improve the systems and processes in operation at the service for this to be maintained on an ongoing basis as these have not been effective for consumers in relation to wounds, diabetes and behaviours.

**Requirement 2(3)(e)**

*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.*

Required improvements

Ensure each consumer whose circumstances have changed and who has experienced a recent incident have assessment and planning reflective of their current needs.

Review and improve the systems and processes in operation at the service for reporting consumer incidents and injuries as these have not been effective, including but not only in relation to pressure injury.

Review and improve the systems and processes in operation at the service for regular and as needed review of care and services as these have not been effective in relation to behavioural management and falls prevention/management.

**Requirement 3(3)(a)**

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

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

Required improvements

Ensure personal and clinical care is consistent with best practice, tailored to needs, optimises health and well-being and is safe and effective overall for all consumers.

Review and improve the systems and processes in operation at the service for this to occur on an ongoing basis as these have been ineffective in relation to consumer pressure injury prevention and wound care, pain management, nutrition management and diabetic management, as well as clinical monitoring of consumers.

**Requirement 3(3)(b)**

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

Required improvements

Ensure high impact and high prevalence risks associated with the care of all consumers are effectively managed.

Review and improve the systems and processes in operation at the service for this to occur on an ongoing basis as these have been ineffective in relation to consumer falls and behaviours.

**Requirement 3(3)(e)**

*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.*

Required improvements

Ensure information about each consumer’s condition and needs is documented and communicated within the organisation, particularly among the staff who need to know to inform the delivery of personal and clinical care.

Review and improve the systems and processes in operation at the service for this to occur on an ongoing basis as these have been ineffective.

**Requirement 6(3)(c)**

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

Required improvements

Undertake consultation with each consumer/representative named in the Assessment Team’s assessment contact and site audit report as having (and any other known by the organisation/service to have) concerns or complaints relating to the Quality Standards to understand the nature of these.

Take appropriate action in response to the concerns and complaints of these consumers/representatives, if any. This should include apologising and providing an explanation to the person where things have been found to go wrong. This should include, after action has been taken, evaluating in a robust and structured way whether the desired result/s have been achieved and seeking to understand from the person if they are satisfied with the resolution.

**Requirement 6(3)(d)**

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

Required improvements

Ensure feedback and complaints are reviewed and used to improve the quality of care and services for consumers.

Identify opportunities to improve the care and services for consumers from individual complaints made, where relevant, and from ongoing trend analysis of complaints. Plan, action, evaluate and document the improvements.

**Requirement 7(3)(a)**

*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.*

Required improvements

Ensure the workforce deployed enables the delivery and management of safe and effective care and services to consumers.

Seek to understand why consumer personal and clinical care provision is not consistent with needs and preferences and why delays are being experienced, including by consulting consumers, representatives, staff and other relevant stakeholders.

Plan, action and evaluate improvements relating to those findings, including by further consulting those stakeholders.

Review and improve the way the organisation tests that the workforce deployed enables the delivery and management of safe and quality care and services, as this has not been effective.

**Requirement 7(3)(d)**

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

Required improvements

Ensure staff are trained, equipped and supported to deliver the outcomes required by the Quality Standards.

Review and improve the systems and processes in operation at the service for staff training as these have not been effective in some areas.

Provide, at a minimum, the staff training as planned and documented in the approved provider’s written response: clinical assessment and care planning; pressure injuries and wound management; behavioural management, including responsive behaviours; and incident management. Consider the need to train staff in other areas.

Demonstrate the workforce has been trained in these areas through record keeping: the topic/s, learning material and which staff attended by designation (as a total of all staff of that designation) and when all being relevant information.

Evaluate the effectiveness of that training in a robust and structured manner, which involves more than staff feedback about the training.

**Requirement 7(3)(e)**

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

Required improvements

Ensure regular assessment of the workforce takes place as planned with each staff member’s performance appraised according to the schedule developed.

Review and improve the systems and processes in operation at the service for this to occur on an ongoing basis as these have been ineffective.

**Requirement 8(3)(b)**

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

Required improvements

Ensure the governing body is accountable for a culture of safe and quality care and services.

Establish accurate reporting about complaints and clinical data relating to the Quality Standards for the service.

Review and improve the way the organisation tests the complaint and clinical data reported by service management through regional management to the governing body for timely identification of anomalies/inaccuracies, as this was not effective.

Review and improve monitoring of service performance more broadly against the Quality Standards as this was not effective, particularly but not only in relation to identifying all gaps and impacts of these on consumer health and quality of life.

**Requirement 8(3)(c)**

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

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

Required improvements

Ensure there are effective organisation wide governance systems for information management, continuous improvement, workforce governance, and feedback and complaints.

Review and improve monitoring in relation to workforce governance as this was not effective, particularly but not only in relation to the service’s previous management team with lack of timely identification of the poor leadership.

**Requirement 8(3)(d)**

*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.*

Required improvements

Ensure there are risk management systems and practices for managing high impact and high prevalence risks associated with the care of consumers and supporting consumers to live their best life.

**Requirement 8(3)(e)**

*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.*

Required improvements

Ensure the performance and effectiveness component of clinical governance and clinical governance in relation to open disclosure is in place.