Blue Care Redland Bay Yarrabee Aged Care Facility

Performance Report

61-71 Peel Street
REDLAND BAY QLD 4165
Phone number: 07 3829 4400

**Commission ID:** 5356

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Site Audit date:** 21 March 2022 to 23 March 2022

**Date of Performance Report:** 11 May 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** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the 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 29 April 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.

Most consumers confirmed they were treated with dignity and respect, and staff were kind to them. Staff were observed interacting with consumers in a familiar, dignified and respectful way. Care planning documentation identified what and who was important to consumers in order to help maintain their identity and culture.

Consumers and their representatives said staff provided thoughtful care which recognised individual culture and diversity. Staff described how they spoke to consumers about their culture and preferences, and how staff incorporate these preferences into consumers’ care. Staff described the cultural, religious and personal preferences of consumers, consistent with the information documented in care plans.

Consumers said they were supported to exercise choice and independence in the way their care and services were delivered. Consumers made choices regarding meals and which people were involved in their care decisions. They were supported by the service to maintain relationships with people important to them. Staff described how they encouraged consumers to maintain relationships, using technology or in person, by supporting visitors, and taking consumers to outings.

The service had processes to identify risks and support consumers to live their best lives. Consumers said they were supported by staff to choose whether to engage in activities involving risk. Staff explained how risk assessments occurred in consultation with consumers, representatives and health professionals.

Consumers said they were provided with timely information to assist making choices about their daily care and lifestyle activities. Communication methods included activity calendars, announcements, meal presentations, noticeboards, meetings and discussions with staff. Staff described how they provided information to consumers with different communication needs, which included giving information verbally, using cue cards and providing written information in large print.

Consumers said staff respect their privacy and knock prior to entering consumers’ rooms. Staff explained how they respected consumer privacy and confidentiality, including conducting handovers in private settings and storing medication charts and clinical information in secured areas.

## 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.

The Assessment Team found the service did not meet Requirement 2(3)(e) regarding care and services being reviewed regularly for effectiveness. I have considered the evidence brought 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.

Consumers and their representatives said they were involved in the assessment and care planning process, and care delivered was targeted to meet consumers’ needs. Care planning documentation evidenced comprehensive assessment and planning, and staff were observed completing consumer assessments and care plans. Initial consumer assessments were commenced on entry and guided by evidence-based assessment tools.

Care planning documentation included information regarding consumer needs, goals and preferences. Care documents reflected advance care planning and end of life wishes were discussed with consumers and representatives at various stages. Consumers said they felt comfortable speaking with staff regarding their preferences, and staff described approaching these discussions with respect.

Care planning documentation reflected relevant people and providers were involved in assessment and planning. Care documents demonstrated the involvement of allied health providers and medical officers where appropriate, as well as consumers’ representatives. Any resulting directives or recommendations were documented.

Consumers and their representatives confirmed they received communication regarding care and care plans. Care documents, case conference notes and progress notes were accessible by all staff and visiting health professionals. The service did not have a formal process in place for providing care plans to consumers and representatives, however summary care plans could be provided on request.

## 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.*

The Assessment Team observed multiple consumer care planning documents and assessments that were not reviewed in line with the service’s three-monthly review period. Consumers and representatives provided mixed feedback regarding the frequency of review and communication regarding changes.

The Approved Provider responded on 29 April 2022. They stated the service was impacted by Covid-19 during 2022 and as a result the review process was prioritised for consumers with clinical risk and changing needs. They stated a system is in place to monitor the due date of reviews, and at the time of the Site Audit it was acknowledged some reviews were a week or more overdue. They supplied a schedule of the review dates, with some reflecting review had occurred prior to the Site Audit. They stated no consumers were adversely impacted.

The Assessment Team brought forward examples for two named consumers, whose conditions required review around 9 March 2022. The Approved Provider said both consumers’ reviews occurred following the Site Audit and there were no changes required. Although these reviews occurred later than scheduled, I accept the Approved Provider’s information that no adverse outcomes resulted from the delay and consider the delay was not significant in context.

Regarding a third named consumer, who was newly transferred to the service, the Approved Provider supplied evidence of a relevant review occurring prior to the Site Audit. I consider this example is reflective of compliance with this Requirement.

The Approved Provider detailed further improvements to address the review process. These will require time to demonstrate effectiveness and have not influenced my decision.

Regarding the mixed feedback, the Approved Provider supplied clarifying information. There was insufficient evidence in the Site Audit Report to support communication deficiencies by the service.

While I agree with the Assessment Team there was potential impact to consumers as a result of the service’s delays in conducting reviews, I accept the Approved Provider’s explanation that risks were being monitored. I consider the lapse in time for review of the named consumers was insufficient to pose significant risk, and no examples of harm to consumers, or changes warranting a shorter review period, were identified.

Therefore, I find this Requirement is Compliant.

# 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(3)(d) regarding deterioration of consumers being recognised and responded to in a timely manner. I have considered the evidence brought 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 planning documents reflected consumers received safe and effective personal and clinical care that met their needs and optimised their health. Consumers and their representatives were satisfied with the care and services consumers received. Staff described following policies and procedures to deliver care aligned with better practice.

The service had appropriate procedures in place for managing care of consumers subject to restrictive practices, consistent with legislative requirements. Pain management care included the use of medication and alternative strategies, involving recommendations and care from physiotherapists.

Care planning documents showed the service managed high impact and high prevalence risks appropriately, including through identifying, monitoring and applying strategies to address the risks. Staff described knowledge of risks impacting individual consumers and the applicable strategies.

End of life care preferences were recognised in care plans. Staff described how they deliver palliative and end of life care, consistent with the service’s procedures.

Care documents, including progress notes and handover information, supported that staff effectively shared information about consumers’ condition, needs and preferences within and outside the service. Most consumers and representatives said information was communicated effectively. Staff described reviewing information and communicating at handover, and with consumers’ representatives, regarding consumers’ care.

Care plans reflected timely referrals occurred for consumers to medical and allied health services. Most consumers and their representatives said they were satisfied with the referrals.

Staff described how infection-related risks were minimised and suitable strategies were implemented to support appropriate antibiotic prescribing. The service had documented policies and procedures, which staff were trained in. Care plans reflected staff followed procedures regarding infection risk and antibiotic use.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

The Site Audit Report reflected mixed feedback from consumers and their representatives regarding how the service monitored and responded to deterioration of consumers. Records reviewed showed consumers were generally monitored on a regular basis. Staff explained how they identified changes and how they reported information at handover. The Assessment Team brought forward examples of two named consumers where they considered the change was not responded to in a timely manner.

The Approved Provider responded on 29 April 2022 and provided supporting information.

The Site Audit Report reflected care planning documents from 2021 showed a delayed response to a named consumer’s symptoms, and the consumer was admitted to hospital 9 days after the initial symptoms arose. The Approved Provider said the consumer was being reviewed by an external medical officer, and the service’s medical officer was involved when the consumer chose. They provided supporting information evidencing the service’s medical officer was involved in reviewing the consumer’s condition twice during the period of symptoms and the consumer was provided with medication by the service’s registered nurse, which was reported to have improved the symptoms.

The Assessment Team considered the consumer’s condition was not appropriately escalated for further review and treatment, however the evidence supplied by the Approved Provider contradicts this. I am satisfied that the Approved Provider had followed relevant processes in 2021 to respond to the consumer’s deterioration. Therefore, I consider this example reflects compliance with this Requirement. For the same named consumer negative feedback was brought forward regarding delays with a hospital admission, however no further information was provided, therefore I am unable to consider this further.

Regarding a second named consumer, the Site Audit Report reflected feedback from their representative regarding a clinical care need, stating the representative received conflicting information. At the time of the Site Audit, the Assessment Team was informed this was a terminology issue. The Approved Provider’s response affirmed this explanation and said a case conference occurred during the Site Audit. I am satisfied this issue was a miscommunication and did not involve impact to the consumer. I consider this example is not relevant to determining compliance with this Requirement.

I am not satisfied the Assessment Team has brought forward sufficient evidence to substantiate non-compliance with this Requirement, as it pertains to deterioration of consumers being recognised and responded to in a timely manner.

Therefore, I find this requirement is Compliant.

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and 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 Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers considered they received effective services and supports for daily living, and were supported to do the things they wanted to do. Consumers and representatives said consumers enjoyed activities such as morning teas, bingo and visiting musicians. Consumers said they engage in the community through shopping trips, outings and receiving visits from volunteers. Care planning documentation captured information regarding consumers’ likes and dislikes, and relationships that were important to them. Staff were observed encouraging and assisting consumers during activities, and greeting visitors.

A lifestyle program was in place, and lifestyle staff described the process for determining consumers’ leisure needs, religious beliefs and cultural traditions upon entry to the service. Care plans included information regarding consumers’ emotional, spiritual and psychological well-being. Consumers said they were supported to keep in contact with family and friends for emotional support, and to attend regular religious services if they wished. Staff said they met consumers’ needs by facilitating relationships and communication via technology, and supporting consumers who are feeling low through conversation.

Consumers said information regarding their condition, needs and preferences was effectively communicated. Care documents reflected consumers’ activity preferences, support needed such as mobility assistance, and dietary preferences. Consumers who received lifestyle support had this reflected in care plans. Staff maintained awareness of consumers’ needs through handover and staff meetings.

Consumers and their representatives said they were satisfied with referrals made, including for pastoral care and community volunteers. Care plans reflected the relevant external organisations and providers who are involved in consumers’ care. The service had policies and procedures to support referrals for lifestyle services.

Most consumers confirmed meals were varied and of suitable quality and quantity, and that their dietary requirements were accommodated. Staff said they respond to consumers’ complaints regarding meals, through consultation and menu alternatives. Hospitality staff described consumers’ dietary requirements and preferences. Catering staff obtained feedback through comments from consumers, observations, and surveys. The kitchen area was observed to be clean and tidy, with dietary charts and specialised menus for relevant consumers.

Equipment was observed to be of good condition, clean and well maintained. Consumers said equipment was available when they needed it. Staff described the process for cleaning equipment and said that the service had a maintenance and review program.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

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

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

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

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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

The service was observed to be welcoming, and consumers said they felt at home in the service. Consumers’ rooms were personalised with items such as furniture, photographs and artwork. Communal indoor and outdoor areas had wide and level pathways to support free movement. Outdoor areas were observed to be shaded, with some furniture.

Consumers considered the service environment was clean and safe, and they could move around and receive assistance from staff as needed. Consumers were observed moving freely through the service. Cleaning staff described the cleaning schedule, and maintenance staff explained how they reviewed and took action on any maintenance requests. The service’s maintenance schedule and logbook was reviewed, which reflected regular maintenance and confirmed maintenance issues were resolved promptly.

Furniture, fittings and equipment were observed to be safe, clean and well-maintained. Consumers and representatives said the service’s maintenance staff were responsive and consumers had access to safe and suitable items. Staff said there was adequate equipment available for consumers’ needs and items were regularly cleaned and maintained. Equipment audits were conducted.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers and their representatives considered consumers are encouraged to provide feedback and raise concerns with staff, and felt comfortable raising issues. Written information was provided to consumers regarding complaints on admission, and via the consumer handbook. Staff described how they supported consumers to raise complaints. Staff said consumers and representatives provided feedback via half-yearly surveys and feedback forms. Secured suggestion boxes were observed, and staff said any forms from the suggestion box were escalated to management.

Staff described the advocacy services available to consumers, and how they could support consumers to access the services. Most consumers and representatives were aware of how to contact advocacy services and external complaints mechanisms. Posters providing details of advocacy and interpreter services were observed within the service.

The service demonstrated appropriate action was taken in response to complaints. Consumers and their representatives were generally satisfied with the service’s response to complaints and feedback. Staff explained how they addressed consumer complaints by following the service’s escalation process for complaints and feedback, providing remedies and applying open disclosure. The service maintained comprehensive complaints data, which reflected outcomes provided, and staff followed up to confirm the consumer was satisfied with the outcome.

Consumers and representatives described changes and improvements made in response to complaints. Management provided examples of complaints trends that led to continuous improvement actions within the service, such as celebrating birthdays, completing internal hazard audits and changing meal preparation. Complaint trends and actions were recorded in the service’s continuous improvement plan.

## 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.*

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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 7(3)(b), regarding workforce interactions with consumers. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Most consumers and their representatives said there were sufficient staff at the service. Call bell records reflected a prompt response time. The service demonstrated suitable processes to fill all shifts, including by extending staff working hours or engaging agency staff.

Consumers and their representatives generally considered staff were skilled and competent. Staff said they were supported by the service to participate in development opportunities, and they understood their role, responsibilities and accountabilities. Qualifications and registrations were monitored.

Staff received training in various areas, and the service monitored training completion. Some staff had outstanding training requirements at the time of the Site Audit. Management said they monitored staff performance by having regular informal conversations with staff, and by conducting annual performance reviews.

## Assessment of Standard 7 Requirements

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

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

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

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

The Site Audit Report reflected mixed feedback from consumers and their representatives regarding whether consumers are treated kindly, gently and in a caring manner. The Assessment Team observed staff interactions with consumers as being kind, caring and respectful but somewhat rushed. Three examples were brought forward of named consumers who gave negative feedback. The Approved Provider responded on 29 April 2022 and addressed the feedback, including by stating all consumers surveyed in December 2021 and March 2022 reported being treated with dignity and respect.

Regarding the named consumer who reported an incident to the Assessment Team relating to inappropriate staff comments, this feedback was raised with management during the Site Audit. The Approved Provider said they conducted an investigation, spoke to the consumer and resolved the matter to the consumer’s satisfaction. They provided evidence regarding the discussion with the consumer, dated during the Site Audit. I accept this example as reflective of staff not behaving in a respectful and appropriate manner, and therefore evidence of non-compliance with this Requirement.

Regarding the named consumer who became upset regarding staff instructions the day prior to the Site Audit, the Approved Provider said the consumer has a cognitive impairment. The Approved Provider spoke with the consumer and relevant staff and said the consumer did not recall the incident, and staff gave an account inconsistent with the consumer’s feedback. As conflicting accounts were given, I am unable to verify the consumer’s feedback reflected in the Site Audit Report. However, as there was negative consumer impact brought forward by the Assessment Team, I have considered this in determining non-compliance with this Requirement.

Regarding the representative who provided negative feedback about a staff member’s care delivery, during the Site Audit management said the staff member gave a conflicting account and they had ceased that staff member from providing regular care of the consumer. The Approved Provider said they have further reviewed and followed up the circumstances with the representative, the staff conduct was examined and further assessment and training will occur to prevent a recurrence. The Approved Provider was not familiar with the representative’s concerns regarding hygiene care and said they will discuss this further with the representative. As there was negative consumer impact brought forward by the representative, I have considered this in determining non-compliance with this Requirement.

For the examples outlined above, I accept that staff conduct did not meet the consumer and representatives’ expectations and caused some distress. Although some of the examples contained conflicting information, I am placing weight on the consumers’ reported experience.

I consider the Approved Provider took appropriate action to address the concerns when they were brought forward, including investigation and review of processes and training. However, the Approved Provider had not ensured a culture of care and respect, and did not demonstrate effective mechanisms in place to monitor and detect concerns regarding staff conduct prior to the Site Audit. The Approved Provider did not supply evidence of how their investigations and incident reporting took place.

At the time of the Site Audit, the Approved Provider could not demonstrate all staff interactions with consumers were kind, caring and respectful of each consumer’s identity and culture.

Therefore, I find this Requirement Non-compliant.

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Approved Provider was invited to give additional information regarding its risk and incident management systems, relating to negative feedback at Requirement 7(3)(b). No further information was provided, however, I do not consider the Site Audit Report contained sufficient evidence to determine the service was non-compliant with Standard 8.

Consumers and representatives said they were actively engaged in the development, delivery and evaluation of care and services. Consumers said they attend consumer forums and voice their opinions. Management described how they involved consumers from admission to the service and how consumers contributed to decisions regarding refurbishment.

The governing body promotes a culture of safe, inclusive and quality care and is accountable through ongoing communication and governance of policies, including for diversity and cultural awareness. Monthly meetings were held between the service’s management team and the governing body, where information was shared regarding the service’s finances, internal audit results and training reports. Updates regarding mandatory legislative changes were conveyed to the leadership team.

Information management governance was addressed through utilising an electronic care management system and hardcopy backups, with a revised system being implemented after the Site Audit. The service demonstrated continuous improvement governance, with reviews undertaken at least annually for a variety of quality measures. Financial and workforce governance were suitably addressed. The service had a dedicated quality team working alongside the Board, responsible for ensuring legislation changes were communicated to staff. Feedback and complaints information was suitably maintained and reported to the Board monthly.

The service’s risk framework reflected understanding of high-impact consumer risks. Policies and procedures were in place regarding risks, such as falls prevention and monitoring, and responding to consumer abuse and neglect. Staff demonstrated use of the incident management system.

The service’s clinical governance framework contained policies related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated awareness of the relevant policies and described how they apply the policies.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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 7(3)(b) – the Approved Provider ensures all workforce interactions are kind, caring and respectful of each consumer’s identity, culture and diversity. This includes having mechanisms in place to monitor staff conduct and for consumers to feel comfortable raising concerns without fear of retribution.