Performance

Report

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| Name of service: | Bupa Echuca |
| Service address: | 7 Fehring Lane ECHUCA VIC 3564 |
| Commission ID: | 3964 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 2 September 2022 |
| Performance report date: | 31 October 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bupa Echuca (**the service**) has been prepared by C Spiller, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the 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 assessment team’s report received on 30 September 2022
* intelligence held by the Commission in relation to the Service

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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)(c)**

* The service ensures consumers are consistently able to exercise choice and independence at the service.

**Requirement 1(3)(d)**

* The service ensures risk identification, assessment and documentation is consistent for every consumer at the service.

**Requirement 2(3)(a)**

* The service ensures assessment and planning assessment is accurate and documentation is completed and reviewed to guide effective consumer care.

**Requirement 2(3)(b)**

* The service ensures assessment and planning identifies and addresses the consumer’s current needs and preferences.

**Requirement 2(3)(e)**

* The service ensures regular review of care for effectiveness, particular when a consumers condition deteriorates or changes.

**Requirement 3(3)(a)**

* The service ensure consumers receive effective safe and optimal care, particularly for pain and wound management.

**Requirement 3(3)(b)**

* The service ensures high impact or high prevalence risks are identifying and managed consistently, particularly for pressure injuries, diabetes management and responsive behaviours.

**Requirement 3(3)(d)**

* The service ensures deterioration or change of a consumers condition is effectively identified and managed, particularly for responsive behaviours, wound deterioration and urinary catheter management.

**Requirement 3(3)(e)**

* The service ensures information about the consumer’s condition, needs and preferences is documented and communicated effectively and efficiently.

**Requirement 4(3)(c)**

* The service ensures consumer are supported to do the things that interest them, and increase the range and scope of lifestyle offerings at the service, particular consumers who prefer 1:1 activities or have sensory deficits.

**Requirement 4(3)(d)**

* The service ensures information about the consumer’s condition, needs and preferences is reviewed and kept current and communicated appropriately.

**Requirement 7(3)(a)**

* The service ensures the workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

**Requirement 8(3)(c)**

* The service ensures organisation wide systems for regulatory compliance and incident reporting are embedded.

**Requirement 8(3)(d)**

* The service ensures effective risk management systems and practices are in place, that enable reporting of risks and incidents to be consistent across the service.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Non-compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Non-compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the requirements 1(3)(c) and 1(3)(d) are non-compliant:

Some consumers said they cannot make decisions about the way care and services are delivered, as the service does not have the capacity to accommodate their preferences due to lack of staff. Two consumers sampled, said they were unable to make certain decisions about the way care and services are delivered. Staff described how they try their best to support the decisions of consumers, however this is not always achievable due to lack of staff. The Assessment Team found inconsistencies in risk identification and consultation with the relevant consumer/and or representative. File review demonstrated inconsistencies in dignity of risk documentation; risks and mitigating strategies are not consistently identified, analysed and documented for a number of consumers. Some consumers could not recall conversations with the service to discuss possible implications of taking risks and suggestions of risk mitigating strategies. A risk assessment for a lifestyle risk had not been undertaken for one consumer. Refusal of treatment had not been documented as being risk assessed for one consumer. Non-compliance with a special diet has not been documented as risk assessed for one consumer. Management acknowledged the feedback provided by the Assessment Team and committed to follow up with these consumers.

In their response, the approved provider agreed with the Assessment Team findings for 1(3)(c) and 1(3)(d). Consumer consultations have since taken place, with dignity of risk and consumer care plans updated according to consumer needs and preferences. Monthly spot checks will occur with these consumers. In addition, a number of actions have been instigated, including; audit of dignity of risk care plans, education to staff, engagement of the regional life style manager to provide guidance to the service and undertake a consumer experience report.

While I note the approved providers response to the Assessment team report, detailing the remedial actions commenced and/or planned. These actions are not fully implemented or evaluated for effectiveness. The evidence collected by the Assessment Team persuasively demonstrates the service does not consistently support consumers to exercise choice and take risks to enable them to live the best life they can. Therefore, find the service non-compliant with requirements 1(3)(c) and 1(3)(d).

I am satisfied the four remaining requirements for Standard 1 Consumer dignity and choice are compliant.

Overall consumers and their representatives said they are treated with dignity and respect. The Assessment Team observed staff treating consumers with respect and demonstrated understanding of individual choices and preferences. Care planning documents generally included information about individual preferences.

Overall consumers were satisfied with the care provided to them and felt their values were respected. Staff interviewed provided examples of how they support and respect a consumer’s individual needs. Care planning documentation reviewed reflected consumers' interest past and present and cultural interest.

Overall consumers said they are satisfied their privacy is respected and information is kept confidential. Staff were able to demonstrate how they maintain consumer privacy. The service has policies and procedures in place regarding confidentiality of personal information and disclosure of information. The Assessment team observed staff respected consumers’ privacy.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Non-compliant |
| Requirement 2(3)(b) | 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. | Non-compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the requirements 2(3)a, 2(3)b and 2(3)e and are non-compliant:

Risks are not always effectively and accurately assessed and considered in care planning for some consumers. Inconsistent and conflicting information in assessments and care plans were found for three consumers who prefer not to observe health and safety recommendations. Significant discrepancies in information and missing assessments were found in many of the reviewed consumers’ care planning documentation (including; behavioural support, pain management, catheter care, wound care, mobility/transfer requirements, and falls risk assessments). The service does not consistently demonstrate that care and services were reviewed for effectiveness when circumstances change or when incidents occur. Documentation showed not all incidents are recorded. Deterioration in condition was not identified or communicated in a timely or accurate manner for one consumer, who required hospital admission. Multiple pressure injuries were not fully documented, logged into incident report system and managed in a timely manner for one consumer. Care and services, post fall, were not reviewed when circumstances changed for one consumer.

In their response, the approved provider agreed with the Assessment Team findings for 2(3)(a) and 2(3)(b) and 2(3)(d). Details of actions taken and planned were provided including; named residents care plans being reviewed, staff training and education in assessment, wound care, and behavioural management, engagement of wound care consultant, reinforcement of reporting issues or concerns at daily staff huddles and completion of missing assessments.

While I note the approved providers response, detailing the actions commenced and/or planned. The actions are not yet fully implemented and evaluated for effectiveness and improvement. The evidence compiled by the Assessment Team persuasively demonstrates assessment and planning is not always accurate or reflective of the consumer needs and preferences at the service. Therefore, I find the service non-compliant with requirements 2(3)(a), 2(3)(b) and 2(3)(d).

I am satisfied the two remaining requirements for Standard 2 Ongoing assessment and planning with consumers are compliant.

Most consumers and representatives confirmed their involvement and those they wish to be included in their assessment, care planning and review of their care and services. Care documentation showed evidence of communication with consumers, their representatives and recommendations from various health services.

Most consumers and representatives expressed their overall satisfaction in the communication they receive about outcomes of assessment and care planning. Clinical staff and management said they constantly update consumers and representatives during reviews and copies of care plans are offered.

**Standard 3**

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Non-compliant |
| Requirement 3(3)(e) | 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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

I have assessed this Quality standard as non-compliant as I am satisfied the requirements 3(3)(a),3(3)(b), 3(3)(d) and 3(3)(e) and are non-compliant:

The Assessment Team found the service does not consistently demonstrate that each consumer receives clinical care that is effective, safe, and optimises their health and well-being. Care planning and clinical documentation did not consistently indicate monitoring and evaluation of the effectiveness of pain and wound management, the effectiveness of the use of ‘as needed’ PRN pain medication, and assessment of the need for environmental restrictive practice. Assessment and planning including considerations of risks was inconsistent with one consumer in regard to mobilisation.

The service does not consistently demonstrate effective management of responsive behaviours, diabetes management and pressure injuries for consumers with high risks. This resulted in some consumers sustaining deterioration of pressure injuries, staff being physically assaulted, and consumers placed at risk of a physical assault. Staff were able to identify high risks consumers; however, they were not able to describe effective ways to mitigate the risks. Care planning documents did not always exhibit processes to manage risks to consumers. Incidents were not always logged, investigated thoroughly, and analysed for trends with actions implemented to minimise a recurrence. Multiple pressure injuries were not all documented, logged into incident report system and managed in a timely manner for one consumer. Inconsistent incident reporting for aggressive behaviour was identified for one consumer. This consumers’ behaviour support plan was not reviewed to assess effectiveness of documented strategies.

Care documentation did not always reflect the timely identification of, and response to changes in the health status of the consumers who experienced deterioration in function or condition. Staff were unable to demonstrate early recognition, reporting, documentation, and response to ongoing escalation of responsive behaviours, wound deterioration and urinary catheter management.

The service was not able to demonstrate that information about the consumers’ changes in condition, needs and preferences were consistently documented in a timely manner in their care planning documentation. Staff interviewed and clinical documentation did not reflect updated information about the changes in consumers’ conditions and functions. Some staff said they often start a shift without an updated handover, as staff are already busy attending to other consumers. Catheter care issues were not accurately documented or attended to in a timely manner for one consumer. Deficiencies in communication occurred during a hospital transfer for one consumer.

In their response, the approved provider acknowledged and agreed with the Assessment Team findings for 3(3)(a), 3(3)(b), 3(3)(d) and 3(3)(e). They provided details of the actions already taken and planned to address the deficits found, including; education sessions in pain, wound care and responsive behaviours, review of named consumers care plans, and undertaking spot checks.

While I note the approved providers response to the Assessment Team report, detailing the actions commenced and planned. These actions are not yet fully implemented and evaluated for effectiveness. The approved provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice. The evidence presented by the Assessment Team persuasively demonstrates there are significant deficits in clinical and personal care at the Service. Therefore, I find the service non-compliant with requirements 3(3)(a), 3(3)(b), 3(3)(d) and 3(3)(e).

I am satisfied the three remaining requirements for Standard 3 Personal care and clinical care are compliant:

Consumers and representatives confirmed that staff consult with them in relation to the consumer’s needs, goals and preferences when nearing the end of life.

Representatives confirmed their satisfaction with the referral system in place for consumers to be reviewed by other organisations and providers of care and service.

The service has implemented a robust system to ensure the safety of consumers from acute respiratory infections.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Non-compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is non-compliant as I am satisfied requirements 4(3)c and 4(3)d are non-compliant:

In regard to 4(3)(c) the Assessment Team found the service does not consistently ensure services and supports for daily living assist all consumers to do things of interest to them and participate within the service and in the community. Consumers that choose to spend time in their rooms are not provided with one-on-one support. Staff said there is a lack of stimulation for consumers with sensory loss. The Assessment Team observed on multiple occasions consumers sitting in the lounge area without any activity taking place. Staff said they do not have time to spend enough time having conversations with consumers as they are too busy. Leisure and lifestyle staff described the development of the activity schedule with consumer input and review of participation levels, however, the schedule does not provide for the interests of all consumers residing at the service.

In regard to 4(3)(d) information included in care plans is not consistently updated to reflect the current condition, needs, and preferences for each consumer and there are delays to capturing information for consumers who enter the service. The Assessment team found discrepancies and inaccurate information for a number of consumers for their current activity and dietary preferences.

In their response, the approved provider accepted the Assessment Team’s findings. They provided details of actions taken and planned to rectify the issues identified. To address deficits in 4(3)(c), actions include; engaging support from the regional lifestyle and wellbeing manager, completing a schedule for 1:1 room visits, incorporating bespoke activities for consumer with sensory loss, and increasing the activity options into their program. To address deficits in 4(3)(d) actions include; education on updating goals and care plans and spot checks that staff are updating information at the point of care.

I have reviewed all of the information provided and note the approved provider acknowledgement of the evidence presented in the Assessment Team report. While I acknowledge the actions taken by the service, these actions have not been fully implemented and evaluated for effectiveness. The evidence compiled by the Assessment Team persuasively demonstrates the service is not consistently providing supports to enable consumers to participate in activities that interest them. Furthermore, current information is not being accurately documentation to assist staff to support consumers. Therefore, I find the service non-compliant with 4(3)(c) and 4(3)(d).

I am satisfied the five remaining requirements for Standard 4 Service and supports for daily living are compliant.

Consumers said the service provides safe and effective services and supports to optimise their independence, well-being, and quality of life. Staff interactions with consumers were observed to be caring, safe, and specific to individual needs.

Consumer care plans evidence the service has documented the support required for individual consumers to promote their emotional, spiritual, and psychological well-being.

The service refers consumers to individuals, other organisations, and providers of care as necessary.

Consumers confirmed meals provided are tasty, high quality, and offer variety.

Consumers confirmed the equipment provided is safe, clean, and well maintained. Staff advised on cleaning schedules used for shared equipment to ensure the safety of consumers around infection control.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

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

Consumers and their representatives find the service welcoming. The Assessment Team observed several spaces throughout the service, set up for different purposes. In addition, the service also has a range of areas outside that consumers could access.

The service was able to demonstrate it is safe, clean and well maintained and consumers can move around freely indoors and outdoors. Consumers and representatives said they are very happy with the cleanliness and maintenance of the service.

The service was able to demonstrate furniture, fittings and equipment is safe, clean and well maintained. The Assessment Team observed, and consumers confirmed, the service and equipment is kept clean and safe for use by consumers.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

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

Overall consumers and their representatives are encouraged and supported to provide feedback and make complaints. Staff could describe how they support consumers to raise a concern or complaint. The service receives feedback and complaints mainly via the feedback form, telephone consultations, emails, letters or verbally. Concerns, complaints, compliments, and other feedback are logged within the service’s ‘feedback and complaints register’. Management explained how they support consumers to provide feedback and how feedback drives continuous improvement.

Overall consumers and their representatives said they are aware of advocacy services, and internal and external complaints processes and that interpreter services are accessible to assist them to raise and resolve concerns.

Consumers and their representatives, who had raised issues, were satisfied actions had been taken to resolve their respective issues. Staff and management personnel described using open disclosure principles in their handling of feedback and complaints and the organisation has a documented open disclosure policy and procedure.

Consumers and their representatives said they are contacted by the service in response to feedback raised and provided examples of how this has led to improvements for the consumer. Review of the continuous improvement plan and complaints’ documentation indicated prompt action taken by management and demonstrated how the service is working on relevant improvements.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is non-compliant as I am satisfied requirement 7(3)(a) is non-compliant:

The service does not currently have a sufficient workforce to provide consistently safe and quality care to consumers. While consumers interviewed were satisfied with the quality of the care they are receiving, overall consumers stated staff are busy and rushed. Staff expressed concern for the impact on consumers due to the roster constantly being short staffed and not being able to ensure safe and quality care for consumers. Documentation reviewed evidence of unfilled carer and clinical shifts on most days and the call bell response report for delayed assistance aligns with unreplaced sick leave shifts as contributing factors. Consumer representatives said they believe care staff are appropriately qualified but are busy and do not have the time to spend providing one-on-one time with consumers. Staff were not able to provide the level of assistance required for a number of consumers. These consumer stated they felt rushed and not able to undertake certain activities to meet their expectations or needs. Attending to call bells is prioritised due to shortage of staff. Cleaning and laundry staff have reduced capacity to undertake their duties. Staff stated that unfilled shifts impacts care plan review, documentation completion and capacity to attend to consumers personal and clinical care needs.

In their response to the Assessment Team report, the approved provider accepted the Assessment Team findings. A plan for continuous improvement was also submitted with actions to address the issues, including; review of staff contracts, utilising volunteers, undertaking several recruitment activities and reviewing rostered hours.

I have reviewed all the information provided and note the approved providers’ acknowledgement of the evidence presented in the Assessment Team report. I note the actions already taken and planned to address the issues, however these improvement actions are not yet fully implemented and evaluated for effectiveness. The Assessment Team report provides numerous examples, where staff shortages have adversely impacted consumer care (refer to Standard 1, Standard and Standard 3 in this performance report further details). Therefore, I find requirement 7(3)a non-compliant.

I am satisfied the four remaining requirements for Standard 7 Human Resources are compliant:

Consumers and their representatives said that staff are kind, gentle and caring when providing care. Staff demonstrated that they were familiar with each consumer's individual needs and identity. Management stated that the service has a suite of documented policies and procedures to guide staff practice, and which outline that care and services are to be delivered in a respectful, kind and person-centred manner.

Consumers and their representatives expressed satisfaction with the competency of the staff at the service. Position descriptions provided include key competencies and qualifications that are either desired or essential for each role, and staff are required to have relevant qualifications.

The service has systems to ensure staff are recruited, trained, equipped, and supported to deliver care and services in line with the Quality Standards. Staff confirmed they receive training, equipment, and support to provide the care and services consumers require.

Management regularly monitor and review the performance of staff. All staff interviewed were able to confirm that they have an annual performance appraisal and that in addition to performance feedback they discussed their development during the review.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Non-compliant |
| Requirement 8(3)(d) | 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. | Non-compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

This Quality Standard is non-compliant as I am satisfied requirements 8(3)(c) and 8(3)(d) are non-compliant:

While the service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance, the service does not consistently demonstrate compliance to regulatory compliance. While there is a system in place to report and escalate risks to management and the Board, there was inconsistency in staff reporting risk. The Assessment Team identified gaps in the reporting of incidents and risk through the organisational systems. While staff could explain the risks to consumers and incidents they had been involved in, the corresponding reporting was not available for a number of consumers (including an altercation between consumers and a SIRS incident). Reporting of incidents and risks was inconsistent for a number of consumers for pressure injuries, lifestyle risks, wound care and catheter care. The service is capturing information and developing actions from critical incidents/complaints on the continuous improvement plan, however, it was not evident how these actions had been implemented to improve outcomes for consumers. An identified improvement action to include a ‘head to toe’ skin assessment, that arose from a previous consumer incident was not subsequently implemented for two consumers.

The Assessment Team identified significant gaps in the reporting of incidents and risk through the organisational systems for wound care. Management acknowledged that improvements need to be implemented in timely documentation, escalation, commencing a wound chart, and recording incidents in the incident reporting system. The service has a policy and procedure to support consumers’ freedom of choice and a consumer’s right to engage in activities that may involve risk, however, is not consistently completing risk assessments and documenting the risks the consumers are choosing to engage in (refer to 1(3)(d) for further information).

In their response, the approved provider agreed with the Assessment Team findings. The response detailed actions to address the issues identified. This includes; commencement of monthly leadership meetings to review improvement actions, daily progress note review to ensure incidents are reported, education on the Serious Incident Reporting Scheme (SIRS) and review of named consumers dignity of risk assessments.

I have reviewed all of the information provided and note the approved provider acknowledgement and acceptance of the Assessment Team findings. While I acknowledge the approved providers actions and planned improvements, they are not yet fully implemented and evaluated for impact or effectiveness. The evidence collated by the Assessment Team persuasively demonstrates the service does not have robust systems and processes to ensure risks and incidents are reported consistently and in accordance with regulatory compliance. Therefore, I find the service non-compliant on 8(3)(c) and 8(3)(d).

I am satisfied the three remaining requirements 8(3)(a), 8(3)(b) and 8(3)(e) for Standard 8 Organisational Governance are compliant:

Consumers said they can participate through surveys, attending the resident meetings and letting the facility manager know of any concerns. The organisation has effective systems to engage and support consumers in the development, delivery, and evaluation of care and services.

Consumers and their representatives said they feel safe at the service and live in an inclusive environment. The organisation has a variety of policies, procedures and work instructions that support and guide management and staff.

The Assessment Team viewed the services clinical governance framework including, antimicrobial stewardship, minimising restraint and open disclosure. Management discussed their clinical governance roles and responsibilities, clinical risk meetings and quality and risk meetings and the review and monitoring of obligations to maintain safe and quality care. Staff demonstrated an understanding of the practices which support open disclosure, such as acknowledging an incident and apologising. Where restraint is used at the service, it is monitored, evaluated for effectiveness and discussed with the consumer, their representatives and medical officer.

1. The preparation of the performance report is in accordance with section 40A – site audit, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)