BaptistCare Caloola Centre

Performance Report

Cnr Plumpton Rd & Redhill Rd   
WAGGA WAGGA NSW 2650  
Phone number: 02 5933 1700

**Commission ID:** 0614

**Provider name:** BaptistCare NSW & ACT

**Site Audit date:** 19 April 2022 to 22 April 2022

**Date of Performance Report:** 1 June 2022

# Performance report prepared by

E Woodley, delegate of the Aged Care Quality and Safety Commissioner.

# 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** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-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) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-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) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 20 May 2022.

# 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 how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers interviewed by the Assessment Team considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. Consumers interviewed said that they are supported to maintain their quality of life and that the service assists them to minimise risks associated with chosen activities.

Consumers and representatives interviewed indicated that consumer privacy is respected in relation to care delivery. For example, staff knock on consumer’s door and wait to be invited in before entering. Consumers expressed confidence that their personal information was managed and used in a manner that protected their privacy and confidentiality.

Staff interviewed were familiar with the needs and preferences of the consumers sampled. Consumer care plans reviewed detailed individualised information about consumer’s backgrounds and preferences and this information was consistent with information obtained from consumers, representatives, and staff.

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-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 how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most consumers and representatives interviewed by the Assessment Team said they were aware of their care plans and were able to view them. Care plans contained language that is easy for consumers and representatives to understand, and they are accessible to all staff as required.

Care planning documents reviewed by the Assessment Team did not consistently evidence comprehensive assessment and care planning for consumers to inform safe and effective care. The service did not demonstrate that assessment and planning identified and addressed the current needs, goals and preferences of all consumers. However, advanced care planning and end of life planning documentation was appropriately addressed by the service.

The service demonstrated that care plans were routinely reviewed on most occasions. However, the service was not able to demonstrate appropriate reassessment of care needs when consumer circumstances changed.

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) 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.*

While assessment and care planning documentation reviewed by the Assessment Team generally demonstrated that care planning includes risk identification and planning, it did not always inform the delivery of safe and effective care and services. For two consumers, behaviour charting was not reviewed to assess the effectiveness of behaviour management interventions. For one consumer, adequate wound assessment was not undertaken to effectively and safely monitor pressure injury staging or wound deterioration. However, the Assessment Team identified some examples where assessment and care planning did consider risk appropriately for consumers regarding smoking, safe driving, and diabetes management.

The approved provider’s response demonstrates that for the two consumers identified in the Site Audit report, recent assessment of their behaviour had occurred to develop their Behaviour and Restrictive Practice care plan prior to the Site Audit.

While for one consumer, wound assessment and monitoring was not in line with the organisation’s policies, this has been considered under Standard 3, Requirement 3(3)(a). Overall, the service demonstrated assessment and planning considers risks to the consumer’s health and well-being, and most of the time informs safe and effective care.

I find this requirement is Compliant.

### Requirement 2(3)(b) Non-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.*

Care documentation reviewed by the Assessment Team did not consistently identify and address consumer’s current needs, goals, and preferences. Two consumer’s care plans were not updated to identify current needs regarding their mobility and skin integrity. One consumer’s care plan did not identify and address their preferences regarding blood pressure monitoring, and one consumer’s care plan did not identify their fluid restriction. Interviews with consumer representatives identified that care assessment and planning did not always ensure consumer’s needs and preferences regarding clinical care were addressed. Some staff interviewed by the Assessment Team were not aware of consumer’s needs and preferences regarding personal or clinical care. However, the Assessment Team found that advanced care planning and end of life planning documentation was appropriately management by the service.

The approved provider’s response provided clarifying information regarding one of the consumer’s mobility status at the time of the Site Audit, and demonstrated another consumer’s fluid restriction was identified in their hydration and nutrition care plan. For another consumer, their skin integrity and related care planning documents were updated during the Site Audit when gaps were identified by the Assessment Team.

The approved provider’s response includes continuous improvement actions implemented since the Site Audit to improve assessment and care planning. This includes a more formalised monthly review process, staff education, and increased clinical oversight.

At the time of the Site Audit, the service did not demonstrate that assessment and care planning consistently identified and addressed consumer’s current needs, goals and preferences.

I find this requirement is Non-compliant.

### 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 found that care plans were routinely reviewed on most occasions following incidents documented through the incident management system. However, care and services were not consistently reviewed for effectiveness when consumer circumstances changed. The Assessment Team found that for two consumers, behaviour charting was not reviewed to inform care and effective interventions to manage behaviours. For two consumers, skin integrity and wound assessment and management were not reviewed following a change in condition. For one consumer, falls risk was not reassessed following a fall with injury.

The approved provider’s response included some additional information about assessment and review of behaviours and use of behaviour charts for the consumers identified in the Site Audit report. For the consumer who sustained a fall with injury, the approved provider’s response identifies that some monitoring and review processes were implemented. However, it did not demonstrate that fall prevention interventions and the falls risk assessment were reviewed following the fall until after the Site Audit. The approved provider’s response includes continuous improvement actions implemented since the Site Audit to improve care planning and review of care and services.

At the time of the Site Audit, the service did not consistently demonstrate that care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies 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 ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Some consumers and representatives interviewed by the Assessment Team did not consider that consumers receive personal care and clinical care that is safe and right for them.

The Assessment Team found the service demonstrated appropriate management of restrictive practices and pain needs of consumers and timely and appropriate referrals to individuals, other organisations and providers of other care and services. The service demonstrated an understanding of the end of life needs of consumers and how this is tailored to individual consumers. However, the service did not demonstrate that skin integrity management for two consumers was best practice, tailored to their needs or optimised their health and well-being.

While the Assessment Team found that some risks such as diabetes management and monitoring of fluid restrictions were managed effectively, other high impact and high prevalence risks were not effectively managed. The service was unable to demonstrate appropriate blood pressure monitoring for one consumer, and effective behaviour management for one high risk consumer. The service did not evidence effective management of one consumer following a fall with injury.

The service was unable to demonstrate that they responded to deterioration or change in consumer’s condition in a timely manner. There was mixed feedback from consumer representatives regarding their perception of how staff could respond to any health-related concerns.

Clinical staff, allied health professionals and care staff confirmed they are provided with and have access to the information they need. However, some consumer representatives expressed dissatisfaction in how consumer information is communicated and the ways that it impacts on the care of their consumers.

In relation to antimicrobial stewardship, the service did not consistently demonstrate appropriate antibiotic use for one consumer. The service did not consistently demonstrate appropriate infection prevention and control measures were implemented to prevent infection.

The Quality Standard is assessed as Non-compliant as four 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 service demonstrated that overall, management of restrictive practices and pain management was safe, effective, and optimised consumer’s health and well-being. While not all consumers had documented consent from the consumer and/or representative for the use of the restrictive practice, verbal consent had been gained. The service had identified this as an area for improvement prior to the Site Audit and were working to gain documented consent for all consumers. However, the service was not able to demonstrate that skin integrity management for two consumers was best practice, tailored to their needs and optimised their health and well-being. Assessment, monitoring and management of one consumer’s pressure injury was incomplete or inaccurate to enable effective monitoring for healing/deterioration. There was some misunderstanding by clinical staff interviewed on the correct staging of pressure injuries.

In their response, the approved provider acknowledged that staff did not follow the organisation’s policies regarding wound management for the consumer identified in the Site Audit report. The approved provider’s response identifies that the consumer’s pressure injury has healed since the Site Audit.

The approved provider’s response includes continuous improvement actions implemented since the Site Audit to improve compliance with the organisation’s wound management policy. This includes increased clinical oversight, staff education and training, and guidance resources made available throughout the service.

At the time of the Site Audit, the service did not demonstrate clinical care was consistently best practice, tailored to the consumer’s needs, and optimised their health and well-being.

I find this requirement is Non-compliant.

### 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 found for one consumer at risk of low blood pressure, blood pressure monitoring was not undertaken in line with the consumer and representative’s preferences to manage this risk. Care documents and directives for this consumer were not accurate or had contradictory information that did not guide staff in effectively managing this risk. For two consumers, behaviour charting was not reviewed to inform effective interventions to manage behaviours and minimise risk. The Assessment Team identified that some behaviours were not escalated and reported as incidents in the service’s incident management system to assist in identifying interventions to minimise risk of reoccurrence. For one consumer, falls risk was not reassessed following a fall with injury. While this consumer already had some interventions in place to minimise injury, the incident was not reassessed to identify any further interventions to minimise risk.

The approved provider’s response identifies that since the Site Audit, for the consumer at risk of low blood pressure, the service has responded by having a case conference with the consumer’s representatives and medical officer and ensuring more frequent blood pressure monitoring is occurring. For the consumer who sustained a fall with injury, the approved provider’s response identifies that some monitoring and review processes were implemented. However, it did not demonstrate that fall prevention interventions and the falls risk assessment were reviewed following the fall until after the Site Audit.

The approved provider’s response includes continuous improvement actions implemented since the Site Audit to improve the management of high impact and high prevalence risks.

At the time of the Site Audit, the service did not demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer.

I find this requirement is Non-compliant.

### 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) Non-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.*

The service was unable to demonstrate that they responded to deterioration or change in consumer’s condition in a timely manner. For one consumer at risk of low blood pressure the service did not demonstrate the consumer’s medical officer was notified following two episodes of low blood pressure, or that any further clinical assessment or observations were undertaken in response. Two of this consumer’s representatives expressed their dissatisfaction in how the service monitors and manages this consumer’s condition. The service did not demonstrate they recognised and responded to the deterioration of one consumer in relation to management of urinary tract infections (UTIs) in a timely manner.

The approved provider’s response identifies that since the Site Audit, for the consumer at risk of low blood pressure, the service has responded by having a case conference with the consumer’s representatives and medical officer and ensuring more frequent blood pressure monitoring is occurring.

The approved provider’s response includes some additional information regarding the consumer who experiences UTIs, including the difficulty to gather urine samples from the consumer and communication with the consumer’s medical officer. While the service demonstrated some action was taken in response to recognised deterioration of the consumer, this was not timely or consistently effective in minimising behavioural incidents or emotional distress for the consumer. The approved provider’s response identifies that since the Site Audit staff have been reminded to be diligent in their documentation regarding consumer’s condition and when they have been unable to collect urine samples from consumers.

The service did not demonstrate 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.

I find this requirement is Non-compliant.

### 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.*

The Assessment Team found the service has processes to document and communicate information about consumer’s condition, needs and preferences including verbal and written handover. Consumer information is easily accessible in consumer files, accessible within the organisation and to others where responsibility for care is shared. Clinical and care staff, and allied health professionals confirmed they are provided with and have access to the information they need. Overall, consumer representatives were generally satisfied with communication of consumer’s needs, goals and preferences. However, two representatives expressed dissatisfaction in how consumer information is communicated and impacts on the consumer. Some consumer care planning documentation was inconsistent or inaccurate.

The approved provider’s response clarified inconsistencies in some of the consumer’s care planning documentation, including that information was contained in other areas of the care plan. The approved provider’s response identifies continuous improvement actions implemented since the Site Audit to improve accurate documentation and communication of consumer’s condition, needs and preferences.

While there were some inconsistencies in consumer care planning documentation, this has been considered in my assessment of Standard 2. Overall, the service demonstrated that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

I find this requirement is Compliant.

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

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

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

The Assessment Team found the service has an infection control policy, including an antimicrobial stewardship policy. Clinical staff interviewed demonstrated knowledge and understanding of infection control practices to reduce the spread of infection. The service has an infection prevention and control lead, and staff are provided with training and personal protective equipment (PPE) supplies to reduce the risk of infection. However, the service did not consistently demonstrate appropriate antibiotic use to support optimal care for a consumer who experiences UTIs. Staff observed by the Assessment Team did not always demonstrate appropriate PPE use and the service was unable to demonstrate that shared equipment was appropriately cleaned in between consumers.

The approved provider’s response includes some additional information regarding the consumer who experiences UTIs, including the use of antibiotics and the difficulty to gather urine samples from the consumer.

The approved provider’s response states that signage and disinfectant wipes were available during the Site Audit to enable cleaning of shared equipment. The approved provider’s response outlines continuous improvement actions implemented since the Site Audit to ensure the implementation of effective standard and transmission based precautions to prevent and control infection, and documentation of practices to promote appropriate antibiotic prescribing and use.

While the service generally implemented standard and transmission based precautions to prevent and control infection, some gaps were identified by the Assessment Team. The service did not consistently demonstrate appropriate antibiotic use to support optimal care for one consumer.

I find this requirement is Non-compliant.

# STANDARD 4 COMPLIANT Services and supports 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 how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Overall, consumers and representatives interviewed by the Assessment Team considered that consumers get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers and representatives provided positive feedback about the group and individual lifestyle programs and said they feel supported to do the things they want to do.

Consumers and representatives said they are encouraged and supported to keep in touch with their family and friends and that this included supply of individual devices. Consumers provided positive feedback about the variety, quality and quantity of food provided at the service.

The Assessment Team found that lifestyle activities include a variety of social, physical, sensory, and spiritual activities, in both one on one and group settings. The lifestyle programs were well facilitated by staff and the programs appeared to be well resourced. The service employs a chaplain to assist with providing appropriate spiritual and emotional support to consumers.

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 how the organisation understands and applies 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 interviewed by the Assessment Team said that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed were satisfied with its cleanliness of the service environment and said the service environment and their equipment is well-maintained. Consumers said they can move freely indoors and outdoors. Consumers with limited mobility described how staff assist them to go outside.

The Assessment Team observed the service environment to be safe, clean, and reflective of dementia-enabling design principles. Consumers were observed accessing outdoor areas.

Staff described how they make consumers feel safe and comfortable in the service, and how to lodge cleaning and maintenance requests. Staff and consumers said repairs to equipment are actioned promptly. A review of documents evidenced only one outstanding maintenance task and swift action to repair or replace clinical equipment. The service demonstrated the use of a robust cleaning and maintenance system, with maintenance requests documented electronically and actioned according to priority.

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-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 how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise 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.

Overall, consumers interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints. Consumers said that they felt comfortable and safe raising concerns with the service and were supported to escalate concerns if required. However, representatives interviewed felt that issues raised were not always managed effectively and resolved in a timely manner. Representatives interviewed were unaware of any changes that had been made at the service in response to their complaints and feedback.

Consumers and representatives interviewed said they were provided with information regarding advocacy services and external complaint avenues. The Assessment Team noted advocacy and complaints escalation material in numerous languages throughout the service and in the resident newsletter.

A review of the feedback register, in conjunction with consumer surveys and interviews, indicated that not all consumer feedback is captured on the feedback register. The service’s continuous improvement plan did not demonstrate feedback and complaints were consistently analysed to identify opportunities for improvement.

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.*

Some representatives interviewed by the Assessment Team expressed that the service does not always respond to complaints raised in an appropriate and timely manner. Two representatives said they have provided feedback regarding consumer’s missing personal items and did not feel appropriate action was taken in response. Another representative’s feedback regarding the care of their consumer was not documented, communicated, or actioned appropriately. Complaint forms reviewed by the Assessment Team did not demonstrate that complaints were closed off with satisfactory resolution from the complainant.

The approved provider’s response includes additional information on action taken in response to the complaints identified in the Site Audit report, both prior to and following the Site Audit. While the service demonstrated some action was taken in response to complaints, it did not consistently demonstrate open disclosure principles were applied in relation to communicating the action taken to prevent the issue from occurring again to the complainant.

The service did not consistently demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

I find this requirement is Non-compliant.

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

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

Representatives interviewed by the Assessment Team who had raised complaints about consumer’s personal items going missing said they were not aware of any changes or improvements implemented in response to these complaints. The Assessment Team noted that not all issues raised by consumers and representatives via established feedback mechanisms were reflected in the feedback register. While the service demonstrated that trends in complaints had been identified, the service did not demonstrate that further analysis, opportunities for improvement or actions taken were identified. The service’s continuous improvement plan did not reflect the main trends identified from complaints, or actions planned to address these.

The approved provider’s response outlines actions implemented since the Site Audit to ensure that consumer’s personal items are labelled and/or photographed to prevent items going missing. The approved provider’s response identifies that following the Site Audit, the service reviewed the continuous improvement plan and ensured that all relevant staff have access to capture opportunities for improvement.

At the time of the Site Audit, the service did not demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services.

I find this requirement is Non-compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies 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.

Most consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. While there was some mixed feedback regarding sufficiency of staff and wait times, most consumers and representatives said that staff were available to assist them when needed. Consumers and representatives expressed that staff are kind, caring and gentle when providing care.

Clinical documentation and education records identified gaps in staff practices, knowledge, and training that impacted on the monitoring, management and delivery of quality care and service. At the time of the Site Audit, the service did not demonstrate all staff had completed mandatory training or received training appropriate to their roles.

The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce. Staff interviewed confirmed they receive feedback on their performance from management, and the service demonstrated a system for staff appraisal and performance management processes.

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

## Assessment of Standard 7 Requirements

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

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

Most consumers and representatives interviewed by the Assessment Team felt that staff were generally available when they were required. However, one representative raised a complaint in relation to waiting over 20 minutes for a staff member to attend to a consumer’s call bell. Documentation reviewed by the Assessment Team demonstrated average call bell responses were under the organisational expectation of 3 minutes, however there were a small number of responses over 20 minutes. The service demonstrated an effective process in place for filling vacant shifts, and staff interviewed felt they had enough time to complete their tasks. However, at the time of the Site Audit the service had not backfilled a management position.

The approved provider’s response includes clarifying information about the management structure and support at the service at the time of the Site Audit. An offer was made and accepted for the unfilled management position during the Site Audit.

Overall, the service demonstrated that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

I find 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) Non-compliant

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

Some representatives interviewed by the Assessment Team felt staff required more support or training to deliver their consumer’s care needs. The service did not demonstrate training had been provided to staff in response to identified gaps in clinical practice or as a result of consumer feedback. Staff training records were inconsistent but did reflect that not all staff had completed mandatory training or received training appropriate to their roles. Gaps identified in Standards 2 and 3 indicated that not all staff are recruited, trained, equipped, and supported to deliver the outcomes of the Quality Standards.

The approved provider’s response includes clarifying information regarding the training records provided to the Assessment Team, and identifies that at the time of the Site Audit all staff had completed their mandatory training. The approved provider’s response identifies additional training that was available for staff at the time of the Site Audit, and planned training including a registered nurse work workshop scheduled for June 2022.

While the service demonstrated that staff had completed mandatory training and additional training was available at the time of the Site Audit, this was not demonstrated to be effective in ensuring staff were trained, equipped, and supported to deliver the outcomes required by the Quality Standards.

I find this requirement is Non-compliant.

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies 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 and representatives interviewed by the Assessment Team felt that the organisation is well run. The service provided examples of consumers being involved in the development and delivery of services including developing seasonal menus and having input into the new building. The organisation’s governing body demonstrated it promotes safe and inclusive care through equal opportunity and diversity policies to guide staff practice.

The service had a clinical governance framework that included antimicrobial stewardship, minimising the use of restraint and open disclosure. While some gaps were evident in the implementation of some of these policies, staff and management were generally aware of, and knowledgeable on, these policies.

However, the Assessment Team found deficiencies with how the service manages and prevents incidents, and how the service undertakes continuous improvement. For example, staff do not always report clinical incidents and staff had inconsistent understanding about prioritising incidents under the Serious Incident Response Scheme (SIRS). The service does not consistently maintain a plan for continuous improvement which enables the service to track and analyse continuous improvement activities.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The service has organisational governance systems in place, however gaps were identified in regard to information management, continuous improvement, feedback and complaints, and regulatory compliance. The Assessment Team found the service uses multiple databases and/or paper-based systems to record information relating to education, training, incidents, and complaints. The Assessment Team found information was not always readily available or accessible to key personnel. The Assessment Team found gaps in the service’s complaint management processes and plan for continuous improvement. Regarding regulatory compliance, the Assessment Team found not all incidents had been reported in the service’s incident management system. Some staff interviewed by the Assessment Team who were responsible for completing incident reports did not have working knowledge of the SIRS including categorising priority 1 and 2 incidents.

The approved provider’s response identifies clarifying information about the information management systems and records at the time of the Site Audit, and the service’s procedures regarding the SIRS.

The approved provider’s response identifies that since the Site Audit staff have been educated on incident reporting and escalation, and the service’s continuous improvement plan has been reviewed.

While the service had implemented organisational governance systems, these were not consistently demonstrated to be effective in relation to continuous improvement, feedback and complaints, and regulatory compliance.

I find this requirement is Non-compliant.

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

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

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

The Assessment Team found that risk management systems and practices were overall effective in identifying high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, and supporting consumers to live their best life. The Assessment Team found the service uses an incident management system to document incidents and identify high impact and high prevalence risks. However, the Assessment Team found that not all risks and incidents were identified and reported using the incident management system and not all high impact or high prevalence risks associated with the care of consumers were effectively managed.

The approved provider’s response identifies that since the Site Audit staff have been educated on incident reporting and escalation, and further training is planned to ensure staff report incidents and near misses, aggression towards staff and verbal aggression, and to assist staff in their understanding of SIRS.

At the time of the Site Audit, the service did not demonstrate management systems and practices were effective in managing the high impact or high prevalence risks associated with the care of consumers, or managing and preventing incidents, including the use of an incident management system.

I find this requirement is Non-compliant.

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

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

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

# Areas for improvement

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

### Requirement 2(3)(b)

*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.*

The approved provider must demonstrate:

* Assessment and planning consistently identifies and addresses the needs, goals, and preferences of consumers.
* Assessment and planning is reviewed and updated to ensure it addresses consumer’s current needs and preferences.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* Care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer.
* Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Restrictive practice processes are best practice, including used as a last resort, and with informed consent from the consumer and/or representative.
* Pressure area care and maintenance of skin integrity for consumers is timely, best practice, and optimises their health and well-being. This includes that wounds are appropriately assessed, managed, and monitored.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. This includes in relation to clinical monitoring, behaviour management and falls.
* Interventions to minimise high impact and high prevalence risks are reviewed for effectiveness.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(d)

*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.*

The approved provider must demonstrate:

* Deterioration or change of a consumer’s condition is recognised and responded to in a timely manner by the service. This includes escalation to the consumer’s medical officer as required.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(g)

*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.*

The approved provider must demonstrate:

* Standard and transmission based precautions to prevent and control infection are effectively implemented at the service.
* Appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 6(3)(c)

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

The approved provider must demonstrate:

* Appropriate action and an open disclosure process is consistently used in response to complaints.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 6(3)(d)

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

The approved provider must demonstrate:

* Feedback and complaints are effectively reviewed and analysed to improve the quality of care and services.
* The services has processes to ensure an accurate complaints register to assist with review of complaint trends.
* Consumer and representative feedback informs continuous improvement actions for the service.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 7(3)(d)

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

The approved provider must demonstrate:

* Staff are trained and supported to deliver the outcomes required by the Quality Standards.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* The organisation wide governance systems implemented at the service are effective. This includes in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.
* Incidents are reported in the service’s incident management system, and accordance with the requirements of the SIRS as required.
* The service has implemented all continuous improvement actions identified in their response.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The approved provider must demonstrate:

* The service has implemented effective risk management systems and practices to manage the high impact or high prevalence risks associated with the care of consumers.
* Incidents are reported in the service’s incident management system, and accordance with the requirements of the SIRS as required.
* The service has implemented all continuous improvement actions identified in their response.