BaptistCare Maranoa Centre - Alstonville

Performance Report

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**Commission ID:** 0003

**Provider name:** BaptistCare NSW & ACT

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

**Date of Performance Report:** 7 June 2022

# Performance report prepared by

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# 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | 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) | 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 23 May 2022

# STANDARD 1 NON-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

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.

The service was unable to demonstrate consumers requiring assistance with mobility are treated with dignity and respect due to staff delays in answering call bells resulting in episodes of incontinence. The service was unable to provide documentary evidence of consumers receiving regular toileting.

Sampled consumers expressed satisfaction that staff respect any cultural needs they have and support them to express their individuality without judgement. They gave examples, such as how staff have facilitated for them to attend religious services within the service; staff acknowledge and celebrate their ethnical culture; and staff provide privacy for them to spend time with their partner and family. Staff interviewed described religious and personal preferences for consumers and demonstrated a knowledge of what matters to them.

#### The service was able to demonstrate consumers are supported to exercise choice and independence by communicating and making decisions about their care and services with involvement of family and are enabled to connect with others and maintain relationships of choice. The consumers/representatives sampled described how they are supported to exercise choices and maintain relationships

Consumers/representatives interviewed gave examples where they have chosen to take risks and have been supported by the service to live the life they choose. Interviewed staff described the ways these consumers choose to take risks, how risk is discussed with the consumer and how the consumer is supported in their choice.

The service demonstrated consumers are provided with current, accurate and timely information that is clear, easy to understand and provides them with choice. Consumers/ representatives sampled said they are provided with information to help them make decisions about the care and services they wish to receive, meals they wish to consume, and lifestyle activities to be involved in.

Overall consumers/representatives interviewed confirmed consumers’ personal privacy is respected. They gave examples, such as staff announcing themselves to consumers and waiting to be acknowledged before being given consent to enter their rooms. Consumers said staff mostly observe their expressed preferences for when and where their cares are completed, staff allow them privacy to spend time with family and friends, and staff keep their personal information confidential except where the consumer had given permission for the information to be shared.

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

## Assessment of Standard 1 Requirements

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

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

Overall consumers/representatives sampled said consumers who are immobile do not have their dignity respected by the service as their toileting needs are left unattended regularly by staff, resulting in consumers experiencing episodes of continence.

The Assessment Team gathered evidence from five named consumers.

A named consumer stated they sit for hours in a soiled state and this causes skin irritation. When using the call bell the consumer waits for long periods until attended by staff.

A named consumer waits so long for toileting assistance they have periods of incontinence.

A named consumer considers staff do not care about their dignity and they have to wait long periods for assistance with toileting.

A named consumer states they feel embarrassment due to the episodes of incontinence they suffer as staff are unable to assist with toileting.

A consumer who uses a wheelchair and requires staff to assist with toileting says it is a common occurrent to sit in a soiled state.

Staff consistently spoke about consumers in a way that indicated respect and an understanding of their personal circumstances and how they wished to be treated however, said it is difficult to uphold the dignity and respect of consumers who require assistance with toileting due to staffing limitations. Staff further confirmed that toileting needs of consumers were not met and that consumers may wait considerable periods of time in a soiled state.

The service in its response provided care plans including toileting care plans for each consumer named. The service also provided call bell average response times for each consumer showing that these times were within parameters accepted by the service. The service explained that the records of the consumers named did not disclose any adverse effects from the purported delays in toileting. Toileting care plans for each consumer were supplied.

The evidence gathered by the Assessment Team from consumers and from staff members directly aligns and supports a finding that consumers’ dignity is compromised due to sitting in a soiled state for prolonged periods of time. The presence of adequate care plans and the absence of records indicating skin irritation does not detract from the cogency of the evidence gathered by the Assessment Team or the fact that it represents a failing in respect of dignity extended to consumers. Call bell average response times below acceptable standards goes some way to detracting from the strength of the evidence for a negative finding in this requirement, however on the basis that the times supplied are averages and are not raw data and, on the further basis that the integrity or veracity of data capture of the call bell response system is not disclosed, they are not determinative or ultimately persuasive.

I find this requirement is non-compliant.

### 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

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.

Overall, sampled consumers consider they feel like partners in the ongoing assessment and planning of their care and services.

Consumers said staff consult them through initial assessment and planning to develop a plan of care that is delivered to meet the consumer’s needs.

Consumers confirmed they are informed about the outcomes of assessment and planning and have access to the consumer’s care and services plan if they wish.

Care planning documentation reflects consumers are involved in assessment and planning and includes other providers of care and services, including medical officers and allied health professionals.

The service demonstrated that care and services are reviewed regularly.

The service demonstrated assessment and planning considers individual risks to the consumer’s health and well-being, includes end of life planning (EOL), and consumers’ care and services are reviewed when circumstances change, or incidents occur.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The majority of sampled consumers considered that they receive personal care and clinical care that is safe and right for them. All consumers/representatives sampled confirmed consumers have access to a medical officer and other allied health professionals when required. Clinical documentation reflects referrals and recommendations from medical officers and allied health professionals.

However, while most consumers said they thought they get the care they need, a number of consumers and representatives reported they did not think there was enough staff which resulted in delays in delivery of care and services.

Additionally, the service was not able to adequately demonstrate each consumer gets effective personal care, tailored to their needs and optimises their health and well-being in relation to continence care and skin integrity care.

While the service has a documented infection control process and an OMP, observations of the service and staff practices identified the service did not demonstrate a consistent approach to standard precautions and strategies to minimise the risks of infections.

The Quality Standard is assessed as Non-compliant as two 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.*

In assessing this requirement the Assessment Team gathered evidence in relation to four main areas:

1. Blood glucose monitoring and wound care,
2. Toileting assistance especially in respect of its potential for comprised skin integrity,
3. Restrictive practices, and
4. Pain management.

In relation to clinical care the Assessment Team identified that consumers receive safe and effective care.

Blood glucose level monitoring was done in accordance with medical officer instructions and wound charts indicated wounds are being attended on a regular basis and are healing. Staff are completing the wound chart in relation to the size, or description of the wound.

Pain management practices were sound. The organisational pain management procedure guides registered and care staff through the assessment and management process, including the use of specialised tools for consumers who cannot verbalise pain. The procedure includes information on non-pharmacological and/or pharmacological management strategies.

The service demonstrated sound practices in relation to behaviour support and restrictive practice. The Assessment Team discussed these practices with staff, management and reviewed consumer information and organisational policies and procedures. No deficiencies in restrictive practice that could constitute a deficiency in clinical care were noted.

Toileting assistance was not sound. For some consumers sampled, personal care was not always provided in line with their assessed needs or best practice. The Assessment Team sampled consumers who required assistance with continence care and found that consumers were not receiving the personal care required. The detail of that deficiency is outlined under requirement 1(3)(a) and is not repeated here.

The service in its response states that all consumer toileting needs are met. For the reasons outlined in requirement 1(3)(a) I do not accept that assertion.

The service further outlines, and I accept, that the deficiencies in relation to toileting have not had a clinical impact upon any of the named consumers. The requirement under this part however is that both clinical care and personal care are provided to the requisite standard. Whilst I accept that clinical care is sound and that the deficits in personal care are not impacting clinical care, the personal care itself does not meet the requirements of this part.

As personal care is not provided in a way that it tailored to the needs of consumers, I find this requirement non-compliant

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

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

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

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

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

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

### Requirement 3(3)(e) 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) 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 concluded that the service did not a demonstrate a consistent approach to standard precautions and strategies to minimise the risks of infections. It accepted that whilst the service has a documented infection control policy and procedure and an outbreak management plan, observation of staff practices identified staff were not adhering to the service’s policy and procedures.

Staff interviewed said they have received training and education in infection minimisation strategies at orientation and mandatory education and could provide examples of how to minimise infection control risks. The organisation has written policies and procedures relating to antimicrobial stewardship, infection control management and an outbreak management plan. All staff and a very high percentage of consumers have received COVID-19 vaccinations.

The Assessment Team however observed continence receptacles sitting in a sink uncleaned with urine sitting within the receptacles, care staff attending to an isolated consumer not wearing the required PPE, two occasions of staff not adhering to the service’s policy and procedures in relation to consumers in isolation, three occasions of staff using PPE incorrectly, and shared consumer equipment not always being cleaned.

Some further observations of the Assessment Team were clarified and effectively mitigated by the approved provider in its response to the site audit report. The matters above however remain and for those reasons I find that this requirement is non-compliant.

# STANDARD 4 NON-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

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.

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

Consumers/representatives said consumers have choices when it comes to meals and whether consumers wish to attend activities.

Consumers/representatives sampled confirmed they are supported to keep in touch with people who are important to them by receiving visitors to the service.

Consumers/representatives reported having access to maintenance repairs and that equipment is safe, suitable, mostly clean, and well-maintained.

The service demonstrated it refers consumers to appropriate services to support their needs.

However, some consumers considered they do not receive supports for daily living. Overall consumers said the service does not provide quality activities that are facilitated by staff, for consumers to participate within the service environment. Most consumers said the service does not support their emotional well-being as staff do not have time to talk to consumers.

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

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

The Assessment Team identified that consumers felt that their religious practices were supported and noted that a chaplain attended site every week. Evidence of care plans including a spiritual component was identified and care was aligned with the consumer’s needs. No adverse evidence was identified and I accept that consumers spiritual well-being is supported at the service.

Four named consumers stated that they were lonely, feeling down or were feeling low. The consumers consistently stated that staff were kind and caring but that there were insufficient staff to talk to or support them. One consumer stated staff were too busy, one stated that support was not going to happen. Another stated that they are never provided support as staff are too busy.

Most staff interviewed said they try and sit and talk to the consumer when they are feeling down and that it is not always possible as they are required to assist other consumers with more pressing care needs.

In its response to the site audit report the service explained that a arrange of activities are organised for consumers and that in respect of the named consumers that 1:1 time is spent with each of the consumers.

Four named consumers outlined that their emotional needs were not met. This was supported by staff advice that they did not always have time to spend with consumers. Whilst the service has asserted that 1:1: time is spent with consumers it is not shown that this is effectively meeting the emotional needs of consumers and for that reason I find this requirement non-compliant.

### Requirement 4(3)(c) Non-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.*

Seven named consumers or representatives were interviewed by the Assessment Team to assess this requirement.

One named consumer stated that there are not enough activities in the memory support unit and that consumers are bored.

A second named consumer that there were not enough activities and that they were boring. Staff would set activities up and then leave, leaving consumers to facilitate activities.

A third named consumer stated activities are boring and that buses for shopping are not provided. The consumer attends a community centre to socialise as staff at the service are too busy.

A fourth named consumer stated that the activities provided were not well facilitated by staff and that they were often cancelled.

A fifth named consumer said the activities were poor and that there were insufficient staff available to conduct the activities.

A sixth named consumer said there are not enough activities and that in any event they are not facilitated well by staff.

A final consumer stated that the activities provided were not suitable for them.

Staff interviewed were sometimes able to state what was important to some consumers and were unable to state what was important to other consumers.

The Assessment Team observed that consumers in the memory support unit were not involved in activities over the course of the site audit.

The service’s response to the site audit report outlined a number of ways that the service attempts to identify and provide activities for the benefit f consumers however could not rebut the findings and evidence of the Assessment Team that many consumers simply did not consider that support and services of interest to them and that allowed them to participate in the community were available.

I therefore find this requirement non-compliant.

### 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 NON-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

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.

Some sampled consumers considered they feel they belong in the service and feel safe and comfortable in the service environment.

Consumers/representatives sampled confirmed consumers feel safe as the service has security screens on the doors/windows and that the service environment is comfortable and welcoming.

Consumers/representatives said they can find their way around the service and can ask available staff if they need assistance.

Consumers/representatives interviewed confirmed consumers feel at home, and their visitors feel welcome and that the service has a number of private seating areas inside and outside in the garden area.

Consumers/representatives interviewed confirmed rooms are cleaned regularly by cleaning staff.

Consumers/representatives said consumers are able to freely move around the service both inside and outside when they want and can go out with family and friends.

However, the Assessment Team identified areas within the service that were not safe, clean and well maintained.

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

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team observed the memory support unit being impacted by smoke when 12 consumers were in residence and watching television. The impacting smoke was entering through open doors abutting a communal smoking area.

Some kitchenettes were observed to contain unlocked chemicals sitting on shelves and under sinks and were accessible to consumers through doors and unlockable serveries.

Unwashed bed pans with visible signs of urine were observed by the Assessment Team. Floors throughout the service were observed to contain dirt and grime and were visibly unclean.

Branches were observed to overhang walking paths and while paths were straight, overgrown garden plants hindered the walking space for walking aids to pass. Bird droppings covered external window sills and animal droppings was observed along the building’s walls and in courtyard areas.

The above matters, if accepted, constitute that the service environment is not well maintained comfortable and clean.

The service in its response identified causal factors for the above issues and outline how the matters would be remedied. Whilst I accept that the service will, and in part has, undertaken remedial actions I cannot on the assertions of the service accept that the environment has yet returned to one that meets the stipulated requirements.

I find this requirement non-compliant.

### 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

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 sampled consumers considered they are supported to provide feedback and make complaints by the service. Consumers/representatives sampled said they are encouraged by the service and aware of how to provide feedback and make a complaint. Consumers/representatives said they are aware of how to access advocacy services to resolve complaints. Consumers/representative spoke of staff using open disclosure by expressing their regret.

However, consumers/representatives did not consider appropriate action is taken when feedback and complaints are provided to management and staff. Consumers/representatives sampled said mostly they do not receive a response from management and staff when they provide feedback and make a complaint.

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.*

Three named consumers were interviewed by the Assessment Tam when assessing this requirement.

A named consumer stated they have raised concerns on multiple occasions regarding delays in provision of cares, resulting in episodes of incontinence. The consumer said the matter was not escalated to or addressed by management.

A named consumed had raised concerns with the service in January 2022 regarding delays in provision of care, including delays in receiving food and medications when requested. They have not received a response from the service regarding their concerns.

A named consumer said they had raised environmental concerns on three occasions but not received feedback from the service in relation to their concerns.

A final consumer stated that had raised concerns about the lack of activities at the service but considers the matters were not considered.

Management advised that not all complaints were lodged in the electronic complaint management system as they may have been resolved at the point of raising. Management stated they were unaware of the complaints above regarding staffing and activities. At audit the Assessment Team were unable to verify that unresolved complaints were escalated to management or recorded.

In its response to the site audit report the service made the distinction that complaints that *came to management’s attention* were recorded.

Complaints made to the service are not always recorded and actioned. I find this requirement non-compliant.

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

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

The Assessment Team concluded that the service was unable to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services as consumer/representatives’ feedback and complaints are not always documented by the service.

In support of this the Assessment Team found management stated it was unaware of consumers/representative’s feedback regarding staffing and activities. Management advised complaints are generally resolved immediately where possible. However, management also acknowledged consumer/representatives’ feedback and complaints are not always documented into the service’s complaints register for review and used to improve the quality of care and services.

A review of the feedback and complaints register identified concerns raised by consumers had not been documented.

In its response to the site audit report the service explained that it used a variety of mechanism to seek and encourage feedback from staff and residents. The information is used make improvements. The service has undertaken to improve its analysis of complaints.

The service is not presently recording and reviewing its complaints. For this reason I find the requirement 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

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.

Overall, sampled consumers consider they receive quality care and services when they need them and from people who are capable and caring.

Consumers confirmed staff are kind, caring and respectful of their identity, culture and diversity.

Consumers stated they believed staff had adequate training and knowledge to appropriately deliver safe quality care and services.

At audit all interactions between management, staff, and consumers/representatives were observed to demonstrate a kind, caring and respectful approach.

Systems are in place to identify training needs, provide education to staff and monitor staff performance. Staff have access to a range of education and training programs via the service’s online learning platform and face to face training sessions, with staff completing annual mandatory training modules as a requirement of their role.

However, due to reported levels of understaffing by consumers, consumers are having to wait for extended periods of time to receive personal care and services, including hygiene cares. Whilst the service utilises existing and agency staff to fill vacancies where possible and is taking action to increase the base roster, consumers/ representatives reported longstanding adverse outcomes due to a lack of staff assistance.

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) Non-compliant

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

The Assessment Team concluded that the service was unable to demonstrate the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services. The majority of consumers/representatives sampled, reported waiting long periods for staff to respond to call bells and experienced episodes of incontinence due to delays in the provision of hygiene cares.

The Assessment Team further relied upon the waiting times caused by staffing insufficiency as outlined in requirement 1(3)(a) and 3(3)(a) above.

It is clear, if the above evidence is accepted, that the number of staff does not enable quality care and services.

In its response to the site audit report the service states that at the time of the site audit there was sufficient staff to deliver safe and quality care and services. The service states that prior to that time the service was impacted by a number of factors which affected how many staff were on site.

The information collected by the Assessment Team does not identify that the impacts of staffing deficits were temporary or that they had resolved. In its response to requirements 1(3)(a) and 3(3)(a) the service does not accept there were ever staffing deficits and instead contends that call bell response times show that there were neither deficits in dignity or personal care delivery.

The information presented by the service does not show a clear narrative and strong insight into the deficits in staff numbers at the service. For that reason, I cannot rely upon the service assertion alone that staffing numbers are now sufficient. In the absence of independent verification to the contrary I find this requirement is non-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 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

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).

Most sampled consumers/representatives consider the organisation is well run and they can partner in improving the delivery of care and services.

Consumers/representatives sampled said they can choose to be involved in the development and evaluation of changes to the service and the care and services they receive, such as through their participation in consumer/representative meetings, consumer experience surveys, and by utilising complaints and feedback mechanisms.

Consumers/representatives said they are encouraged to make suggestions to enable the service to support them to live the best life they can.

The board sets strategic priorities and expectations for the organisation and disseminates relevant information to the service which is used to promote and support a culture of safe, inclusive and quality care and services. The board monitors and evaluates how the service performs against the Quality Standards, through meetings and monitoring and reporting processes, as part of their accountability for the delivery of care and services.

However, the service was unable to demonstrate there are effective governance systems in place, nor overarching and effective governance and oversight consistently occurs in relation to information management, continuous improvement, workforce governance or feedback and complaints.

The Quality Standard is assessed as Non-compliant as one 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 demonstrated effective organisation-wide governance systems are in place with regards to information management, continuous improvement, financial governance and regulatory compliance. However, deficiencies in relation to feedback and complaints, have resulted in issues not being appropriately escalated, recorded or managed. Workforce governance issues related to staffing have affected the ability of staff to provide safe and effective care and services in a timely manner.

**Workforce governance, including the assignment of clear responsibilities and accountabilities**

The service was not able to demonstrate the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services. The majority of consumers/representatives reported waiting long periods for staff to respond to call bells and experienced delays in the provision of activities of daily living.

**Feedback and complaints**

The service was unable to demonstrate action is taken when consumers provide feedback and complaints. Feedback and complaints from consumer meetings are not documented in the service’s feedback and complaints register and do not support effective complaints management. The majority of sampled consumers/representatives stated whilst they have raised complaints with staff at the service regarding staffing and activities, these have not been escalated or documented and no resolution has been provided by management

### 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

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 1(3)(a)
* Requirement 3(3)(a)
* Requirement 3(3)(g)
* Requirement 4(3)(b)
* Requirement 4(3)(c)
* Requirement 5(3)(b)
* Requirement 6(3)(c)
* Requirement 6(3)(d)
* Requirement 7(3)(a)
* Requirement 8(3)(c)