Performance

Report

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| Name of service: | Bupa Greenacre |
| Service address: | 171 Boronia Road GREENACRE NSW 2190 |
| Commission ID: | 2588 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 30 September 2022 |
| Performance report date: | 2 November 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 Greenacre (**the service**) has been prepared by G Cherry, 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 28 October 2022 including copy of plan for continuous improvement

# 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)(a) - Implement and effective system to ensure each consumer is treated with privacy, dignity and respect in all aspects of care delivery.
* Requirement 2(3)(a) – Ensure asssessment and planning includes consideration of risks to the consumer’s health and well-being, and informs delivery of safe and effective care and services.
* Requirement 2(3)(e) – Ensure care and services are regularly reviewed for effectiveness and currency, in particular when consumer’s circumstances change.
* Requirement 3(3)(a) – Implement an effective sytem to ensure each consumer gets safe/effective personal/clinical care that is best practice and tailored to individual needs which optimises health and well-being.
* Requirement 3(3(b) – Ensure effective management of high impact/high prevalence risks associated with the care of each consumer.
* Requirement 3(3)(e) – Implement an effective system to ensure information about the consumer’s condition, needs and preferences is documented/communicated within those responsible for care provision.
* Requirement 3(3)(f) – Ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services.
* Requirement 4(3)(b) – Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.
* Requirement 4(3)(d) – Implement effective services for daily living that promote/support each consumer’s emotional, spiritual and psychological well-being.
* Requirement 4(3)(e) – Ensure timely and appropriate referrals to individuals, other organisations and providers of care and services relating to daily living.
* Requirement 7(3)(b) – Ensure all workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.
* Requirement 7(3)(c) – Implement effective systems to ensure the workforce is competent, and have appropriate knowledge to effectively perform their roles.
* Requirement 7(3)(d) –Implement an effective system to ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.
* Requirement 8(3)(b) – Ensure the organisation’s governing body promotes a culture and accountability for the delivery of safe, inclusive quality care and services.
* Requirement 8(3)(c) – Ensure effective organisation wide governance systems relating to information management and workforce governance.
* Requirement 8(3)(e) – Implement an effective clinical governance framework which ensures staff knowledge relating to antimicrobial stewardship, minimising the use of restraint and open disclosure.

# 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. | Non-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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 find the service non-compliant in Standard 1. The non-compliance is in relation to requirement 1(3)(a) based on the summarised evidence below.

The site audit report includes information the service does note demonstrate all consumers are treated with dignity and respect, nor meeting responsibilities to ensure risk is effectively managed for individual consumers and/or others living in the service

Most interviewed consumers consider they are treated with respect, and their identity, culture and individuality is valued. Documentation contained details of individual preferences including identity and cultural needs. The assessment team bought forward deficits relating to each consumer not being consistently treated with dignity and respect in all aspects of care. Two consumers expressed dissatisfaction staff do not attend to hygiene needs in a timely manner, citing a need to wait for additional staff to provide assistance. One consumer informed of being chastised by staff, indicating disrespectful communication. The assessment team observed most staff interactions occurred in a respectful manner however this was not consistently demonstrated. Staff were observed not demonstrating respect for consumer’s privacy by not closing doors and/or calling out to consumers during hygiene activities, resulting in a lack of consumer privacy and dignity. Consumers were observed in a state of undress and/or wearing stained clothing while in communal areas.

In their response, the approved provider acknowledged consumer feedback by implementing responsive actions such as provision of staff education and monitoring processes for leadership team members to observe staff/consumer interactions/responsiveness to requests for assistance. In addition, monitoring of ongoing satisfaction will occur via regular consultative meetings. I acknowledge the responsive actions taken however the service’s self-monitoring systems failed to identify a lack of effective processes to ensure each consumer is treated with dignity and respect. I consider it will take time to implement and evaluate effectiveness of planned actions to ensure compliance.

I am satisfied requirement 1(3)(a) is non-compliant.

Sampled consumers expressed satisfaction they are supported to participate in what they want to do; some were observed independently leaving the service and engaging in activities of choice which comprised an element of risk. However, the assessment team noted documentation to identify/mitigate and manage elements of risk is not consistently completed to guide staff in managing individual risks such as a risk of repetative falls, independently leaving the service, and non-adherence to medical directives. Management responded by updating relevant documentation for some consumers. (Impacts relating to lack of accurate documentation is considered in Standards 2 and 3).

In their response, the approved provider cited recognition of/respecting consumer’s (with cognitive ability) to choose/accept an element of responsibility in their choice of risk. They evidenced documentation to demonstrate risk mitigation/management strategies in place for some consumers, including review by allied health specialists. I have placed weight on evidence bought forward by the approved provider and the intent of this requirement in supporting consumers to take risks to enable them to live their best life.

I am satisfied requirement 1(3)(d) is met.

I am satisfied the remaining requirements 1(3)(b),(c),(e) and (f) are complaint.

Most consumers consider they receive information about care and services to enable choice. Consumers expressed satisfaction staff know what is important to them, they feel culturally safe, their values and diversity are supported, and staff assist them to stay connected to those of importance; noting a continuation of connection throughout Covid-19 pandemic restrictions. Consumers gave examples of how staff support their preferences, including religious and spiritual needs.

Most staff demonstrated knowledge of consumers’ preferences, cultural backgrounds, values, and how these aspects are considered in care provision. They advised of discussions with consumers to enable informed decision making and gave examples of supporting consumers to make/maintain connections and relationships.

A system of provision of current, accurate and timely information to consumers was demonstrated, although the assessment team received dissatisfaction from one representative of not being advised in a timely manner of their consumer testing positive to Covid-19. Staff described methods of communicating information to consumers, including those experiencing communication and/or cognitive deficits. Documentation detailed information provided to consumers/representatives and the assessment team observed information displayed throughout the service.

# 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. | 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 find the service non-compliant in Standard 2 as I am satisfied the service is non-compliant in requirements 2(3)(a),and (e) based on evidence below.

The assessment team bought forward evidence risk to each individual consumer is not consistently considered/addressed in assessment and care planning processes. Via review of 6 files the assessment team noted documentation to identify/mitigate and manage elements of risk is not consistently completed to guide staff in managing individual risks such as risk of falling, independently leaving the service, non-adherence to medical directives and/or the impact of risk on others. Information relating to some consumers who entered the service from government institutions with known risk mitigation strategies/directives is not documented and/or clearly communicated to staff to enable safe management of known risks.

Review of files noted unmet behavioural needs and documentation did not contain directives/information to guide staff in providing appropriate care to meet these needs. Management acknowledged deficits in documentation and gaps in providing relevant/appropriate care directives for staff; attributing some anomalies/inconsistencies to current implementation of a new electronic documentation system. They committed to updating documentation and ensuring referral to appropriate specialists.

It is acknowledged management responded to some evidence bought forward by the assessment team, and in their response the approved provider advised review of all identified consumers, including comprehensive assessment/responsive strategies to address issues of concern, referral where required and further planned actions to ensure ongoing needs are met. The approved provided detailed planned staff education (including use of electronic documentation system), implementation of monitoring processes to evaluate effectiveness and ongoing consultation with consumer/representatives via regular meetings. They provided documentation to negate some evidence bought forward by the assessment team, however did not demonstrate a consistently effective system for all consumers. I acknowledge responsive actions, however the service’s self-monitoring systems failed to identify lack of appropriate contemporaneous systems/processes and I consider it will take time to implement and evaluate effectiveness of planned actions.

I find the service non-compliant in requirements 2(3)(a) and (e).

The assessment team bought forward evidence care planning documentation for two consumers requiring end of life or palliative care do not reflect current needs to guide staff in providing contemporaneous care. Via file review the assessment team noted multiple discrepancies between various documents resulting in ambiguity as to the current directives/requirements.

In their response, the approved provider demonstrated recent assessment/review of one consumer’s needs, however upon receipt of feedback by the assessment team, further reviewed/amendment occurred including follow-up review by hospitality staff to ensure satisfaction. While acknowledging pressure care is not consistently documented they assert no negative impact occurred. For another consumer the approved provider noted new alternative end of life pathway documentation in use to guide care provision. In addition, they advised of plans to update guidance documentation and provide staff education in the use of the new alternative pathway.

Consumer feedback included satisfaction with pain management and staff demonstrated knowledge of consumer’s care needs, including pressure care and mobility requirements. I have placed weight on the approved provider’s response, consumer feedback, staff knowledge of these consumer’s needs, plus a lack of negative consumer impact.

I find the service is compliant in requirement 2(3)(b).

While the service demonstrated evidence of some input/referral to other services and providers of care, an effective process to ensure consumers’ experiencing unmet behavioural needs and/or requiring mental health/specialist review is not consistently demonstrated. The assessment team bought forward evidence mental health referral as directed by a psycho-geriatrician for one consumer upon hospital discharge did not occur.

In their response, the approved provider demonstrated review had occurred, although documentation had been received by the medical practitioner and not the service. Further psychogeriatritan review occurred post hospital discharge and subsequent recent review by the mental health team noted continuation of current care directives.

I find the service is compliant in requirement 2(3)(c).

I am satisfied the remaining requirement 2(3)(d) is compliant.

The service demonstrated a system of assessment and planning communicated to consumers or representatives (as per the consumer’s requests). The service’s electronic system has capacity for printing care plans (in summary or detailed format) to enable provision to consumers and/or representatives.

# 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. | 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. | Non-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

The assessment team bought forward evidence the service does not have an effective system to ensure each consumer receives care in line with best practice principles and/or tailored to their individual needs relating to unmet behaviours, falls, bowel and pain management. They bought forward evidence the service does not consistently demonstrate effective management of risk. Appropriate management for some consumers experiencing repetitive falls was not evident, appropriate and timely referrals are not conducted in relation to behavioural and mental health needs, nor the consideration of pain as a contributing factor.

A process to identify and implement effective strategies and management of risk is not consistent. Via review of consumer care documentation, the assessment team noted information to identify/mitigate and manage elements of risk is not consistently completed to guide staff in managing risks such as impaired skin integrity, safely and independently leaving the service, non-adherence to medical directives and/or the impact of risk on other consumers. The assessment team bought forward evidence medication provided to one consumer was not appropriately recorded as chemical restraint, however the approved provider evidenced the consumer’s diagnosis negated this requirement.

Care requirements for some consumers who entered the service from government institutions with known risk mitigation strategies/directives is not consistently communicated to inform those providing care. The service has not taken into account directives for this consumer cohort to ensure needs are met. Management advised of immediate updating of care planning documentation and in their response the approved provider evidenced review of some consumers care.

The service’s system to record and transfer consumer information is not effective. Care planning documentation does not consistently reflect current needs to guide staff in providing contemporaneous care. Via file review the assessment team noted multiple discrepancies between documents resulting in uncertainty/ambiguity as to the current directives/requirements. Management acknowledged deficits in documentation and gaps in providing relevant/appropriate care directives for staff; attributing some anomalies/inconsistencies to current implementation of a new electronic documentation system.

Additionally, in their response the approved provider noted review of all identified consumers, including comprehensive assessment/responsive strategies to address issues of concern and further planned actions including staff education and review/amendment of policy/procedural documentation to guide staff practice. They provided details to negate and/or refute accuracy of some evidence within the site audit report and assert deficits in documentation did not automatically result in lack of care provision/negative consumer outcome. I acknowledge responsive and planned actions, however the service’s self-monitoring systems failed to identify lack of appropriate contemporaneous systems/processes. I consider it will take time to implement and evaluate effectiveness of planned actions to ensure compliance in all requirements of this Standard.

I find requirements 3(3)(a),(b),(e),(f) are non-compliant.

While staff demonstrated knowledge of care provision for consumers receiving end of life or palliative care, via file review the assessment team noted documentation deficits in meeting consumer’s current needs.

In their response, the approved provider demonstrated recent assessment/review for one consumer, however upon receipt of feedback by the assessment team, further review including follow-up interview by hospitality staff to ensure consumer satisfaction. While acknowledging pressure care is not consistently documented the approved provider assert no negative impact occurred. For another consumer they noted an alternative end of life pathway utilised to guide current care provision. In addition, they advised of plans to update guidance documentation and provide staff education in the use of the new alternative pathway for future use.

Consumer feedback included satisfaction with pain management and staff demonstrated knowledge of consumer’s care needs, including pressure relieving care and mobility requirements. I have placed weight on the approved provider’s response, consumer feedback, staff knowledge of individual needs and lack of negative consumer impact.

I find the service is compliant in requirement 3(3)(c).

The assessment team bought forward evidence the system to manage deterioration/change in consumer’s health is not effective in ensuring changes are recognised and responded to in a timely manner. Monitoring processes to gather data to guide appropriate responsive care are not effective. In their response the approved provider furnished evidence of review/responsiveness to changes in care for consumers referenced by the assessment team.

I find the service is compliant in requirement 3(3)(d).

I am satisfied remaining requirement 3(3)(g) is compliant.

Effective infection control systems were demonstrated via use of policies/procedures to guide staff in standard and transmission-based precautions; plus, documentation and appropriately qualified staff to guide management of an outbreak. Monitoring processes ensure appropriate and sufficient equipment supplies, vaccination programs, staff competencies and recording of data. Clinical staff demonstrated knowledge of principles relating to antimicrobial stewardship, meeting discussions and described methods of infection prevention.

# 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. | Non-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. | 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. | Non-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

I find the service non-compliant in Standard 4 as I am satisfied the service is non-compliant in requirements 4(3)(b),(d) and (e) based on evidence below.

While care planning documentation contained some details of consumers preferences for engagement in activities; the assessment team noted documentation was generic and did not consistently reflect consumers’ engagement in meaningful activities. Observation by the assessment team noted consumers not engaged in activities nor staff providing activities communicating with consumers to elicit participation and/or engagement. Some staff acknowledged not referencing consumers documentation to gain knowledge of individual preferences relating to daily services and supports; management advised additional staff education/training to be provided. Documentation review noted limited participation for several consumers who choose not (or are unable) to attend group activities. The assessment team noted documentation to guide staff of consumers individual needs was not current. Management responded by updating and/or completing relevant documentation for some consumers.

Some consumers were observed independently leaving the service and the assessment team observed a care giver from an external provider attending the service to provide social support for one consumer.

The services system for ensuring referral to other organisations and providers for care and services is not consistently effective. Via review of 3 consumers files the assessment team noted directives for referral to the Community Visitors Scheme (CVS) for provision of emotional and psychological support had not been addressed. Management and staff were unaware why these referrals had not proceeded, and management committed to ensuring it occurred.

In their response, the approved provider acknowledge evidence provided by the team and feedback received from consumers/representatives. They commenced a referral process to the CVS, invited representatives to communicate available services at meeting forums, review of assessment/care planning documentation to ensure currency, provided staff training, developed a process to monitor individual activities and updated planned activities to include consumer suggestions. Additional monitoring processes to gain consumer/representative feedback and satisfaction are planned.

While I acknowledge responsive and planned actions, the service’s own monitoring systems failed to identify lack of effective systems in all requirements of this Standard and I consider it will take time to implement and evaluate effectiveness of planned actions to ensure compliance.

I find requirements 4(3)(b),(d) and (e) are non-compliant.

I am satisfied the remaining requirements 4(3)(a),(c),(f) and (g) are complaint.

Most consumers consider they receive safe and effective services and supports for daily living to meet their needs, and safe/effective services to maintain/enhance independence, well-being and quality of life. Consumers gave some examples of enjoyment/participation in activities, including those external to the service. They described support received in maintaining connection with those important to them.

Staff gave examples of individual consumers preferences, processes of communication, and demonstrated knowledge of consumers’ needs/preferred activities. Care planning documentation contained details of consumers spiritual and cultural needs, their relationships with those of importance and preferences for engagement in activities; however, the assessment team noted documentation was generic and did not consistently reflect consumers engagement in meaningful activities.

Most consumers consider meals are of suitable quality/quantity. The service demonstrated systems to ensure consumer’s dietary requirements and preferences are communicated to those preparing meals and processes to ensure ongoing satisfaction with meals including remedial actions when issues are identified. The chef was observed interacting with consumers during mealtimes as a method of ascertaining satisfaction.

Consumers expressed satisfaction they feel safe when using equipment suitable for their needs, including cleaning/repair/replacement of equipment when needed. Staff consider there is appropriate/sufficient equipment to meet consumer’s needs and demonstrated knowledge of cleaning and maintenance programs. Equipment used for activities of daily living was observed to be safe, suitable, clean and appropriately maintained.

# 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 3 of 3 specific requirements have been assessed as Compliant.

Sampled consumers and representatives consider the environment to be safe, clean and well-maintained, with several indoor/outdoor private and communal areas accessible to engage with others. They consider the environment to be welcoming/home-like, enjoyment of garden areas and expressed satisfaction of suitable resources and equipment. Consumers were observed accessing multiple areas, participating in gardening and recreational activities and independently moving between internal/outdoor areas. They expressed satisfaction furniture, fittings and equipment are safe, clean, well maintained and meet their needs.

The assessment team observed a safe living environment, several indoor and outdoor communal areas with signage, room numbering and door colouring to assist orientation. Minor cleanliness issues observed by the assessment team were immediately rectified. Furniture cleaning programs were noted, and management informed of planned replacement of some furnishings noted by the assessment team to be in need of cleaning.

Management and staff explained the systems for cleaning and preventative/reactionary maintenance of furniture, fittings, and equipment. The assessment team observed most furniture, fittings and equipment appeared safe, clean, well maintained and suitable for consumer use. Monitoring activities ensure ongoing satisfaction with cleaning and maintenance processes.

# 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 4 of 4 specific requirements have been assessed as Compliant.

Sampled consumers and representatives consider they are supported to give feedback/complaints, and a timely response received. Consumers expressed confidence they could safely provide feedback, plus familiarity with several methods of doing so, including external organisations. Some consumers consider they are supported to participate in meetings and advised of other feedback forums. Consumers/representatives expressed satisfaction feedback is used to improve services and gave examples of recent outcomes.

Staff gave examples of how they respond when approached by consumers/representatives, including escalating issues to management and gave examples of external processes and resources. Some staff described the processes of open disclosure and complaints management, including consulting with senior staff if need be.

Documentation detailed recording of complaints/feedback however the assessment team noted actions taken and/or outcomes achieved were not consistently documented, although consumers advised satisfaction with the process. Information relating to advocacy, language services and external processes is provided to consumers/representatives and on display.

Management provided examples improvements resulting from consumer feedback. Monitoring processes ensure feedback is actioned in a timely manner, trends identified, and follow-up communication generally occurs to ensure ongoing satisfaction. Management informed of policy/procedural documentation to guide staff and training relating to this Quality Standard.

# 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Non-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. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I find the service non-compliant in Standard 7 as I am satisfied of non-compliance in requirements 7(3)(b),(c) and (d) based on evidence below.

While most consumers/representatives consider staff are generally kind, caring and gentle when delivering care, some consumers expressed dissatisfaction staff communicate in a blunt, disrespectful tone and abrupt manner; resulting in consumers not wanting to ask for staff assistance. Two consumers expressed dissatisfaction of staff not appropriately attending hygiene needs in a timely manner and 1 being chastised when requesting staff assistance.

Most consumers/representatives expressed satisfaction relating to staff competency in their role and documentation demonstrated process of ensuring staff competency through education/training. Via observation, the assessment team bought forward evidence staff did not demonstrate competency in managing a consumer’s unmet needs when they displayed agitation and unmet needs.

Consumers and representatives consider staff generally know what they are doing. Management and staff gave examples of education/training provided in varying formats – they advised education/training topics are responsive to risk and feedback. Staff self-identified deficits in knowledge and expressed a need for training in topics such as behavioural and mental health related behaviours. Management demonstrated methods utilised in identifying training needs and topics relating to the Quality Standards. It was noted some staff inability to articulate knowledge of topics such as open disclosure and complaints processes.

In their response, the approved provider acknowledged evidence bought forward by the assessment team and consumer/representative feedback. They advised identification of educational needs of all staff, including the assessment of competencies to ensure best practice in care delivery, development of a comprehensive training plan and implementation of an online learning platform. In addition, monitoring processes by the leadership team will occur to observe interactions between staff and consumers is respectful/caring/kind.

I acknowledge responsive and planned actions, however the service’s own monitoring systems failed to identify lack of compliance in all requirements of this Standard. I consider it will take time to implement and evaluate effectiveness of planned actions to ensure compliance.

I find requirements 7(3)(b),(c) and (d) are non-compliant.

I am satisfied the remaining two requirements 7(3)(a) and (e) are compliant.

The service demonstrated a system of workforce planning to ensure enough staff in the delivery of care and services. Most consumers/representatives consider sufficient staff numbers to generally respond to requests for assistance in a timely manner. Two consumers said hygiene needs are not consistently met in an appropriate or timely manner and staff attributed this to occasions when unplanned leave is not replaced. Taking into consideration satisfaction of most consumers I am satisfied requirement 7(3)(a) is compliant.

The service demonstrated a system of assessing, monitoring and reviewing workforce performance; management personnel demonstrated monitoring processes to ensure currency and discussed succession planning processes. They noted review/trending of suggestions/issues identified through performance review discussions. Staff expressed knowledge of performance appraisal processes noting recent discussions.

# 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. | Non-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. | 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. | Non-compliant |

Findings

I find the service non-compliant in Standard 8 as I am satisfied the service is non-compliant in requirements 8(3)(b),(c) and (e) based on evidence below.

The service did not demonstrate effectiveness in relation to the governing body’s overarching monitoring processes to ensure a culture of safe, inclusive quality care. While a clinical governance framework was referenced and some aspects are evident, it is not effective at a service level in ensuring consumers clinical needs are consistently and appropriately addressed. The service is in the process of implementing an electronic documentation system, resulting in discrepancies and an ineffective information system.

While the service demonstrates some aspects of governance systems relating to financial, feedback and complaints, demonstration of an effective clinical governance framework, workforce accountability and some aspects of information management were not evident.

Management referred to mechanisms utilised by the board in their pursuit of promoting and accountability for a culture of safe, inclusive care. However, I am satisfied the service is non-compliant in 6 of the 8 Quality Standards and their self-monitoring systems lack effectiveness in ensuring compliance with all requirements and Standards of the Aged Care Quality Standards.

Organisational systems relating to workforce governance are not effective at the service level to support consumers to live their best life. The service did not demonstrate staff meet consumers’ needs, nor an effective system to monitor staff competency/skills to undertake clinical care provision.

A risk management framework and associated policies such as antimicrobial stewardship, restrictive practice and open disclosure were evident. However, staff did not demonstrate knowledge/accountabilities of the framework, and/or consistency in practice. Training records did not demonstrate competency relating to these topics and staff did not demonstrate knowledge or practicalities of the clinical governance framework.

In their response, the approved provider reiterated recent transition to an electronic care management system referencing a structured approach to data migration, training and implementation, however acknowledged deficits. Consequently, they have reviewed all consumer documentation, reassessed consumers noted by the assessment team, implemented staff training and a monitoring system to ensure completion/compliance with all planned activities. I am satisfied it will take some time to fully implement the actions outlined and evaluate effectiveness and sustainability. I am satisfied the evidence within the site audit report supports a finding the service does not have effective governance systems in all aspects of this Standard. I find requirements 8(3)(b),(c) and (e) are non-compliant.

In relation to risk management systems, the assessment team bought forward deficits in managing risks for some consumers, the effect of which has been considered within Standard 3. In their response the approved provider referenced organisational systems and processes relating to identification and management of high impact/high prevalence risk. I accept overarching organisational systems are evident for elements of requirement 8(3)(d) and the impact of risk for some consumers is considered in Standard 3. I find requirement 8(3)(d) is compliant.

I am satisfied the remain requirement 8(3)(a) is compliant based on evidence below.

The service demonstrated how consumers and representatives are supported to provide feedback and engage in improvement processes. Sampled consumers and representatives consider they partner in improving service delivery through a variety of participation methods. A plan for continuous improvement (PCI) identifies improvement opportunities via consumer feedback and recent improvement examples. Staff demonstrated knowledge of the complaint/continuous improvement and some regulatory responsibilities.

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