Ozcare Villa Vincent

Performance Report

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**Commission ID:** 5875

**Provider name:** Ozcare

**Site Audit date:** 27 July 2021 to 30 July 2021

**Date of Performance Report:** 27 August 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | 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** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 19 August 2021
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. The Site audit report identified deficits in relation to consumers’ identity, culture and diversity being valued. I have come to a different decision regarding this Requirement, it is my decision, consumers’ identity, culture and diversity was valued by staff at the service.

Consumers and representatives provided examples of how the service supported consumers to be independent, exercise choice, make decisions and communicate their decisions about the care and services they wished to be provided to them.

Where a consumer’s choice involved risk, consumers said staff respected their wishes and confirmed discussions were held in relation to the potential risks associated with their choice.

Consumers’ relationships were acknowledged and supported, consumers confirmed their personal privacy was respected and the information they received was accurate and provided in a timely manner.

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.*

Consumers advised staff were kind, caring and treated then with respect. Deficits in relation to consumers’ identity, culture and diversity being valued was noted in the Site audit report. Following a review of the Site audit report and the Approved provider’s response to the Site audit report, I have concluded consumers were treated with respect and their identity, culture and diversity was valued.

The Site audit report included information relating to a named consumer becoming distressed after a staff member rushed their showering and they were not assisted to dress. The Approved provider’s response indicates the consumer had recently entered the service and comprehensive care plans were in the process of completion, including their hygiene preferences. Clarification was sought from the named consumer and staff at the service as to the context of their feedback, I note in the Approved provider’s response the consumer stated they did not require assistance to dress following their shower, and their main concern was the staff member leaving a wet towel behind. The named consumer also stated this occurrence has not happened again.

A second named consumer was noted in the Site audit report not to be called by their preferred name by staff, making the consumer feel disrespected. The Approved provider in its written response has refuted this information and provided information to support on entry to the service the consumer provided a preference relating to their first name, which staff were using during the Site audit and was recorded on a board in the consumer’s room indicating this was their preference of name.

As to the above two examples included in the Site audit report, it is my opinion these examples are not reflective of a systemic culture at the service whereby consumers’ identity, culture and diversity were not valued. I note 36 consumers and representatives were interviewed during the site audit and the site audit contained concerns from two consumers and these concerns were refuted in the Approved provider’s written response.

A staff member was overheard referring to consumers who required assistance with meals in a term that may have been considered derogatory. The Approved provider’s response refutes the intent of the staff member was to cause offence, rather the staff member was referring to the workflow of the dining room.

The Site audit report included information relating to staffs’ poor understanding of consumers’ backgrounds, life histories or their likes and dislikes. I note, 41 members of staff were interviewed during the Site audit and I am unable to determine the extent of staff deficits in relation to a lack of knowledge of consumers’ backgrounds, life histories, likes and dislikes. I also note a lack of consumer feedback in relation to a lack of staff knowledge in relation to their backgrounds, life histories, likes and dislikes.

Information recorded in the Site audit report indicates staff were unable to describe any strategies to implement to demonstrate respect for Aboriginal elders. I also note this information is recorded in the absence of any concerns raised by consumers. The Approved provider in its written response reported the service supports several indigenous consumers and their individual cultural needs were included in individual care plans.

Based on the information recorded above, it is my decision this Requirement is Compliant, and consumers were treated with dignity and respect, and their culture, identity and diversity was valued.

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Consumers and representatives considered they felt like partners in the ongoing assessment and planning of the consumer’s care and services. Consumers and representatives confirmed they were involved in initial assessments upon entry to the service and the ongoing planning of consumers’ care. Consumers and representatives were informed about the outcomes of assessment and planning and could have access to the consumer’s care and services plan should they wish. Consumers and representatives confirmed assessment and planning was partnership based and includes other organisations and individuals where required.

Assessment and care planning documentation identified that reviews were completed regularly and in conjunction with the consumer and representative. Assessment and care planning documentation reflected individual consumer’s current needs, goals and preferences, including advanced care planning. Individual risks to consumers were considered during assessment and planning processes. Care and services were regularly reviewed for effectiveness, reviewed when circumstances changed or when incidents impacted the needs, goals and preferences of consumers.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers received personal care and clinical care that was safe and right for them. Consumers and representatives advised that consumers received the care they needed, and they felt safe. Consumers and representatives provided various examples of how staff ensured the care provided to consumers was right for them, including regularly asking consumers about their care, the way it was delivered and involving them in discussions regarding alternative care options available. Consumers and representatives confirmed consumers were referred to their Medical officer or other health professional to meet their changing personal or clinical care needs. Consumers and representatives stated that referrals occurred promptly, and the care delivered by those to whom the consumer had been referred, met their needs.

Staff described how they ensured care was best practice, tailored to meet the individual consumer’s needs and optimised their health and well-being, their opportunities for continuing education and how they ensured information was shared both within the organisation and with others outside the organisation. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. An outbreak management plan was in place for the prevention and management of a potential COVID-19 outbreak.

Registered staff described the main high impact and high prevalence risks for consumers in the service, individual risks and management strategies were reflected in the care documentation. Staff could also identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

Care plans reviewed demonstrated the delivery of safe and effective care and the involvement of other health professionals. Consumers who were nearing end of life had their dignity preserved and care was provided in accordance with their needs and preferences. Care planning documents and progress notes reflected the identification of and appropriate response to the deterioration or changes in consumers’ condition.

Information relating to consumers’ condition, needs and preferences was documented in handover documentation, and communicated by shift handover where the responsibility for care was shared. Staff attended shift handover to ensure information regarding consumers was consistently shared and understood.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

### Requirement 3(3)(e) 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

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

Consumers considered they received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers expressed they received safe and effective services and supports for daily living. Consumers confirmed staff had an awareness of their individual needs and as well as their preferences to optimise their independence and wellbeing. Consumers expressed in various ways how they could continue to do things of interest to them within and outside the service and how they kept in touch with people important to them. Consumers advised they could talk to staff, pastoral carers or their family if they were feeling sad or low and religious services were available to access. Consumer information was communicated within the organisation and with others where responsibility of care was shared.

Lifestyle staff advised if further supports or referrals from other organisations and providers of other care and services were required for consumers, they would discuss this with the registered staff and management and make arrangements where required. Contact details for other organisations and providers of other care and services were available to staff.

Consumers advised their provided meals had enough variety and were of sufficient quality and quantity for their needs. Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean, well maintained, and readily available.

Staff were observed talking to consumers, participating in activities and engaging with consumers in a supportive and caring way.

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

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

Consumers felt they belonged in the service and felt safe and comfortable in the service environment. Consumers reported in various ways how the service was comfortable and supported their independence and interaction, the service was easy to navigate and was well maintained.

The service environment was observed to be welcoming and optimised consumers’ sense of belonging. The internal and external service environment was observed to be safe, clean and well-maintained. Consumers and visitors were observed accessing outdoor areas independently through automated doors.

Staff described how maintenance and cleaning processes promoted a safe and comfortable environment for consumers and staff; this included maintenance of furniture, fittings and equipment.

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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers and representatives confirmed they were encouraged and supported to give feedback and make complaints. Consumers and representatives stated they had received information on how to make a complaint and provide feedback, and felt safe and comfortable in doing so, either anonymously or with the assistance of management and staff.

Deficiencies were raised in the Site audit report relating to appropriate actions taken in response to complaints and feedback and complaints being used to improve quality of care and services. However, based on positive feedback from consumers in relation to care and services and the Approved provider’s response to the Site audit report, it has been determined appropriate actions were taken in response to complaints and feedback and complaints were reviewed and used to 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.*

An open-disclosure process was applied in response to adverse events, including the provision of an apology and the discussion of strategies to reduce the risk of a similar incident occurring.

The Site audit report contained information regarding one named representative was not satisfied with their involvement in the evaluation of rectification processes, their suggested rectification strategies were not considered, and they were not confident with strategies implemented by the service would address the risk of their concern. The Approved provider in its written response noted the rectification actions regarding concerns raised by the named representative were still in process at the time of the Site audit. It is my opinion it is premature to evidence the action taken by the Approved provider was not appropriate in relation to the representative’s complaint as rectification actions were still in progress, and the Approved provider evidenced the representative was satisfied with the actions taken by the Approved provider at the completion of the rectification actions.

For a second named representative, the Site audit report provided evidence feedback lodged by the representative over 12 months ago was not acknowledged or responded to. The Approved provider in its written response evidenced that while the feedback was acknowledged, a response was not provided. An apology has been provided to the named representative. It is my opinion a lack of response to one source of feedback does not evidence a systemic failure of the service’s compliant system.

The Site audit report contained information relating to an unresolved compliant raised by a third named representative involving the location of room at the service and communication processes at the service. The Approved provider in its response to the Site audit report provided information to support alternative accommodation was offered to the complainant which was not accepted. Concerns regarding communication at the service were followed up with the complainant which were resolved to the satisfaction of the complainant. It is my opinion this evidence supports appropriate action was taken in response to the complaint.

Staff knowledge of the complaints management system was documented in the Site audit report as inconsistent. I note that 41 members of staff (not including management) were interviewed during the site audit, I am unable to determine the level of misunderstanding in staff knowledge based on this information and have noted in Requirement 6 (3) (a) staff were aware of the various avenues for consumers to raise complaints and provided assistance to consumers to record their concerns. The Approved provider has acknowledged staff usage of the electronic system requires improvement and additional training will be provided in its use. The Approved provider also acknowledged the use of progress notes to record entries of feedback was considered a valid way of recording feedback.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site audit report alongside the Approved provider’s response. While I acknowledge the single instance of feedback not provided to a complainant occurred and staff were not consistently utilising the electronic platform to raise complaints or record feedback, it is my decision these instances do not reflect appropriate action was not taken in response to complaints. I am satisfied with additional training staff at the service will have the knowledge and skills to utilise the electronic platform to record complaints. Therefore, it is my decision this Requirement is Compliant.

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

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

The site audit report contained information the service was unable to demonstrate feedback and complaints were used to drive improvements to the quality of care and services provided to consumers. The Approved provider evidenced complaints and feedback were used by the service to improve services provided to consumers in its written response to the Site audit report.

For one named representative it was noted no change had occurred following raising concerns with the service regarding communication processes with staff. As also evidenced in Requirement 6 (3) (c) the Approved provider in its written response evidenced rectification actions relating to this concern were still in progress during the Site audit and therefore it was premature to consider the outcomes of the concern to be ineffective. The Approved provider in its response provided previous examples of communication with the named representative which demonstrated effective rectification actions and communication.

For a named consumer who provided feedback in relation to their low level of assurance staffing levels would be increased following their concerns raised about staffing, the Approved provider evidenced meeting minutes where concerns regarding staffing were raised and discussed. Call bell response times for the named consumer were also submitted as part of the response which indicate an average call bell response time of less than four minutes. I also note the consumer did not indicate a lack of care and services was evident through their feedback relating to staffing levels.

The Approved provider acknowledged allied health services provided to a named consumer were delayed due to recent lockdown requirements, however, the Approved provider evidenced in its response podiatry services were scheduled to attend the service in August 2021.

The Site audit report contains information relating to representatives concerned with the wound and hygiene cares provided to their family member, and the requirement for a camera to be installed in the consumer’s room to ensure they receive care and services. The Approved provider refutes the information relating to the camera’s requirement regarding care and services and evidenced the camera was installed by the consumer’s family to ensure the consumer complied with directives from a health specialist. I also note the consumer’s family was invited to meet with management but declined.

The Site audit report states the service was unaware of trends in complaints relating to communication, I am unable to determine there is a trend in relation to communication issues at the service. The Approved provider acknowledged further education is required in relation to staff using the electronic platform to lodge feedback or complaints. The Approved provider refuted information contained in the Site audit report relating to the inability of the service to provide reports on feedback and stated this was provided at the commencement of the site audit.

The Approved provider acknowledge its plan for continuous improvement did not contain all activities of improvement resulting from feedback from consumers and had retrospectively added these activities to its plan for continuous improvement.

In coming to my decision of Compliance in this Requirement I have considered the site audit report and the response from the Approved provider which indicates feedback and complaints have been reviewed and used to improve the quality of care and services for consumers. This was evident in meeting minutes and newsletters provided in the Approved provider’s response. Therefore, it is my decision this Requirement is Compliant.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers considered they received quality care and services when required from people who were knowledgeable, capable and caring. Consumers and representatives considered care staff were kind and were aware of consumers’ care needs and preferences.

Deficiencies were raised in the Site audit report in relation to sufficiency of staffing, however, based on positive feedback from consumers in relation to care and services and a lack of impact for consumers relating to insufficient staffing, it is therefore determined the workforce was planned to deliver and manage safe and quality care and services.

The service demonstrated an effective induction and ongoing training program for staff, including mandatory training, competency assessments and role specific training.

A regular performance appraisal and review process was occurring, with documented performance issues and rectification strategies identified. Staff interviewed confirmed an annual performance appraisal with their supervisor had occurred.

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

## Assessment of Standard 7 Requirements

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

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

Deficiencies were detailed in the Site audit report in relation to staff sufficiency, including delays in answering call bells, staff shifts not filled and the high usage of temporary staff. The Approved provider has refuted the deficiencies in relation to the sufficiency of staffing and has stated there had not been any identified impact on consumer care in relation to the deficiencies documented in the Site audit report.

For one named consumer representative, details in the Site audit report refer to an instance of their family member being in bed at a time perceived by the representative to be incongruent with the consumer’s needs and delays in call bell response times. The Approved provider submitted call bell response times for the consumer for a period of four months which indicate an average call bell response time for the consumer of 15 seconds, which does not support an extended wait time has been experienced by the consumer. Activity participation records, therapy provision records and technical needs reports submitted by the Approved provider indicate the consumer participated in activities, walks were supervised by staff and exercise group attendance was facilitated. These records support the consumer was provided with activities and support by staff on most days. On the single occasion the consumer was in bed at an earlier time than preferred by the consumer’s representative, the Approved provider noted without details of the date this occurred, it is unable to provide further context to this occasion. The site audit report includes information relating to food and drinks out of reach for the named consumer, the Approved provider evidenced the consumer’s weight has remained stable since their entry to the service. I am unable to determine the information contained above supports a lack of sufficient staffing at the service. While I acknowledge food and drinks are required to be in reach of the consumer, I am unable to link this evidence to a lack of sufficient staffing and also note as evidenced in Requirement 3 (3) (a) consumers received safe and effective personal and clinical care.

Feedback from a named consumer indicated a delay in staff response to turning the light off in their room for a period of 15 minutes. The Approved provider’s response included call bell response times for the consumer over a four-month period indicated a wait time of just over one minute. I am unable to determine from the information recorded in the site audit report if staff delays turning off the consumer’s lights was a recurring occurrence for the consumer, or a single occurrence.

A second named consumer representative provided feedback recorded in the site audit report relating to staff appearing rushed and communication processes with staff were ineffective. The Approved provider in its response documented evidence of regular communication had been made with the consumer’s representative relating to various aspects of the change in their health status, and communication was made in relation to medication changes. The Approved provider acknowledged the consumer was almost delivered the wrong nutrient supplement, however following consultation with another staff member this event was diverted. It is my opinion, this error was not due to insufficient staffing, and staffing qualifications at the service diverted this near mishap.

For a named consumer who felt their cares were rushed by a staff member, this information was considered in Requirement 1 (3) (a) which evidences the consumer was assessed as independent with their care needs, this episode has not been repeated and the consumer’s concerns have been addressed.

Feedback from one named consumer relating to staffing levels was considered in Requirement 6 (3) (d), call bell response times for the named consumer were also submitted as part of the Approved provider response which indicate an average call bell response time of less than four minutes. I also note the consumer did not indicate a lack of care and services was evident through their feedback relating to staffing levels.

Information contained in the Site audit report reflects feedback from staff relating to unfilled shifts, the high usage of temporary staff, shortage of staff impacting on care delivery for consumers in line with their preferences and service staff unable to provide meals in a timely manner or clean rooms in accordance with schedules. Included in the Approved provider’s response was information to support that while the service was at 95% capacity during the Site audit, rostering arrangements were set for 100% capacity. The Approved provider noted in its response as the roster in use was linked to a 100% capacity, the non-replacement of shifts at times did not bring the service below the allocated staffing level for the actual occupancy rate. I note that in relation to staff feedback there is a lack of evidence to support care and service delivery to consumers was affected by insufficient staffing. I also note Requirement 3 (3) (b) evidences consumers with high-impact of high-prevalence risks were effectively managed, which supports an effective workforce strategy. In relation to meals not provided in a timely manner I have considered consumer feedback in Requirement 4 (3) (f) which evidenced positive feedback was provided by consumers regarding the variety, quality and quantity of food at the service. Feedback received from support staff relating to an inability to clean rooms is incongruent with observations of the service evidenced in Requirement 5 (3) (b) indicating the service was safe, clean and well-maintained.

The Approved provider has refuted information relating to excessive wait times for calls bells to be answered. Information contained in the Site audit report evidences excessive wait times, over ten minutes, for six consumers. The Approved provider has questioned the interpretation of this data, and stated instructions were provided during the Site audit regarding the correct interpretation of this data. As evidenced in Requirement 6 (3) (d) for one named consumer who was noted to have excessive wait times to their call bell, call bell response times for the named consumer were submitted which indicate an average call bell response time of less than four minutes. Information regarding observations of call bell annunciators indicting three consumers were waiting over 30 minutes for the call bells to be answered was also refuted by the Approved provider, stating the annunciator screen stays active until consumers’ care have been completed and changes in colour to indicate the presence of staff. I am unable to determine the validity of the excessive wait times for the consumers as noted in the Site audit report in the absence of information to support care staff were not attending to the three consumers.

In regard to information recorded in the Site audit report relating to unfilled shifts, the Approved provider has refuted the accuracy relating to the number of shifts not filled. Information contained in the Approved provider response includes eight care staff shifts were not replaced in the roster for the week preceding the Site audit, as opposed to 16 reported in the Site audit report, and these shifts were covered by a mix of extending shifts. Registered nurse shifts which were noted to be unfilled for the preceding week of the Site audit were attended to by the Clinical nurse, ensuring registered nurse coverage was maintained.

The Site audit report indicates the usage of temporary staff to fill vacant registered nurse shifts impacts to continuity of clinical care due to their unfamiliarity with consumers’ clinical care needs. The Approved provider in its response has stated temporary staff are contracted for a period of two to six weeks to maintain continuity of care. I also note in relation to Requirement 3 (3) (a) registered staff monitor the care provided by staff by attending the handover process between shifts twice a day and by reviewing incident records and progress notes. I am unable to determine temporary staff were not aware of consumers’ individual care needs.

The service’s plan for continuous improvement did not demonstrate strategies the service is implementing in relation to staff recruitment. The Approved provider has evidenced in its response alternative methods for recording and monitoring staff recruitment, including weekly leadership meetings. Meeting minutes evidenced the standing agenda item relating to staff requirements including actions taken to address staffing requirements.

In coming to my decision regarding compliance in this Requirement, I have considered the information contained in the Site audit report alongside the Approved provider’s response and while I acknowledge the service is actively recruiting staff, I also acknowledge the service had a decreased occupancy rate during the site audit and staffing levels were generally maintained at a full occupancy rate level. I have also considered the positive feedback from consumers in relation to the delivery of care and services, documentation that supported the safe delivery of quality care and services and observations of the service environment. Based on this information, it is my decision this Requirement is compliant.

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

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

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

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

### Requirement 7(3)(d) Compliant

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers considered that the organisation was well run, and they could partner in improving the delivery of care and services. The service demonstrated the development, delivery and evaluation of care was undertaken in consultation with consumers.

The governing body took accountability for care and service delivery and promoted a culture of safe, inclusive and quality driven culture and ensured the Quality Standards were met through monitoring performance reports provided by the service. The service demonstrated that governance systems were in place to support compliance with the Quality Standards and to deliver safe and quality care

There were effective organisation wide governance systems guiding information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints.

The organisation’s risk management framework incorporated business rules that included identifying and responding to abuse and neglect of consumers. The organisation had a documented incident management policy that ensured incidents were identified, managed and strategies to prevent reoccurrence were considered; review of the services mandatory reporting register identified reportable incidents were recorded and appropriately reported to regulatory bodies.

Staff demonstrated their awareness of reporting responsibilities in the event of an allegation of abuse raised with or witnessed by them and daily monitoring ensured the systems were working.

The service had a clinical governance framework that referenced antimicrobial stewardship, minimising the use of restrictive practices and an open disclosure policy. Staff described how the framework influenced their daily practices including minimising infection and providing apologies to consumers when an adverse event occurred.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Compliant

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

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

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

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

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

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

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.