Bethania Gardens

Performance Report

87 - 91 Station Road   
BETHANIA QLD 4205  
Phone number: 07 2800 6050

**Commission ID:** 5499

**Provider name:** Pu-Fam Pty Ltd

**Site Audit date:** 20 April 2022 to 22 April 2022

**Date of Performance Report:** 9 June 2022

# Performance report prepared by

Melissa Frost, 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** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-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) | Non-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) | 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 26 May 2022.
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers and their representatives said consumers feel valued and staff treat them with dignity, respect and patience. Most consumers considered their culture and identity is respected. Staff spoke about consumers in a caring manner and showed they are familiar with consumers’ backgrounds and differing needs, including by describing how they tailor care based on consumers’ culture and preferences. Staff explained how they communicate in line with consumers’ needs. Care planning documents identified what is important in consumers’ lives, such as cultural backgrounds, family relationships and spiritual preferences. The service holds celebrations for multicultural events.

Most consumers said they are supported to maintain independence, their lifestyle choices are respected and where possible, family and friends are involved in their care. Staff assist consumers to maintain contact with their families via telephone and visitors can join consumers for meals on request. Staff were observed providing choices and being respectful of consumers’ decisions, and consumers were observed maintaining independence.

Consumers said they are supported to take risks and live their best lives. Staff described processes for supporting consumers who wish to take risks, such as conducting a risk assessment in consultation with the consumer, their representative and health professionals as relevant. Care planning documents contain risk assessments.

Consumers and their representatives said information is provided to assist in making choices about daily care, lifestyle choices, activities and meal options. Staff described how they communicate with consumers with differing needs, including through communication cards. Consumers’ individual communication strategies are reflected in care plans.

Most consumers and their representatives said consumers’ privacy is respected and staff are considerate when providing care and services. Consumers’ personal information is password protected and medication records are stored in a locked area. Staff said they do not discuss consumers in public areas and were observed conducting handover in a private room.

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

Consumers’ care plans are developed following a comprehensive assessment and planning process to identify their needs, goals, preferences and any risks to health and well-being. Assessments are completed during the consumers’ first month residing at the service and involve consumers, their representatives and other health professionals. Consumers and their representatives said staff explain information about consumers’ care and services and they can access a copy of the care and service plan when they want to.

Care plans include consumers’ advance care and end of life planning information, and directives or input from other health professionals. Some care plans did not include individualised needs, goals or strategies for consumers, and management initiated a review during the Site Audit to address this feedback.

Care plans are reviewed every 6 months or as consumers’ circumstances, goals or preferences change. Consumers and their representatives acknowledged the regular review and communication. Staff said they make changes to care plans following changes to consumers’ needs or condition.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team found the service did not meet Requirement (3)(a) regarding care delivery that is safe and tailored to the needs and preferences for some consumers. I have considered the evidence bought forward by the Site Audit Report and the Approved Provider’s response, and found the service is Compliant. I have provided reasons for the finding in the relevant Requirement below.

Care documentation showed high impact and high prevalence risks are effectively identified and managed by the service, with individualised strategies documented. Staff described how they applied strategies to minimise risks and communicate consumers’ care needs at handover. Clinical incidents are recorded, data is reviewed monthly and used to inform improvements for consumers.

The service showed that consumers who are nearing end of life receive care in accordance with their needs and preferences, and their dignity is preserved. Clinical and care staff described the support and care previously provided to consumers and their families, which aligned with the service’s palliative care policy.

Consumers and their representatives said the service recognises and responds to changes in consumers’ condition in a timely manner. Care documentation reflected staff suitably identify deterioration or changes. Staff described the process for identifying changes and reporting to clinical staff, and said they receive updates during handover regarding this.

Information about consumers’ care is documented and communicated within the service and with others where relevant. Care documentation showed information is recorded to support effective and safe sharing of consumers’ information with other health care providers such as hospitals, medical practitioners and allied health professionals. Other providers have access to care plans to support care delivery, and staff notify medical officers and representatives of changes or incidents.

Consumers and their representatives said when consumers need access to health professionals outside of the service, timely referrals are made. Staff described how care plans are updated with recommendations or directives following referrals. Referrals are documented and followed up to ensure timely and appropriate action.

Staff said they receive training in infection minimisation strategies and described how they ensure appropriate use of antibiotics. Staff gave examples of how they manage infection-related risks.

### Assessment of Standard 3 Requirements

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

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

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

The Site Audit Report reflected consumers overall received safe and effective personal and clinical care in relation to skin integrity, pain, and mechanical restrictive practice management. However, the Site Audit Report brought forward examples and feedback from named consumers relating to call bells not being attended to in a timely manner to provide prompt personal and clinical care, and concerns about recommended meals and assistance not being provided to the consumers. Behaviour support plans reviewed for some named consumers did not have all the required and recommended strategies documented.

The Approved Provider responded on 26 May 2022 and included some clarifying information and clinical documentation relating to the named consumers.

Regarding a named consumer who was recommended to follow a fluid restriction diet by a dietician and was not reviewed by the medical officer, the Approved Provider submitted evidence relating to the named consumer being reviewed by the medical officer the following day after the dietician’s review. I am satisfied with the Approved Provider’s response and do not consider this example demonstrates non-compliance with this Requirement.

Regarding a named consumer who requires glasses and staff were not able to locate the glasses during the Site Audit, the Approved Provider located them after the Site Audit and provided an explanation and strategies implemented to support the consumer to wear their glasses. I do not consider this example as demonstrating non-compliance with this Requirement.

Regarding a named consumer who required wound care and to wear medical garments daily and had not received the garments, the Approved Provider stated the consumer has refused to wear the garments previously and as per the care plan, they are not required to wear them daily. Due to information being conflicting and some dated after the Site Audit, I have not considered this example in determining compliance with this Requirement.

The Site Audit Report brought forward examples of two named consumers who were subject to chemical restrictive practices and their behaviour support plan did not include personalised strategies, or the strategies recommended by the behaviour support service. However, these strategies were communicated to staff and staff were able to describe the strategies they use to manage the named consumers’ behaviours. The Approved Provider stated the behaviour support plans for the two consumers were reviewed and updated following the Site Audit to include personalised strategies. Since there was no adverse impact on the care of the two named consumers, I do not consider this example as demonstrating non-compliance with this Requirement. However, as the service did not comply with the legislative requirements of a behaviour support plan, I have further considered this example under Requirement 8(3)(c).

The Site Audit Report brought forward examples of two named consumers who were observed to be either not being assisted by staff during their meals or not being provided their recommended textured diet. I consider these examples are better dealt under Requirement 4(3)(f) as they relate to the consumer’s mealtime experience.

The Site Audit Report brought forward feedback from four named consumers and their representatives that related to impact on consumers’ personal care due to call bells not being attended to in a timely manner, insufficiency of staff or staff being rushed. I consider these examples are better dealt under Requirement 7(3)(a) as they relate to sufficiency of staff to deliver safe and quality care and services.

Overall, I consider consumers receive tailored, safe and effective personal and clinical care. Where deficits have been identified, they have been considered under Requirements 4(3)(f) and 7(3)(a).

Therefore, I find this Requirement is 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) Compliant

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 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 Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team found the service did not meet Requirement (3)(f) regarding meals being of suitable quality for consumers’ needs. I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response, and found the service is Non-compliant. I have provided reasons for the finding in the relevant Requirement below.

Consumers and their representatives said staff support consumers to participate in activities that are of interest to them, and the service provides supports to enable consumers to optimise their independence and well-being. Care planning documents reflect consumers’ goals and preferences. Staff described how the activities program is tailored to consumers’ varying interests and levels of functional ability. Consumers were observed participating in individual and group activities.

Staff described how they provide support to consumers to promote their spiritual and psychological well-being, including engaging with consumers, arranging telephone calls with their family, and supporting consumers to attend religious services. Staff were observed providing reassurance and support to consumers in a caring and respectful way.

Consumers and their representatives said consumers are supported to maintain relationships and participate in the community. Staff described how they support consumers to keep in contact with their family and friends.

Staff described how they are kept informed of consumers’ needs and preferences through handover meetings and review of care documentation. Care plans show referrals are made to other services and organisations to support consumers to engage in activities and enhance their well-being. The service engages external organisations and individuals to supplement the activity program.

Equipment was observed to be safe, suitable and well maintained. Consumers and staff said suitable equipment was available to meet consumers’ needs. Staff described equipment cleaning and maintenance processes.

## 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) Non-compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

The Site Audit Report reflected some consumers expressed satisfaction with the quality and quantity of the meals provided. Other consumers’ feedback and the Assessment Team’s observations showed the consumers did not always receive their recommended dietary or texture requirements of the meal and were not assisted by staff during meals, as outlined in their care planning documentation.

The Approved Provider responded on 26 May 2022 and did not refute most of the Site Audit Report’s findings.

Regarding a named consumer who stated they were served meat with bones and another named consumer who was served something they dislike; the Approved Provider stated the service’s meals do not contain any bones due to high risk of choking and the kitchen staff have spoken to the other named consumer in relation to their preferences and will check in more regularly with that consumer. I am satisfied with the Approved Provider’s response and have not considered these examples in determining compliance with this Requirement.

The Assessment Team observed six named consumers who were required to be served soft and bite sized diet, have their meals cut up and staff to assist them to place or guide food into their mouth for most of the meal, as per their dietary assessment and care planning documentation. The six named consumers were not served soft, bite sized, cut up meals or assisted as per their assessment. Most named consumers were not able to finish their meals. Some named consumers had previous choking incidents, and some were observed to be left in a position unassisted that could pose a risk of choking.

The Approved Provider acknowledged the Assessment Team’s observations and have since undertaken a review of the meal service and implemented processes to ensure consumers are served meals of correct consistency and diet type. The Approved Provider’s actions will require time to demonstrate suitability and effectiveness.

I consider the Assessment Team’s observations showed at the time of the Site Audit consumers did not receive optimal mealtime experience and assistance. This includes receiving meals of appropriate content and consistency, which posed a risk and safety issue to consumers.

Therefore, I find this Requirement is Non-compliant.

### 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

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

Consumers said they feel a sense of belonging in the service environment and consider it is a nice place to live. Consumers have access to dining rooms, a café and outdoor garden areas for individual or group enjoyment. The service environment was observed as welcoming. Lighting and handrails support consumer mobility. Consumers’ rooms are personalised with decorations and items of importance to them. Staff described how they play music that is of interest to consumers, and families are supported to bring dogs to visit.

Cleaning staff were observed to clean the service environment in accordance with the cleaning schedule. Common areas and outdoor spaces were clean, tidy and well maintained. The kitchen, laundry and kitchenettes were observed to be in good working order and consistently cleaned after each use. Consumers using mobility aids could move freely within the service. External pathways were clear of trip hazards and well maintained. The service’s maintenance logbook showed requests are up-to-date and resolved promptly, and preventative maintenance also occurs.

Furniture, fittings and equipment were observed to be safe, clean and well-maintained. Mobility aids and equipment used in the delivery of care were in good condition, clean and stored safely. Call bells and mobility aids are easily accessible in consumers’ rooms. Staff described how shared equipment is kept clean. The general service environment is monitored through maintenance requests, feedback and daily inspections.

## 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

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

The Assessment Team recommended Requirement (3)(c) was not met regarding taking appropriate action and using open disclosure process in response to feedback and complaints. I consider, the evidence documented in the Site Audit Report in relation to Requirement (3)(c) is better dealt with in Requirement (3)(d) as it relates to recording, monitoring and reviewing of feedback and complaints. I have considered the Assessment Team’s findings and the Approved Provider’s response and find the service is Non-compliant with Requirement (3)(d). I have provided reasons for my findings in the specific Requirements below.

Overall consumers and their representatives said they are supported to give feedback or to make complaints, that a response is given, and action is taken regarding the issues raised. Staff described how they encourage and support consumers to provide feedback and make complaints. The service holds consumer meetings and collects information from feedback forms and surveys.

Consumers and representatives were aware of and have access to advocate services and external complaint mechanisms to raise concerns. Staff described the advocacy and language services available to consumers, and how consumers with communication difficulties or cognitive impairment are aided to provide feedback or make complaints.

Information on complaint mechanisms, translation and advocacy services is made available to consumers through brochures, handbooks, and meetings. Open disclosure forms part of the service’s complaints management processes and staff said they practice open disclosure when responding to complaints or issues. However, deficits were identified in consistent recording and monitoring of complaints and feedback to improve the quality of care and services.

## Assessment of Standard 6 Requirements*.*

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

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

The Site Audit Report reflected consumers’ and representatives’ satisfaction with how the service resolves their complaints.

The Site Audit Report brought forward certain deficits in recording and monitoring of feedback and complaints which is better dealt with and is considered under Requirement 6(3)(d) below.

At the time of the Site Audit, the service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Therefore, I find this Requirement is Compliant.

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

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

The Site Audit Report reflected the service was unable to demonstrate that all complaints and feedback are recorded in the complaints register and are reviewed. During the Site Audit a number of examples were provided regarding changes made at the service as a result of feedback and complaints, however corresponding entries were not found in the service’s complaints register.

The Site Audit Report brought forward an example of a named consumer who made a written complaint which was addressed in a timely manner, however, this was not recorded in the complaints register or the service’s continuous improvement plan.

Consumer meeting minutes for three months had consistent consumer feedback about ordered meals not being provided to the consumers, and the continuous improvement plan included an action item to bring more natural light based on consumer feedback. However, the same feedback was not recorded in the complaints register.

During the Site Audit, management indicated only complaints or reports are recorded in the register and any other wording relating to feedback is not generally recorded. The Approved Provider responded on 26 May 2022 and acknowledged the deficits raised in the Site Audit Report. The Approved Provider stated all feedback and complaints will be recorded in the complaints register and quality audit system processes will be utilised to review complaints and feedback, including adding them to the continuous improvement plan where appropriate.

While recorded feedback and complaints are used to improve the quality of care and services, feedback obtained through other channels such as verbally or through meetings is not clearly recorded. Due to lack of consistent recording of feedback, I consider the service was unable to demonstrate that all feedback and complaints received are monitored and reviewed to improve the quality of care and services for consumers.

Therefore, 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

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

The non-compliance is in relation to Requirement (3)(a) as the Assessment Team found deficits in the deployment of staff members to enable safe and effective care to be consistently delivered.

Consumers and their representatives said staff are kind, caring and respectful, which was also observed through staff interaction with consumers. The service has recruitment processes in place to recruit suitable staff. Staff position descriptions include key qualifications and competencies, which are aligned to their relevant roles and are monitored.

Staff receive formal and periodic training to support them in delivering appropriate care. Staff said they can request additional training when required. Staff undertake mandatory role-specific training, which is monitored through an electronic system and was noted to be up to date for all staff.

Staff undertake annual performance reviews and receive professional development opportunities. The service tracks the completion of performance reviews and all were up to date at the time of the Site Audit.

## 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.*

### Consumers spoke well of the manner of the staff at the service, however they expressed concerns about timeliness of care and the number of staffs rostered. The Site Audit Report brought forward examples of consumers experiencing delays to call bell responses, that negatively impacted their comfort and well-being. This includes instances of consumers not receiving timely hygiene care. Clinical staff also expressed concerns.

The Approved Provider responded on 26 May 2022 and did not agree with the Assessment Team’s findings.

The Site Audit Report brought forward a number of examples where consumers expressed that delayed responses to their call bell and lack of staff resulted in an impact on their care. This included consumers not receiving personal care in line with their preferences, having to wait for meal delivery and assistance, and not receiving timely continence care. In their response, the Approved Provider stated that for some consumers, they were not aware of the consumers’ preference and for some consumers, call bell response time data did not align with the consumers’ feedback. I acknowledge the Approved Provider’s response; however, I have placed weight on the negative consumer feedback and consider the feedback is sufficient to suggest continued consumer impact and therefore reflective of non-compliance.

Clinical staff suggested the registered nurse to consumer ratio was inadequate, particularly for mornings and weekends, and provided examples of duties specific to registered nurses despite the presence of an additional enrolled nurse. Staff expressed concerns relating to managing potential emergencies. Lifestyle staff expressed they do not have enough time to spend one-on-one time with consumers. The Assessment Team reviewed the roster and found 5% of the total rostered hours for care staff and registered nurse were unfilled for a fortnight.

In their response, the Approved Provider stated management is available to support registered nurses on-site and off-site when required. The service is attempting to recruit staff, however, there is staff unavailability in the community and with the agencies. The service continues to add additional staff to the roster above the normal rostered staffing. I acknowledge the Approved Provider’s response, however, staff feedback in relation to current staffing levels is considerable and impact on consumer’s care is significant as demonstrated under this Requirement and Requirement 4(3)(f). I consider this feedback as reflective of non-compliance.

Call bell response time data reviewed by the team showed call bells were answered promptly. However, this data accounted for one to two hours of call bell response times for two days and one full day during the Site Audit. I have not considered this evidence in determining compliance with this Requirement.

Overall, I am satisfied the Approved Provider has processes in place to attempt to fill shifts due to unplanned leave. However, I have considered the negative feedback from consumers and staff is sufficient to support at the time of the Site Audit, the service did not consistently deploy the right number and mix of staff to deliver quality care and services to consumers.

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

The Assessment Team recommended Requirement (3)(c) was met, however, ineffective governance systems were identified in relation to regulatory compliance, workforce governance and feedback and complaints. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response. I find the service Non-compliant with Requirement (3)(c). I have provided reasons for my findings in the specific Requirement below.

Consumers said they are provided opportunities to participate in the development of activities and services through consumer meetings, surveys, and discussions with management.

The organisation’s governing body promotes and is accountable for the delivery of safe, quality care and services. The governing body is updated about internal audit results, clinical indicators and other trends through monthly quality meetings. The governing body has endorsed improvements to the service, such as an upgrade to an automated call bell monitoring system and installation of air-conditioning.

The service has documented risk management framework, which includes policies on high impact or high prevalence risks, identifying and responding to the abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents. Staff demonstrated an understanding of the policies and provided examples relevant to their work, including for reporting incidents and managing risks.

The organisation has a clinical governance framework that includes policies relating to the minimisation of restrictive practices, antimicrobial stewardship and open disclosure. Staff have received training on the policies and provided examples of how they are applied.

## 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 functional governance systems in place for information management, continuous improvement and financial governance.

The Site Audit Report brought forward examples of two named consumers under Requirement 3(3)(a), who were subject to chemical restrictive practices and their behaviour support plan did not include personalised strategies, or the strategies recommended by the behaviour support service. In their response, the Approved Provider stated the behaviour support plans for the two consumers have been reviewed and updated following the Site Audit to include personalised strategies.

At the time of the Site Audit, the behaviour support plans were not person-centred in line with the legislative requirements, and the service had not identified this through its own governance systems. Therefore, I consider this example is reflective of non-compliance with this Requirement.

In relation to workforce governance and feedback and complaints, the service did not demonstrate that its governance systems were effectively identifying deficiencies and the service failed to act to address those deficiencies before they were brought forward by the Assessment Team. This has been further discussed in Requirement 6(3)(d) about inadequate recording of feedback and complaints to ensure all feedback and complaints are reviewed to improve the quality of care and services and in Requirement 7(3)(a) about reduced levels of staffing impacting on providing safe and effective care to consumers. I consider this is reflective of non-compliance with this Requirement.

Some of the organisation’s governance systems were not operating effectively during the Site Audit to pre-emptively identify and address deficiencies, specifically in relation to regulatory compliance, workforce governance and feedback and complaints.

Therefore, I find this Requirement is Non-compliant.

### 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 4(3)(f) – the Approved Provider ensures consumers are provided with meals that are of appropriate consistency and meet dietary requirements, and consumers are assisted during mealtime as needed. This includes incorporating the feedback given by consumers regarding meal contents.
* Requirement 6(3)(d) – the Approved Provider ensures all feedback and complaints are recorded, monitored and reviewed and used to improve the quality of care and services.
* Requirement 7(3)(a) – the Approved Provider ensures the workforce is suitably planned to enable the delivery and management of safe and quality care and services, including through deploying an adequate number of staffs to support consumers’ well-being and safety.
* Requirement 8(3)(c) – the Approved Provider improves their organisation wide governance systems to ensure effectiveness, specifically in relation to regulatory compliance, workforce governance and feedback and complaints.