Bupa Dural

Performance Report

1 Stonelea Court
DURAL NSW 2158
Phone number: 02 9653 9600

**Commission ID:** 0570

**Provider name:** Bupa Aged Care Australia Pty Ltd

**Site Audit date:** 28 June 2022 to 30 June 2022

**Date of Performance Report:** 3 August 2022

# Performance report prepared by

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

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | 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** | **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 July 2022.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Some consumers and representatives interviewed by the Assessment Team did not consider that consumers are always treated with dignity and respect. Consumers and representatives interviewed said staff are rude to them and can be rough when providing care. Some consumers described experiences in which they were not treated respectfully.

However, consumers interviewed said their preferences for care and service delivery are always sought or followed, and their personal privacy is respected.

The service collects information about consumers to ensure that the care provided supports consumers in relation to their identity, culture, and diversity. The service demonstrated that information about consumer’s culture informs the delivery of care and services to ensure consumers are culturally safe. The service demonstrated that consumers are supported to exercise their choices, and processes are in place to communicate their choices about care. The service has systems to document and act on consumer’s wishes about who the consumer wishes to be involved in their care and decisions about their care, and to what extent.

The service enables consumers to take risks to enable them to live the best life they can. However, assessments and interventions are not developed to support consumers to mitigate the risks.

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

Some observations by the Assessment Team and interviews with consumers and representatives demonstrated that some consumers are not being provided personal care in a way that supports their dignity and is respectful. Some consumers said staff can be rude when providing care, and all consumers interviewed said staff are always in a rush, and they do not have time to speak or listen to consumers to determine if they require any other care or support.

The approved provider’s response demonstrates that since the Site Audit, the service has met with all named consumers and representatives identified in the Site Audit report to address their concerns and ensure care and services provided are respectful. The approved provider’s response outlines continuous improvement actions commenced since the Site Audit to ensure staff interactions with consumers are respectful and dignified. This includes staff education and training, increased resident and relative meetings, and monitoring and audit processes.

At the time of the Site Audit, consumers and representatives did not feel care and services were consistently provided in a respectful and dignified manner.

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) Non-Compliant

### *Each consumer is supported to take risks to enable them to live the best life they can.*

While the Assessment Team identified through interviews with consumers and documentation review, some consumers are supported by the service to take risks, interventions were not identified to assist in mitigating associated risk. Some consumers are not supported to take risks to enable them to enhance their well-being and quality of life. The service was unable to demonstrate assessments and interventions are developed to support consumers to mitigate the risks and support them to live their best life.

The approved provider’s response demonstrates that since the Site Audit, the service has met with all named consumers and representatives identified in the Site Audit report to better support them to take risks to live their best life. The approved provider’s response identifies that a dignity of risk assessment report was conducted for all consumers with a dignity of risk care plan, in consultation with consumers and their representative. The service has completed staff education and training in dignity of risk assessment, management, and documentation.

At the time of the Site Audit, not all consumers were supported to take risks to enable them to live their best life, and service was unable to demonstrate assessments and interventions are developed to support consumers to mitigate associated risks.

I find this requirement is Non-compliant.

### 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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

Overall, consumers and representatives interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed confirmed they are involved in assessments and care planning and mentioned case conferences as the medium where this mainly occurs. Representatives said they are kept informed of changes in the consumer’s condition or when an incident occurs. Consumers and representatives said they have access to the care plan if they wish.

Care planning documents provide evidence of ongoing partnerships with consumers and/or their representatives about care and services provided by staff or other providers of care. Advanced care planning and end of life planning occur on entry to the service, and preferences are documented in the advance care directive.

The Assessment Team found that information in consumer’s assessment and care planning documents is current and reflects the consumer’s needs, goals, and preferences. The service demonstrated care and services are reviewed regularly for effectiveness, or when circumstances change, and incidents impact the needs, goals, or preferences of the consumer. Changes in clinical care needs, goals, or preferences are reviewed in a timely manner to ensure changes in consumer’s needs are communicated to staff for the delivery of safe and effective care services.

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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers.

Most consumers and representatives interviewed by the Assessment Team confirmed that consumers get the care they need and are happy with the care and services provided to them.

The service demonstrated an effective system to identify and manage high impact and high prevalence risks associated with each consumer’s care. Care plans reviewed included information about the high impact and high prevalence risks for consumers and there are adequate interventions to minimise risk and negative outcomes to consumers.

A review of consumer’s clinical records demonstrated consumers receive appropriate personal and clinical care where they experience deterioration or change in their status, and at the end of their life. Changes or deterioration in the condition of the consumers sampled were identified and responded to in a timely manner.

Consumers interviewed confirmed that they have access to a doctor or other health professional when they need it. Care documents for the consumers sampled reflected timely and appropriate referrals and input/recommendations from medical officers, and a range of allied health and other medical professionals.

The service follows organisational policy and procedures in relation to infection prevention and control, risk management, clinical governance, communication, and end of life care. Staff were able to describe how they use clinical best practices and standard and transmission-based precautions to prevent and control infections, including the appropriate use of antibiotics.

While consumers and representatives gave mostly positive feedback about clinical and personal care, the review of care documents does not support that clinical care provided to the consumers sampled is consistent with best practice and does not optimise consumer’s health and wellbeing.

While there are systems in place for communicating information within the service and where responsibility for care us shared, consumers and representatives gave feedback about the inconsistency or breakdown of information sharing when there are changes to consumer’s care needs.

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

### Assessment of Standard 3 Requirements

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

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

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

Consumers and representatives interviewed by the Assessment Team provided positive feedback about clinical and personal care delivery. However, the Assessment Team’s review of care planning documents does not demonstrate that care provided to consumers is safe, effective, best practice, and optimises the consumer’s health and wellbeing. Inconsistencies were identified in staff practices relating to diabetes management and vital observations which resulted in poor consumer outcomes. Some consumers prescribed psychotropic medications did not have an appropriate supporting diagnosis and this had not been recognised as chemical restraints by the service.

The approved provider’s response includes some clarifying information regarding the findings in the Site Audit report, including that some monitoring of consumers with diabetes was completed on a different electronic system.

The approved provider’s response identifies continuous improvement actions implemented since the Site Audit to improve the personal and clinical care provided to consumers. The approved provider’s response identifies the service has completed a review of consumers prescribed psychotropic medication and engaged the consumer’s medical officer to ensure medication is prescribed with a supporting diagnosis and reflected in the care plan.

At the time of the Site Audit, the service did not demonstrate the personal and clinical care delivered to each consumer is tailored to their needs and optimises their health and well-being.

I find this requirement is Non-compliant.

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

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

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

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

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

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

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

For consumers sampled, care documents reviewed by the Assessment Team included information about the consumer’s condition, needs, and preferences that was shared within and between organisations responsible for the consumer’s care. The review of consumer’s progress notes entries, handover sheets, communication process, and clinical care documents identifies an effective communication system between care staff and other providers of care. However, consumers and representatives did not feel information about the consumer’s condition, needs and preferences were effectively communicated to them. One consumer said they sometimes miss appointments by visiting allied health providers due to not receiving the relevant information, and one representative said the service does not inform them about medical officer and other specialist reviews of their consumer.

The approved provider’s response identifies that the service has commenced an internal investigation into the concerns raised regarding communication of consumer care information, and improvements made in response.

At the time of the Site Audit, consumers and representatives did not feel there was effective communication to them regarding the consumer’s condition and needs, and medical appointments and reviews.

I find this requirement is Non-compliant.

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

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

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

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements.

Consumers and representatives interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers and representatives provided positive feedback about the group and individual lifestyle programs and reported that they are encouraged and supported to keep in touch with their family and friends.

Consumers provided positive feedback about the variety, quality and quantity of food at the service. While some consumers interviewed felt feedback in relation to meals had not been actioned appropriately, this has been considered under Standard 6.

Lifestyle activities include a variety of social, physical, sensory, and spiritual activities, in both one on one and group settings. The lifestyle programs were supported by staff and the programs appeared to be well-resourced.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment.

All consumers interviewed by the Assessment Team indicated they feel they belong and feel safe and comfortable in the service environment. They stated that the service’s living environment is welcoming, comfortable, and has a home-like environment that meets their and their visitor’s needs. They stated that the communal spaces in their houses enable them to interact with others, including their family and friends.

Consumers and representatives interviewed indicated that the service’s environment is safe, clean, comfortable, and exceptionally well maintained and that it enables consumers to move freely, both indoors and outdoors.

The Assessment Team observed the environment is warm, welcoming, comfortable, and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function.

The service demonstrated that there were adequate supplies of indoor and outdoor furniture, fittings and equipment that are safe, clean, well maintained, and suitable for the consumer. A review of maintenance records and observations of the service by the Assessment Team evidence that regular preventative and corrective maintenance is carried out effectively and as scheduled.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers and representatives interviewed by the Assessment Team generally considered that they are encouraged and supported to give feedback and make complaints. However, eight consumers and three representatives interviewed did not consider that appropriate action is taken to inform improvement in care and services for consumers.

Consumers and representatives interviewed were aware of, and have access to, advocacy services to raise concerns regarding the service, and to resolve complaints. The management team and staff could describe ways to support consumers to access advocacy and language services to assist with raising and resolving complaints.

The service has provided information to consumers about raising a complaint and is reviewing complaints data. However, the service did not demonstrate actions are always being taken in a timely manner and feedback indicates there are reoccurring issues such communication issues and food complaints which have not been effectively addressed.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

Of the consumers and representatives interviewed by the Assessment Team, eight consumers and three representatives interviewed did not feel that appropriate action is taken in response to their complaints. Consumers who had raised complaints said they had not received any feedback regarding their complaint, and no changes had been made in response. Some consumers and representatives said they have complained multiple times about a range of issues, but nothing changes. Examples include concerns about the food, communication, and staffing

The approved provider’s response demonstrates that since the Site Audit, the service has met with all named consumers and representatives identified in the Site Audit report to address their concerns. The approved provider’s response demonstrates an open disclosure process was used to achieve a satisfactory outcome for the complainants. The service has reviewed their internal complaints process to ensure complaints are resolved to consumer and representative satisfaction per the approved provider’s processes.

Since the Site Audit, the has taken action to resolve complaints and feedback. However, at the time of the Site Audit, consumers and representatives did not feel appropriate action had been taken in response to their complaints and feedback, and the service was not able to demonstrate this had consistently occurred.

I find this requirement is Non-compliant.

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

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

The service did not demonstrate that effective complaints management is used to improve the quality of care and services. Consumers and representatives who had made complaints said they said they were not satisfied that their complaints or feedback was reviewed and used to improve the quality of care and services. The Assessment Team acknowledged that the service had commenced actions to improve some identified issues such as food service. However, various complaint issues appear to have been longstanding, including those documented in the service’s feedback and complaints register from January 2022. The service’s actions in relation to these issues had not been effective or resulted in improvements made to care and services.

The approved provider’s response identifies continuous improvement actions implemented since the Site Audit to achieve and sustain quality care and services, informed by feedback and complaints. The approved provider’s response outlines improvements made to the main issues raised by consumers and representatives in the Site Audit report, including further monitoring and review processes to ensure avenues for ongoing feedback. The approved provider identifies that training and education is planned for all staff on complaints and feedback management including that feedback is recorded investigated actioned and evaluated in a timely manner and analysed to inform continuous improvement.

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

I find this requirement is Non-compliant.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke to consumers about their experiences with staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

All consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. Consumers and their representatives said they feel confident that staff are skilled to meet their care needs.

Consumers interviewed said most staff are kind, gentle and caring and are respectful of who they are as individuals. While some consumers said personal care is not always provided in a way that supports dignity and is respectful, this has been considered under Standard 1.

The service demonstrated it has systems for recruitment of staff to ensure they employ staff who are skilled and meet the requirements of their job roles. There are processes for regular training in core skills which are job specific.

The service has a performance review system for staff and demonstrated that regular assessment, monitoring and review of each member of the workforce will be undertaken when due.

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

## Assessment of Standard 7 Requirements

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

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

### 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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke to management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

All consumers interviewed by the Assessment Team said they felt the service was well run and had confidence in the management of the service. Consumers were able to describe how they are encouraged and supported to participate in the development, delivery and evaluation of care and services through consumer meetings, food forums, feedback and complaint mechanisms, surveys, service design input, individual planning and assessment, and feedback opportunities.

The service demonstrated that it’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Overall, the organisation demonstrated it has effective governance systems to support the safe delivery of quality care for consumers.

The organisation demonstrated that it has an effective risk management system and practices in place to minimise the risks to the health, safety of consumers, and support consumer well-being. The service demonstrated that there is a clinical governance framework including antimicrobial stewardship, minimising the use of restraint and open disclosure.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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) 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 demonstrated that its organisation-wide governance systems are documented and effective. This included in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff have been trained in the process for reporting incidents and the escalation process, including under the Serious Incident Response Scheme (SIRS). The Assessment Team sighted documentation, including the incident management register, of how incidents are managed within the new guidelines.

I find this requirement is 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.*

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

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

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

# Areas for improvement

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

* Requirement 1(3)(a) – Each consumer is treated with dignity and respect, including during personal and clinical care delivery.
* Requirement 1(3)(d) – Each consumer is supported to take risks to enable them to live their best life, and appropriate assessment is undertaken to mitigate associated risks.
* Requirement 3(3)(a) – Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Requirement 3(3)(e) – Information about the consumer’s condition, needs and preferences, including medical appointments and reviews, is documented and communicated within the organisation, and with others where responsibility for care is shared. This includes with consumers and representatives as appropriate.
* Requirement 6(3)(c) – Appropriate action is taken in response to complaints and feedback, and an open disclosure process is used when things go wrong
* Requirement 6(3)(d) - Feedback and complaints are effectively reviewed and analysed to improve the quality of care and services
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response to the Site Audit report.