Bupa Eastwood

Performance Report

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**Commission ID:** 3939

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

**Site Audit date:** 3 May 2022 to 6 May 2022

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

# Performance report prepared by

Vanessa Stephens, 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) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-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) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-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) | 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) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-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) | Non-compliant |
| Requirement 8(3)(e) | Non-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 on 7 June 2022.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Overall, sampled consumers considered that they can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Most consumers described how staff value their culture, values and diversity.
* Consumers and/or their representatives described how consumers are supported to make decisions about their care, maintain relationships and make new connections within the service.
* Consumers expressed satisfaction that they are supported to pursue their interests.

Staff described consumer backgrounds and preferences. Staff access information about consumer choices and preferences in care plans and any changes are discussed during daily handover.

The Assessment Team reviewed care plan documentation and found documents reflected the diversity of consumers including details about personal background, family history, current family support and spiritual preferences.

The service did not demonstrate that each consumer is treated with dignity and respect or that information provided to each consumer is current, accurate and timely.

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.*

The Assessment Team observed staff treating consumers with dignity and respect. Staff provided examples of how they support specific preferences for individual consumers and care plans reviewed reflected the diversity of consumers and outlined their preferences. However, the Assessment Team found that while some consumers and/or their representatives were satisfied that staff treated consumers with dignity and respect, three representatives gave specific feedback of care where consumers were not treated with dignity and respect:

* One consumer’s sleepwear preferences are not accommodated and a visiting representative observed them partially naked through their open bedroom door while staff were providing personal care.
* One consumer is often dressed only in their underwear and their hair is often unbrushed.
* One consumer is always dressed in the same clothes as staff do not remove used clothes in the evening as requested.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team. Remedial actions include additional staff training on treating consumers with dignity and respect, implementing ‘walk arounds’ to ensure bedroom doors are closed when care is being provided and reviewing staffing levels in the memory support unit.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

### 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) Non-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.*

The Assessment Team found consumers and/or their representatives are not satisfied information provided is current, accurate and timely. For example:

* Changes in management structure are not communicated.
* Communication was poor during a COVID-19 outbreak at the service.
* Some representatives advised they are not notified of resident/relative meetings.
* Newsletters are not widely distributed.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team. Remedial actions include reviewing and improving the monthly process for distributing newsletters, including details of upcoming meetings in newsletters and information about management is now readily available.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 NON-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

With the exception of life planning, most sampled consumers did not feel like partners in the ongoing assessment and planning of their care and services.

The service did not demonstrate consistent processes to deliver safe and effective care and services. Relevant risks to consumer safety, health and well-being are not consistently included and assessed in care planning. Sampled care files did not always reflect ongoing partnership with the consumer and their representatives or others in the assessment, planning and review of consumer care and services.

Shared care with external providers is not always clearly documented in the care plan and changes to care are not always updated. Documentation shows outcomes of assessment and planning are not consistently communicated to consumers. Care plans are not consistently reviewed when the consumer’s condition changes or when circumstances change.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The Assessment Team found sampled care planning documents do not always demonstrate comprehensive assessment and planning. Care planning does not always identify new risks following a change in consumer care. For example:

* Care planning documents for a consumer who is a high risk of choking do not adequately reflect identified risks or provide strategies and interventions to prevent choking or aspiration.
* Care planning documents for a consumer who self-medicates lacks comprehensive assessment of medication management and self-medication capacity, nor are potential risks related to self-medication assessed.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team. Remedial actions include rectifying care plan assessments and reviews to include risks and mitigation strategies.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

### 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) Non-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.*

The Assessment Team found that sampled consumer representatives are not satisfied they are partners in care planning and care planning documentation does not consistently reflect that the consumer and others are involved in assessment and planning. For example:

* Two consumer care plans have not been updated with recent dietician recommendations.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team. Remedial actions include the introduction of a new assessment and care planning process, updating consumer care plans identified in the Assessment Team report and implementing a regular schedule to review care plans.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

### Requirement 2(3)(d) Non-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.*

The Assessment Team found the outcomes of assessment and planning are not consistently communicated to consumers. The service did not demonstrate consumers and representatives are offered access to care plans. For example:

* File review for one sampled consumer indicates the last comprehensive care plan consultation took place on 7 October 2021.
* There is no documentation evidencing care plan review and consultation for two consumers who entered the service in January 2022.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team. Remedial actions include improving communication to consumers and representatives regarding the availability of care plans and providing staff education about the organisation’s new care planning process.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

### Requirement 2(3)(e) Non-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 found the service did not demonstrate care and services are regularly reviewed for effectiveness, are up-to-date and meet the current needs, goals and preferences of consumers. Care plans are not consistently reviewed when consumer condition or circumstances change. For example:

* A care plan for a consumer who entered the service more than 3 months ago has not been completed with goals, interventions and strategies for all aspects of their care.
* Catheter care details are not accurately captured in one consumer’s care plan.
* Updated weight loss and nutrition recommendations from a dietician have not been updated in one consumer’s care plan.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team including updating care plans for consumers identified in the Assessment Team’s report.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

# 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

Care information is documented and available to staff and others when and where needed in both paper-based and electronic care systems. Staff interviews, documentation and observations confirm end of life needs are met, in line with consumer wishes. Consumer file reviews demonstrate evidence-based reasoning behind the prescription of antibiotics.

However, most sampled consumers did not consider that they receive personal care and clinical care that is safe and right for them. The Assessment Team noted that not all consumers are receiving effective and safe personal or clinical care, tailored to their needs and according to best practice. Nor did the service demonstrate consistent and effective management of high impact or high prevalence risks.

The service did not demonstrate timely identification and response to cognitive or physical deterioration or change. File review indicates there are occasions consumers would benefit from allied health or specialist reviews, however the service did not demonstrate timely referrals were completed.

The Assessment Team observed several infection prevention and control breaches by staff, including poor hand hygiene, failing to clean shared equipment after use and incorrect use of personal protective equipment. The Quality Standard is assessed as non-compliant as five of the seven specific requirements have been assessed as non-compliant.

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### 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.*

The service did not demonstrate restrictive practices are implemented as a last resort or reviewed on a regular basis with the aim to cease or minimise their use. The service has not obtained informed consent prior to the use of chemical restraint. For example:

* There was no evidence non-pharmacological strategies were attempted or that a behaviour support plan was developed for two consumers prior to the administration of ‘as needed’ psychotropic medication for agitation.
* Three care staff acknowledged that due to short staffing medication is used to manage behaviours.

The service did not demonstrate accurate identification and consistent management of consumer wounds. Care of consumer skin and pressure injuries is not consistently in accordance with best practice. For example:

* There is no demonstrated evidence that a wound assessment and progress chart was commenced by nursing staff as required by service policy for a consumer who developed a pressure injury.
* For another consumer, the service did not demonstrate that a pressure injury was identified early or that wound management commenced prior to the pressure injury progressing to stage 3.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team. Remedial actions include reviewing consumers identified in the Assessment Team’s report, reviewing all consumers administered antipsychotic medication, obtaining consent for restrictive practices and a specialist wound consultant has commenced overseeing wound management at the service.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

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

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

The Assessment Team found the service did not demonstrate consistent and effective management of high impact or high prevalence risks. Incidents of falls, weight loss and swallowing difficulty are not consistently identified and actioned with the consideration of risk mitigation and prevention of harm. For example:

* Not all neurological observations were attended to in accordance with the service’s policy for three sampled consumers and high risk medications such as blood thinners, are not consistently taken into consideration during post fall assessment and monitoring.
* There is no evidence that a swallowing assessment was completed or that a referral to a dietician was made for a consumer who experienced frequent choking episodes.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team. Remedial actions include providing targeted training regarding falls management and post-fall neurological observations and making referrals to dieticians where required.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

### 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) Non-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 Assessment Team found that sample file reviews demonstrate that care planning does not generally include the identification and the indicated response to deterioration or change in consumer health. For example:

* The service did not demonstrate identification and management of a wound for a consumer with diabetes, the wound was detected by a visiting family member.
* The service did not demonstrate timely and appropriate response to a consumer’s recent decline and difficulty swallowing which required reassessment by a speech pathologist.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team including staff training and staff huddles to discuss changes in consumer care needs.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

### 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) Non-compliant

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

The Assessment Team noted from sample file review that there were occasions where consumers would benefit from allied health or specialist reviews, however the service did not demonstrate referrals were completed in a timely way, with one urgent referral to a speech pathologist organised by the service after feedback from the Assessment Team while on site.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team including actioning 15 referrals to allied health providers.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team noted sample consumer file reviews demonstrated evidence‑based reasoning behind the prescription of antibiotics. Nurses explained in detail the precautionary measures in place to prevent and control infectious outbreaks and the service has relevant policies and procedures and an outbreak management plan.

However, the Assessment Team observed several infection prevention and control breaches by staff, including poor hand hygiene, failing to clean shared equipment after use and incorrect use of personal protective equipment. The Assessment Team also observed deficiencies in relation to the availability of hand sanitiser and disinfectant wipes, the cleanliness of the kitchen and food handling protocols.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team including providing staff training on hand hygiene and correct use of personal protective equipment.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

# 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

Sampled consumers generally 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. For example:

* Consumers and/or their representatives said they are supported to maintain emotional, spiritual and psychological well-being.
* Consumers and/or their representatives described how consumers are supported to keep in touch with the people who are important to them.
* Consumers were satisfied they are able to participate in activities within and outside the service and continue to do things that interest them.

Staff confidently discussed sampled consumers and were able to identify important family and friends and described individual consumer preferences for lifestyle activities. Care staff stated they are updated about changes to a consumer’s condition, needs and preferences through the handover process and file notes. Lifestyle staff described how they work with external organisations and volunteers to help supplement lifestyle activities offered within the service.

Care planning documentation is individualised and contains detailed information on consumer relationships and social interests, including external groups they wish to engage with.

The Assessment Team observed a range of equipment to provide and support lifestyle services, including televisions, games, art and craft supplies, books, and puzzles. Equipment was observed to be suitable, clean, and well-maintained.

However, consumer representatives provided feedback the service does not adequately support consumers to optimise their independence and quality of life. In addition, consumers expressed dissatisfaction with the quality, quantity, variety and temperature of meals.

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

## Assessment of Standard 4 Requirements

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

The Assessment Team found that while consumers said the service’s lifestyle program supports their wellbeing and quality of life, six representatives provided examples how the service does not support consumers to optimise their independence and quality of life. For example:

* Staff do not cut up food for consumers and one consumer with limited mobility is frequently left without a glass of water within reach.
* A hairdresser has not been available at the service for at least 12 months.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team including sourcing a hairdresser and daily staff huddles to address dining expectations.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

### 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 Assessment Team found consumers and representatives are mostly dissatisfied with the quality, quantity, variety and temperature of the meals provided. In addition, consumer meeting minutes mostly show consumer dissatisfaction with meals. Staff said staffing shortages contribute to an inadequate meal experience for consumers.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team including hiring a new chef manager and the regional hospitality manager has increased oversight of meals at the service.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

### 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

Sampled consumers and their representatives generally considered that they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* Consumers and/or their representatives generally provided positive feedback regarding the service environment.
* Consumers and/or their representatives reported that the environment is comfortable. However, there was mixed feedback on the cleanliness of consumer rooms. While there is a cleaning and maintenance system in place, this is affected when cleaning staff are reallocated to other tasks.
* Consumers reported feeling safe using equipment including mobility aids.

Staff were able to describe the process by which equipment, furniture and fittings are cleaned and maintained.

Consumers were observed to be moving around freely either independently or with the assistance of staff. The Assessment Team observed furniture, fittings and equipment to be clean and well maintained. However, the Assessment Team observed ineffective cleaning practices in the kitchen.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

The Assessment Team found the service is not always safe and clean. Cleaning practices in the kitchen were observed to be ineffective. Staff said they do not have time carry out effective cleaning of the kitchen or consumer rooms when staff are reallocated to other roles. Consumers provided mixed feedback regarding the cleanliness of their rooms.

While a clean and review of the kitchen was undertaken by the service while the Assessment Team was on site, it was not clear whether these changes have been embedded.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team. Remedial action includes purchasing new items for the kitchen and cleaning the kitchen.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

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

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

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Most sampled consumers considered that they are encouraged and supported to give feedback and make complaints. However, most consumers did not consider that appropriate action is taken in relation to complaints. Most consumers and representatives were aware of advocacy and language services, and other avenues for raising complaints.

Most staff and management personnel described using open disclosure principles in their handling of feedback and complaints.

While consumers and representatives interviewed are of the view their complaints do not result in changes, management described and provided examples of how it uses feedback and complaints to improve the quality of care and services. The service compiles monthly complaints information and incorporates this information into its reporting.

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 Assessment Team found that while some consumers and representatives who had made complaints were satisfied with the resulting outcome, most were not satisfied action is taken. They said management does not always respond or follow through completely regarding their concerns.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team. Remedial action includes implementing a new cleaning schedule, entering complaints and feedback into the incident management system and resolving individual consumer complaints.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

### 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

While consumers and representatives mostly provided positive feedback about staff being kind and caring, overall sampled consumers did not consider that they get quality care and services when they need them from people who are knowledgeable and capable. Most consumers and representatives are not satisfied the workforce is planned and that sufficient staff are available to deliver quality care and services.

Representative dissatisfaction highlighted deficits in staff practice and deficits identified in other standards of this report indicate staff are not adequately trained and supported to deliver outcomes required by these standards.

Staff expressed concern about high workloads due to inadequate staffing levels. Staff described information, training and support provided at the time of their engagement. However, records provided by management were not clear in relation to staff completing a range of required training.

The Assessment Team observed staff interactions with consumers, representatives and others to be kind, caring and respectful.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found that most consumers and representatives are not satisfied the workforce is planned and that sufficient staff are available to deliver quality care and services. Staff expressed concern about high workloads without adequate staff available. Acting management acknowledged the challenges the current workforce presents in the service’s ability to deliver safe and quality care and services. Roster documentation shows not all vacancies or unplanned leave is replaced.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team, including a workforce management plan to retain current staff and recruitment of 11 new staff members.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

### 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) Non-compliant

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

The Assessment Team found that consumers and representatives provided mixed feedback about the knowledge and competence of staff. Clinical staff stated care staff would benefit from more education and more thorough assessments of manual handling and medication administration. The Assessment Team reviewed education calendars and records for the previous six months and noted there were no education records or schedules for the first three months of 2022.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team, including a comprehensive education calendar to support staff learning and development and an onsite quality manager to coach and build capacity.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

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

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

The Assessment Team found that some consumers expressed dissatisfaction with staff knowledge and practice in a number of areas including respect for consumer dignity and privacy, personal care, medication management, weight management, skin integrity and falls prevention.

Staff do not consider they have access to education to enable them to perform their role effectively, with one staff member stating there has been no education and training in relation to restrictive practices. The Assessment Team reviewed staff education records noting there was a mixture of staff who have completed assigned education and staff who have not.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team including introducing short-term additional clinical support and plans to recruit an external nurse advisor.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

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

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

The Assessment Team found that there is an established management system in place for regular assessment, monitoring and review of staff performance. However, staff could not confirm they had a recent annual review and management could not provide information to confirm reviews have been conducted in the previous 12 months. The Assessment Team reviewed ten randomly selected files to establish when performance reviews were last conducted, and the most recent reviews were in February 2021 for two members of staff, the remaining staff last had a performance review in 2020.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates a number of actions which have occurred to address the deficits identified by the Assessment Team including completing appraisals for all staff by 31 July 2022.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

# 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

Most consumers and representatives acknowledged the various ways they are able to make suggestions regarding the delivery of care and services and management provided examples of how the governing body promotes a culture of safe, inclusive and quality care.

The service did not demonstrate effective governance systems relating to regulatory compliance, workforce governance and information management. While the service has a risk management and clinical governance framework, staff knowledge and practices to support the effective application of associated work instructions is not effective.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Non-compliant

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

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

The service demonstrated effective financial governance systems and a generally effective continuous improvement system. However, systems to monitor regulatory compliance and workforce governance are not always effective. Representative and staff feedback indicates ongoing concerns regarding staff levels and the recent availability of management. The Assessment Team identified the service does not ensure staff practice is consistent with food safety requirements including finding unlabelled food items and food packages which were not sealed properly. Care documentation systems and shift handover are not being used effectively to ensure staff have access to relevant consumer information. In addition, systems to identify, monitor and respond to individual feedback and complaints are not always effective.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates action which has occurred to address the deficits identified by the Assessment Team including staff training and the service’s Corrective Action Plan to address recently identified risks.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

### Requirement 8(3)(d) Non-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.*

While the organisation has a risk management framework, staff knowledge and practices to support the effective application of the associated work instruction is not effective. During this site audit the Assessment Team identified that staff do not always effectively manage high impact or high prevalence risks in relation to falls prevention and management, weight management and swallowing risks. In addition, risk in relation to restrictive practices and wound management is not always recognised and managed effectively.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates action which has occurred to address the deficits identified by the Assessment Team including mandatory staff training on high impact or high prevalence risks.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

### Requirement 8(3)(e) Non-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 found that not all staff have been trained in or were aware of work instructions in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. The Assessment Team identified deficits in staff practice in the management and monitoring of restrictive practices, including obtaining consent prior to the use of chemical restraint.

In their response to the Assessment Team report, the approved provider agrees the service is non-compliant with this requirement and nominates action which has occurred to address the deficits identified by the Assessment Team including staff training.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the site audit and therefore I find the service non‑compliant with this requirement.

# 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.

* Ensure specific personal care preferences of consumers are accommodated.
* Review processes for providing information to consumers to ensure the effectiveness of these processes.
* Implement and maintain systems to facilitate regular review of care planning documents to ensure risks are identified and mitigated and that ongoing referrals to allied health professionals occur as needed.
* Implement and maintain systems to ensure that outcomes of assessment and planning are clearly communicated to consumers and their representatives.
* Review and monitor all practices concerning chemical restraint to ensure use of chemical restraint is minimised.
* Implement and maintain safe and effective skin integrity and wound management practices.
* Implement and maintain practices to identify and respond to deterioration and changes in consumer condition and to facilitate timely referrals where necessary.
* Monitor and maintain infection prevent and control practices, particularly staff personal protective equipment use and hand hygiene practices.
* Implement and maintain effective services and supports for daily living including appropriate support for consumers in relation to meals and hydration, and ensure a hairdressing service is available to consumers.
* Improve the quality, quantity, variety and temperature of meals provided at the service.
* Ensure adequate cleaning of the kitchen and consumer bedrooms.
* Ensure complaint responses are fully actioned and recorded.
* Continue retention and recruitment activities to ensure the service has sufficient staff to provide quality care and services.
* Ensure on an ongoing basis that staff are appropriately trained and qualified to perform their roles and their performance is reviewed regularly.
* Implement and maintain effective governance systems to oversee regulatory compliance, workforce governance, risk management and the minimisation of chemical restraint.