Bracken House Dubbo

Performance Report

315 Macquarie Street   
DUBBO NSW 2830  
Phone number: 02 5852 4700

**Commission ID:** 0215

**Provider name:** United Protestant Association of NSW Limited

**Site Audit date:** 29 March 2022 to 31 March 2022

**Date of Performance Report:** 27 April 2022

# Performance report prepared by

G Cherry, 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** | **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) | Non-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) | 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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-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) | 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 conducted on 29-31 March 2022; 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 on 22 April 2022

# STANDARD 1 COMPLIANT/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 service demonstrated an understanding of each consumer’s cultural identity, respecting diversity and how they provide inclusive care and support. Sampled consumers spoke positively about the respect shown by staff in relation to their culture and felt supported to exercise choice and independence. Most consumers expressed satisfaction they are treated with dignity, respect and feel valued as an individual. Consumers and representatives gave examples of how consumers are supported to make decisions about their care and services (including risk to enable them to live their best life) and maintain relationships of choice. Consumers said they are made aware of options and choices available to them through the provision of appropriate information and their privacy and confidentiality is respected.

Staff demonstrated knowledge of consumer’s background and what is important to them. Interviewed staff described ways in which they support consumers to make day-to-day choices and assist them to live their best lives. Staff interviews, and review of care planning documentation demonstrated consumers are supported to undertake activities that may involve risk. Policy and procedural documentation guides staff in relation to supporting/enabling consumers in risk taking activities and strategies to mitigate risk. Management/staff interviews, and documentation review demonstrated information provided to consumers to enable choice relating to care and services including visual aids to support consumers with cognitive disability.

Staff provided examples of maintaining consumer’s privacy in the delivery of care and services.

The Assessment Team observed most staff interactions with consumers to be conducted in a respectful manner. However, via documentation review and interview with management the Assessment Team bought forward evidence references to consumers individual choice and preferences were not consistently communicated in a manner demonstrating respect. Some consumers and representatives expressed dissatisfaction that consumers are not treated with respect when staff are attending to their needs.

Documentation review demonstrated recognition of inclusivity, dignity, compassion and integrity and assessment and care planning documentation detailed information relating to consumers preferences. Policies guide staff in ensuring consumer’s privacy is respected, and personal information is confidentially stored.

The service demonstrate consumers are generally supported to take risks to enable them to live the best life they can. The service has systems in place to identify, inform, support and review consumers to ensure dignity of risks is maintained when engaging in activities of preference. There are policies and procedures to guide staff in ensuring care and services are delivered in line with consumer preferences.

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.*

Most sampled consumers and representatives consider consumers are treated with dignity, respect, and valued, however some expressed dissatisfaction this is not consistently the case. Some consumers and representatives expressed dissatisfaction consumers are not treated with respect when staff are attending to their needs, giving examples when staff are rushed they treat consumers in an undignified manner.

The Assessment Team observed most staff interactions with consumers to be conducted in a respectful manner, however they bought forward evidence that not all reference to consumer’s individual choice and preferences were consistently communicated demonstrating respect. Documentation did not consistently demonstrate individuality and behaviour activities as respecting consumers’ individuality and identity.

In their response, the approved provider asserted the Assessment Team’s observations were not typical of the services practices and contended some consumer feedback was not accurate.

Consideration has been afforded to the approved provider’s response however weight has been given to the various examples bought forward by the Assessment Team and the degree of consumer and representative feedback.

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

Sampled consumers consider they, or their representative of choice, are involved in initial and ongoing planning of care and services, including end of life planning. Consumers and representatives are satisfied staff involve them in assessment and planning on a regular basis through a variety of methods, including when consumers’ needs change. They participate in discussions and are informed of risks relating to individual choice and end of life preferences.

Consumers expressed satisfaction with care and most said they had discussions about advanced care planning and end of life care. Consumers and representatives consider they are included/informed in outcomes of assessment and care planning; medical officers and other external health professionals are included, and consumers have access to care plan documentation.

Clinical and care staff described the review process, involvement of consumers and others where required, and demonstrated how assessment and care planning informs the delivery of safe and effective care. Policies guide staff in undertaking initial and ongoing assessment processes and staff demonstrated knowledge of their responsibilities. A monitoring system ensures currency and regular review of assessment and care planning documentation.

The Assessment Team reviewed documentation and identified assessment and planning based on ongoing partnership with consumers and representatives, including case conference meetings, discussions when circumstances change, or incidents impact consumer’s ongoing needs, goals and preferences.

Care and services plans contain information relative to risk including management and risk mitigation strategies. Representatives and appropriate medical or allied health professionals are involved when circumstances changes and/or when 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

Sampled consumers consider they receive personal and clinical care that is safe and right for them, provided in a timely manner as per their needs and preferences. Consumers and representatives consider they are involved in advanced care planning discussions and subsequent outcomes upon entry to the service and/or when consumers’ needs change. Consumers and representatives expressed satisfaction with information provided to them relating to clinical and personal care and representatives are informed when consumer’s needs change and/or incidents occur.

The service demonstrated an effective system to identify and manage consumers needs when nearing end of life to ensure comfort and dignity is maximised. Interviewed staff described methods of care delivery for consumers nearing end of life and practical ways in which consumers’ comfort and dignity is maximised. Palliative care champions guide staff in ensuring consumers needs are met and changes reported to clinical staff.

Interviewed staff demonstrated knowledge of deterioration or change in consumers’ mental health, cognitive or physical function, capacity and/or condition, who to report this to and response in a timely manner. Documentation review generally reflected staff effectively identify and respond to changes and/or deterioration in consumer function/capacity/condition.

However, the service did not demonstrate an effective system to ensure consumers consistently receive safe and effective personal and clinical care tailored to their needs to optimise their health and well-being. The service did not demonstrate an effective system to ensure management of high impact and high prevalence risks associated with the care of consumers, nor an effective system to minimise infection related risks.

Organisational policy and procedural documents are accessible to guide staff and documentation detailed staff education and training. The service did not demonstrate effective systems to ensure staff consistently reference guidance materials.

The Assessment Team observed staff interacting with consumers and effectively management of complex behavioural needs to minimise impact.

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

Sampled consumers consider they receive personal and clinical care that is safe and right for them, provided in a timely manner as per their needs/preferences and optimises health and well-being. They expressed satisfaction information is provided to them relating to clinical and personal care needs.

Organisational policy and procedural documents are accessible to guide staff and documentation detailed staff education and training; however the service does not have an effective system to ensure staff consistently reference guidance materials.

The service did not demonstrate an effective system to ensure consumers consistently receive safe and effective personal and clinical care tailored to their needs and optimises health and well-being.

The Assessment Team bought forward evidence of deficits in diabetes, skin integrity, weight, wound and pain management, lack of consistent documentation to demonstrate monitoring of care, lack of signed documentation detailing consent regarding restrictive practices and inconsistencies between prescribed medications and the service’s risk register detailing current psychotropic medications.

The approved provider did not submit a response to this evidence.

I find this requirement is non-complaint.

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

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

Sampled consumers and representatives consider consumers receive appropriate management of risks associated with clinical care and representatives are advised of incidents and strategies to minimise risks.

The service did not demonstrate an effective system to ensure management of high impact and high prevalence risks associated with the care of consumers.

Via documentation review the Assessment Team noted some information relating to high impact and high prevalence risks included in care planning documentation however they bought forward evidence this was not consistent. The Assessment Team bought forward deficits in the management of high impact/high prevalence risks including lack of monitoring and recording of neurological observations post fall, lack of monitoring and management relating to skin integrity, pressure area care and unintended weight loss.

Organisational policy and procedural documents are accessible to guide staff and documentation detailed staff education and training, however staff to not consistently reference guidance materials.

The approved provider did not submit a response to this evidence.

I find this requirement is non-complaint.

### 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.*

Some consumers and representatives expressed positive feedback about staff’s infection control practices. Organisational policy and procedures guide staff in the management of infection prevention and control. Interviewed staff demonstrated knowledge of standard and transmission-based precautions to prevent and control infections, including the appropriate use of antibiotics.

However, the service did not demonstrate an effective system to minimise infection related risks. The Assessment Team bought forward evidence the service did not demonstrate consistently effective management of standard and transmission-based precautions to prevent and control infections. They observed inappropriate practices including members of the management team and staff not appropriately wearing personal protective equipment (PPE), staff not conducting appropriate hygiene practices, unlocked/unsecure waste management bins and waste management bins overflowing with used clinical waste. The service did not demonstrate effective protocols in ensuring all visitors entering the service provided evidence of vaccination status and/or completed appropriate screening processes. Documentation review detailed clinical staff did not conduct a Covid-19 screening test for a consumer in response to their presentation with an elevated temperature.

The approved provider did not submit a response to this evidence.

I find this requirement is non-complaint.

# 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

Most sampled consumers consider they get services and supports to daily living that are important for their health and well-being and enable them to do things they want to do. The service has a range of methods for ensuring consumers have input into services and supports which are important to their needs, goals and preferences.

Consumers expressed positive feedback in relation to staff supporting them to keep in touch with those of importance; they are supported to attend activities of choice within and external to the service; emotional support received from staff and religious services available. Most consumers expressed satisfaction with the cleanliness of equipment used in support their independence, although the Assessment Team received feedback regarding a lack of suitable equipment prevented a consumer in participating in activities external to the service.

The service did not demonstrate an effective system for provision of quality meals, Consumers expressed dissatisfaction relating to meal service, giving examples of inappropriate temperature, lack of quality and lack of response to feedback.

Interviewed staff demonstrated knowledge of consumer’s individual preferences/needs and described services and supports to assist consumers’ independence and promote emotional, spiritual and psychological wellbeing. Staff gave examples of supporting consumers to participate in leisure and lifestyle activities within and external to the service. There are processes to seek consumer feedback and input into the lifestyle program and meal preferences however consumers expressed dissatisfaction regarding a lack of response to their feedback. The lifestyle program caters via a variety of methods to include consumers experiencing physical or cognitive deficits and for those who prefer not to participate in group activities. Management and staff described spiritual and emotional supports, including access to clergy from the community, attendance at religious services, and spending individual time with consumers.

The service demonstrated timely and appropriate referrals to organisations and others external to the service. Staff gave examples of utilising external organisations to support consumers needs.

Care planning documentation for sampled consumers detailed information relevant to each consumer’s needs and included information about life history, spiritual, emotional and psychological needs and family/social connections. Care planning documentation detailed dietary preferences and needs, however the Assessment Team bought forward evidence dietary documentation which kitchen staff refer to detailed inconsistent hydration requirements, for example fluid restriction details.

Policies and procedures are available to guide staff in relation to safe and effective services and supports that optimises consumer’s independence, health and well-being.

The Assessment Team observed consumers, with varying levels of mobility, moving throughout the service and staff providing support as needed. They observed equipment and resources for services and supports readily accessible, suitably clean and supporting consumers’ needs. Consumers were observed leaving the service on a bus outing, others engaging in activities of interest and participating in meal service.

The Quality Standard is assessed as Non-compliant as one 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) 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 service did not demonstrate an effective system for provision of quality meals. Consumers expressed dissatisfaction relating to meal service, giving examples of inappropriate temperature, lack of quality and lack of response to feedback. Consumers gave examples of providing feedback to the management team however advised no noticeable improvement had occurred.

The Assessment Team reviewed documentation which demonstrated multiple instances of negative feedback from consumers regarding their dissatisfaction did not result in effective actions to address their concerns. Documentation review demonstrated consumer’s expression of dissatisfaction at meeting forums.

Documentation review detailed care and services planning documentation reflected consumers’ needs and preferences and lifestyle assessments and care plans are regularly reviewed for currency. Consumer’s dietary preferences are generally documented, however the Assessment Team bought forward evidence dietary documentation which kitchen staff refer to demonstrated inconsistent information, for example details of fluid restriction requirements. Interviewed staff demonstrated knowledge of consumer’s dietary needs however not relating to fluid restrictions. Management committed to rectification of this discrepancy.

The approved provider did not submit a response to this evidence.

I find this requirement is non-complaint.

### 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

Most sampled consumers consider they belong and feel safe and comfortable within the service environment. Consumers reported a range of feedback including they feel safe, at home, visitors are made to feel welcome, rooms are personalised, there are communal areas for socialisation/interaction with others; satisfaction with cleaning of resources and most equipment. They gave feedback of generally able to access outside areas, however needing staff assistance to gain entry to/and exiting the building. Some consumers and representatives expressed dissatisfaction regarding lack of maintenance and cleanliness of the environment.

Staff described the process for ensuring equipment is cleaned, maintained and reporting of hazards. Interviewed staff advised of processes to ensure reactive maintenance is completed however acknowledged recent delays in attending to preventative and routine maintenance program due to staff resignations.

There are some navigational aids, rooms are painted in contrasting colours for identification, names assist with room identification and staff described some strategies to assist consumers in identifying their rooms.

The Assessment Team noted furniture/fittings were generally observed to be clean and maintained, however bought forward evidence of deficits in cleaning of some areas and a recent lack of garden maintenance.

Consumers, family members and staff were observed to be utilising communal areas and some outdoor areas however the Assessment Team noted consumers require staff assistance to open/unlock doors to enable assess to external areas.

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

Sampled consumers and representatives expressed dissatisfaction they require staff assistance to gain entry to and exit the building, including access to garden areas. Some expressed dissatisfaction regarding lack of maintenance and cleanliness of the environment.

Via observation the Assessment Team bought forward evidence of walls containing chipped paint, stained carpets, overflowing and unlocked clinical waste management bins located next to pathways, lack of signage relating to oxygen cylinders and equipment blocking fire doors. Doors within the secure environment were locked preventing consumers from free access to the external environment.

Documentation review demonstrated inconsistencies in completion of monitoring documentation to confirm cleaning of rooms and carpeting. Staff described the process for reporting and prioritising maintenance issues. Management informed environment restraint forms are not completed for consumers and explained strategies staff utilise to enable consumers and representatives to gain entry to the service and access the external environment (refer to requirement 3(3)(a) re restrictive practices).

Management ensured some deficits bought forward by the team were immediately rectified and in their response the approved provider evidenced completion of some environmental maintenance issues. They maintain locked doors during the visit were attributed to staff omission. While I acknowledge the responsive and planned actions, including the service had identified some areas requiring action, their self-monitoring systems did not identify all evidence bought forward by the Assessment Team and/or demonstrate timely response to self-identified elements to ensure compliance.

I find this requirement is non-compliant.

### Requirement 5(3)(c) Non-compliant

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

Sampled consumers consider they feel safe when staff are using equipment to assist with care provision. However, the Assessment Team noted some equipment was not functional nor did the service demonstrate effective systems to ensure equipment is well-maintained and suitable for consumer use.

The Assessment Team observed internal furniture and equipment appeared safe, clean and maintained however they bought forward evidence outdoor furniture in the garden areas was not maintained and/or cleaned. They observed the service’s buses to be in an unclean/unkempt appearance and not suitable for consumer use and overgrown flora in garden areas, unclean outdoor seating/equipment and gardening tools not securely locked. The service did not demonstrate an effective system to ensure electrical equipment is regularly reviewed for use.

Via review of documentation the Assessment Team bought forward evidence the dishwasher in one area of the service had not been functioning for an extended period. The Assessment Team noted call bell equipment for two consumers was not effectively operating; management committed to rectifying this.

Management acknowledged buses and the outdoor gardens areas required cleaning and committed to implementing a regular process plus replacement of a new dishwasher. In their response, the approved provider evidenced completion of some environmental maintenance issues. While I acknowledge the responsive and planned actions, the service’s self-monitoring system was not effective in identifying evidence bought forward by the Assessment Team and/or demonstrate timely response to repair work.

I find this requirement is non-compliant.

# 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

Sampled consumers and representatives consider they are supported to give feedback and complaints, and action generally occurs. There are several mechanisms available to capture feedback and inform improvement within the service. Consumers expressed confidence they felt safe to make complaints and are familiar with the ways in which to do so.

Staff gave examples of processes they implement when consumers or their representatives approach them with concerns.

The service did not demonstrate an open disclosure process is used when things go wrong. While consumers and representatives consider concerns are generally responded to and some action occurs, they expressed dissatisfaction they are not consistently included in the process, informed of the outcome, offered an apology and/or confident the process consistently leads to improve services.

The Assessment Team bought forward evidence that while the service demonstrated actions taken in response to complaints, they could not consistently demonstrate how this leads to improvement actions and/or open disclosure processes were consistently implemented. Documentation review detailed not all complaints are documented to enable analysis and/or trending.

Documentation review demonstrated policies and procedures to guide staff in managing and documenting feedback and complaints. There is information for consumers and representatives regarding language services, advocates and external modes of complaints management, with information displayed throughout the service.

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

The service did not demonstrate an open disclosure process is consistently used when things go wrong. While consumers and representatives consider concerns are generally responded to, and some action occurs, they expressed dissatisfaction they are not consistently included in the process, informed of the outcome and/or offered an apology when things go wrong.

Staff gave examples of the process they implement when consumers or their representatives approach them with concerns and of training received relating to open disclosure processes. Interviewed staff did not demonstrate knowledge open disclosure principles and/or provide examples of when they had offered an apology.

The Assessment Team bought forward evidence that while the service demonstrated actions taken in response to complaints, they could not consistently demonstrate open disclosure processes were implemented when required. Documentation review detailed the service does not effectively implement open disclosure principles.

The approved provider did not submit a response to this evidence.

I find this requirement is non-complaint.

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

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

# 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

Sampled consumers consider staff are generally knowledgeable, capable and caring. Consumers are satisfied most staff have skills to meet their needs, citing staff as kind, caring and gentle when providing care. While consumers feel safe when staff are assisting them, they expressed dissatisfaction regarding a lack of workforce to ensure quality and effective care and services in a timely manner.

Interviewed staff generally demonstrated knowledge of consumers’ needs, the requirement to treat consumers in a kind, caring manner and gave examples of consumer’s life history and clinical care needs. Staff consider they have appropriate equipment and supports to carry out duties of their roles and receive ongoing education/training. Staff advised while they aim to deliver care tailored to consumer’s individual needs they often do not have enough time and/or staff to complete all required tasks.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful in their approach to delivery of care and services. Most staff demonstrated knowledge of the process to identify and manage complex care needs, wound and falls management. Via review of clinical care documentation the Assessment Team bought forward evidence of deficits in consumer care and services, and incident management (refer Standard 3).

Recruitment systems ensure staff competency and qualifications to deliver effective and safe quality care and monitoring processes ensure currency. Staff demonstrated knowledge of what constitutes effective quality care for consumers. There are systems to ensure regular assessment, monitoring and review of staff performance.

Policies and procedures are accessible to guide staff. Education and training records demonstrate examples of training relative to the Aged Care Quality Standards and required competencies for designated roles.

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.*

Consumers sampled consider staff are generally knowledgeable, capable and caring. Consumers said staff are kind, caring and gentle when providing care, and while they feel safe when staff are assisting them, there is a lack of sufficient numbers to ensure quality and effective care and services are provided in a timely manner.

Consumers and representatives expressed dissatisfaction in relation to lack of timely response when requesting staff assistance, consumer’s hygiene needs not attended as preferred, staff rushing when providing care resulting in consumers feeling disrespected. They gave examples of identifying consumer’s rooms in need of cleaning, consumers not ready for outings, waiting extended periods for staff to enable entry to the service, consumers being served meals on disposable plates and registered staff leaving the secure environment to attend to other duties.

Interviewed staff advised as a result of insufficient staff numbers consumers were served meals using disposable equipment, staff experience difficulty in completing required tasks and being required to work extending hours.

Via documentation review the Assessment Team bought forward evidence not all shifts were appropriately filled, and management advised regular shifts require staff to extend their hours of work and/or shifts unable to be filled.

The approved provider did not submit a response to this evidence.

I find this requirement is non-complaint.

### 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

Sampled consumers and representatives generally consider the organisation is well run, they can partner in delivery of care and services through providing feedback and participation at meeting forums. Management demonstrated consumer representation in aspects relating to consumer care.

The organisation generally demonstrated effective governance systems relating to information management, continuous improvement, finance, regulatory compliance and a reporting pathway. Via documentation review the Assessment Team noted various methods the service actively provides information to ensure consumers and representatives are informed of care and services and any relevant changes. The Assessment Team observed documentation and management and staff demonstrated opportunities to drive continuous improvement are identified and receive Board approval for implementation. The service provided examples of consumer and representative engagement in decisions relative to consumer care and services.

The governing Board has involvement and oversight to ensure they are informed and accountable. Senior management monitor and manage continuous improvement activities via organisational processes. The clinical governance framework demonstrates Board involvement, as does staff education and training relating to the Quality Standards.

The Assessment Team bought forward evidence of deficits relating to comments and complaint systems, workforce sufficiency, clinical care, meal provision, environment and restrictive practices.

While there are organisational policies and guidelines and staff attendance of training/education is demonstrated, the service did not demonstrate effective practices relating to the minimisation of infection control, appropriate processes relation to restrictive practices and open disclosure practices.

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 organisation did not demonstrate an effective governing system to ensure a sufficient workforce and an effective complaints process to meet consumers’ needs.

Policy and procedure documentation are accessible to guide staff however the service did not demonstrate an effective governance system to ensure compliance with all Quality Standards.

Via documentation review the Assessment Team noted an ineffective system to ensure recording of all incident data. Review of complaints documentation detailed inconsistencies in recording of complaints to enable accurate analysis and trending and lack of processes to ensure open disclosure practices are implemented. The service did not demonstrate an effective system to ensure a sufficient workforce to meet consumers’ needs.

The approved provider did not submit a response to this evidence.

I find this requirement is non-complaint.

### 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.*

The Assessment Team bought forward evidence of deficiencies in effective systems to ensure consumers consistently receive safe and effective personal and clinical care and management of high impact and high prevalence risks.

The impacts are considered within requirements 3(3)(a) and 3(3)(b).

### 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.*

The Assessment Team bought forward evidence informed consent relating to restraint documentation is not consistently in place, and demonstration of appropriate open disclosure practices is not evident.

The impacts are considered within requirements 3(3)(a) and 6(3)(c).

# 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.

Implement effective systems:

* to ensure consumers are treated with dignity and respect and management and staff refer to consumers in a respectful and dignified manner
* to ensure consumers consistently receive safe and effective personal and clinical care tailored to their needs and optimises health and well-being
* to ensure management of high impact and high prevalence risks associated with consumers’ care
* to minimise infection related risks
* for provision of quality meals to meet consumers needs and preference; and dietary needs and preferences are accurately documented and communicated to relevant staff
* to ensure the environment is safe, clean, well-maintained and comfortable; and enables consumers to move freely, both indoors and outdoors
* to ensure all furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer
* to demonstrate an open disclosure process is used when things go wrong
* to ensure an workforce of sufficient numbers to provide quality and effective care and services
* to ensure governance systems effectively ensure compliance with all Quality Standards