Performance

Report

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| Name of service: | Performance report date: |
| Bupa Pottsville Beach | 11 October 2022 |
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| Approved provider: | Activity date: |
| Bupa Aged Care Australia Pty Ltd | 8 August 2022 to 10 August 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 Pottsville Beach (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 19 September 2022.
* other information and 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 | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-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 s**. This is based on non-compliance with the Quality Standards as described in this performance report.

# Standard 1(3)(a) Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

# Standard 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.

# Standard 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.

# Standard 3(3)(a) Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice; and

(ii) is tailored to their needs; and

(iii) optimises their health and well-being.

# Standard 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.

# Standard 3(3)(f) Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

# Standard 6(3)(c) Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

# Standard 6(3)(d) Feedback and complaints are reviewed and used to improve the quality of care and services.

# Standard 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.

# Standard 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.

# Standard 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.

# 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 have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

The Assessment Team brought forward evidence of six consumers were observed in soiled clothing and bedding, not having hygiene attended to appropriately and having strong malodour about them. The Assessment Team spoke with staff who stated they were unable to provide sufficient and timely care to some consumers due to a lack of staff in high care wings and acknowledged this sometimes impacts on individual dignity as a result.

The Approved Providers’ written response of 19 September 2022 outlined improvements made to ensure consumers’ dignity is maintained into the future, including a review of the hygiene preferences for all consumers residing in the memory support unit, leadership reviews of hygiene delivery and education sessions for staff. The Approved Provider submitted a copy of the continuous improvement plan outlining details of measures taken which include, revised care flowcharts to support staff, new suppliers of continence aids and greater leadership oversight of daily care routines.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response, and while I acknowledge the actions taken I am of the view that at the time of the Site Audit the service did not demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. I find Requirement 1(3)(a) is non-compliant.

I am satisfied the remaining five requirements of Quality Standard 1 are compliant.

Consumers described how staff respect their culture and diversity and how this influences the way staff deliver their care on a daily basis. Care planning documentation reviewed reflected consumers cultural needs and preferences.

Consumers sampled stated their choices and preferences for care and services provided are being met. Consumers reported they have the opportunity to maintain relationships and receive frequent communication about choices available for them. Staff provided examples of how they help consumers to make choices and assist them to achieve their outcomes.

Consumers said they are supported by staff to take risks and live the best life they can. Staff could describe areas in which those consumers want to take risks, how the consumer is supported to understand the benefits and possible harm when they make decisions about taking risk, and how consumers are involved in problem-solving solutions to reduce risk where possible.

Consumers and representatives advised they receive up to date information about activities, meals, COVID-19, and events happening in the service. Staff remind consumers of daily activities of interest to them. Posters and flyers of upcoming activities were observed on noticeboards and in rooms. Consumers sampled said they are confident their information is kept confidential. Care staff described how they maintain a consumer’s privacy when providing care. Staff described keeping computers locked and using passwords to access consumer’s personal information. Staff were observed knocking on bedroom doors and awaiting response before entering.

# 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 have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are 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.

* 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 presented evidence to show the service did not consistently assess high impact high prevalence risks such as pain, falls, behaviours, continence, and weight loss. Past health history was not always assessed using validated risk assessment tools and was not consistently documented in consumer care plans. Where risks were identified, care planning documents were not always up to date with current preventative strategies to guide staff practice. The Assessment Team identified four named consumers with deficiencies in their assessment and planning processes relating to weight loss, falls and management and behaviour management. The lacking assessments impacted staff’s ability to provide appropriate care.

The Approved Providers’ written response of 19 September 2022 provided explanation of actions taken in response to the Site Audit., which included updates to care plans to ensure consumers’ needs, goals and preferences are accurately recorded to manage clinical concerns, further education provided to staff regarding care planning for safe and effective care in the following areas: high impact high prevalence risks such as pain, falls, behaviours, continence, and weight loss.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response, and I acknowledge the actions, however, at the time of the Site Audit the service did not ensure 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. I find Requirement 2(3)(a) is non-compliant.

The Assessment Team presented evidence to demonstrate the service did not ensure care and services were reviewed regularly for effectiveness or when incidents impacted consumers. Consumers and representatives provided mixed feedback in relation to the delivery of care from staff especially in instances where consumers require physical assistance or multiple person care. Skin assessment and management plans were not updated to reflect current condition and needs, assessment and management plans not reviewed after a sustained fracture post fall, and care planning documents were not reviewed and updated regarding behavioural issues.

The Approved Provider in their written response of 19 September 2022 acknowledged the findings of the Assessment Team and outlined the actions undertaken in response which included a review of consumer care plans a review of incidents identified and further consultation with consumers and representatives.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response, however, remain of the view that at the time of the Site Audit the service did not ensure 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. I find Requirement 2(3)(e) is non-compliant.

I am satisfied that the remaining three requirements of Quality Standard 2 are compliant.

Staff were able to describe what is important to consumers in terms of how their care is delivered. For the consumers sampled, care documents detailed the consumer’s needs, goals, and preferences including their advance care wishes.

Staff described how consumers and representatives, and other health care providers are involved in the assessment and care planning process. Allied health professionals were observed assisting consumers at the service. Consumers interviewed, and the review of care plan and progress notes of sampled consumers show involvement of consumers, representatives, Medical Officer, and allied health.

Staff stated they refer to the handover processes, progress notes, care plan reviews and electronic alerts via the electronic care system, particularly if there has been changes in a consumer’s care requirements. The Assessment Team observed care planning documents being readily available to staff, where care and services are provided.

# 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. | 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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

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

(i) is best practice; and

(ii) is tailored to their needs; and

(iii) optimises their health and well-being.

* Effective management of high impact or high prevalence risks associated with the care of each consumer.
* Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The Assessment Team identified several consumers for whom appropriate hygiene care was not provided and found the services’ care documentation did not demonstrate wounds, pain and pressure area care are attended to in accordance with the consumer’s assessed care needs.

Deficiencies included ineffective pain management following a fall in the instance of one named consumer, hygiene care not being attended to as per preferences, outdated care planning documents resulting in lack of follow up, and ineffective monitoring of skin integrity and wound management.

The Approved Provider’s written response of 19 September 2022 acknowledged the deficiencies and detailed the improvements that had been introduced since the Site Audit, which included a review and update of care plans, planned staff education on falls prevention and monitoring and management oversight to monitor and ensure the care provided meets best practice and is accurately documented to meet the expectations of consumers and representatives.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response, and acknowledge the actions taken by the Approved Provider, however, at the time of the Site Audit the service did not ensure each consumer gets safe and effective personal care and clinical care. I find Requirement 3(3)(a) is non-compliant.

The Assessment Team found the service was not able to demonstrate the effective management of high impact high prevalence risks such as pain management, weight management, behaviour management and diabetic management, which was further supported by feedback from representatives. Some staff stated the constant shortage of staff impacts on their ability to care for consumers with identified high risks and both staff and management provided inconsistent strategies to manage consumer’s falls prevention and management and pressure injury prevention and management.

The Approved Provider’s written response of 19 September 2022 acknowledged the deficiencies identified by the Assessment Team and advised that ongoing consultation with consumers and their representatives will be undertaken via the service’s monthly spotlight meetings. An analysis and evaluation of care plans will be undertaken to review findings and capture charting reviews, incidents, clinical data and feedback, to ensure the actions taken via the service’s continuous improvement plan support sustainable improvements in pain management, weight management, behaviour management and diabetic management.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response, however, find that at the time of the Site Audit the service did not ensure the effective management of high impact high prevalence risks such as pain management, weight management, behaviour management and diabetic management. I find Requirement 3(3)(b) is non-compliant.

The Assessment Team identified some consumers did not have timely and appropriate referrals to other health care providers such as wound consultants and dieticians. Specific examples included one named consumer for whom the service did not follow the wound management work instruction in relation to pressure injury management, nor did the service refer the consumer to a wound consultant for review and a further consumer who showed significant weight loss and was not referred to a dietician to review. The service’s nutrition and hydration work instruction in relation to the consumers ongoing weight loss was not followed, with no evidence the consumer’s Medical Officer was informed.

The Approved Provider’s written response of 19 September 2022 acknowledged the deficiencies identified by the Assessment Team and agreed that on the occasions’ identified, referrals should have been actioned sooner for wound consultations and dietician reviews. The Approved Provider advised that in response to the Site Audit the service conducted a review of referrals made for residents, dietician reviews have been actioned and residents care plans updated with recommendations,

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response, however, find that at the time of the Site Audit the service did not demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services. I find Requirement 3(3)(f) is non-compliant.

I am satisfied that the remaining four requirements of Quality Standard 3 are compliant.

The service demonstrated consumers who are nearing the end of life have their dignity preserved and care is provided in accordance with their needs and preferences and in line with the service’s advance care work instruction, which includes end of life care.

Care documentation for consumers include a behaviour care plan which outlined triggers of behaviour and corresponding alternative strategies in place to manage behaviours before reporting to medical intervention. The Assessment Team noted the clinical deterioration work instruction and consumer care documents available electronically for staff to access and guide staff practice. The service demonstrated how changes in consumer’s care needs are generally recognised and responded to in a timely manner through a range of systems and processes such as handover, progress notes, scheduled reviews, incident reports, incident report analysis and consumer and representative feedback.

Electronic alerts in the care documentation system notify staff of changes to a consumer’s care needs. The review of care plan documentation confirms adequate information to support effective and safe sharing of the consumer’s information in providing care including involvement of the consumer, representative, clinical staff, and other health care professionals.

The service has implemented work instructions to guide staff related to antimicrobial stewardship, infection control management, and COVID-19 outbreak management. Staff confirmed they have received training in infection prevention and control strategies and COVID-19. Staff interviewed confirmed that they have received training in relation to infection control, hand hygiene competency and donning/doffing competency.

# 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. | 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. | 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

Consumers felt supported by the service to do the things of interest to them, which included participating in activities as a part of the service’s lifestyle program and spending time on independent activities of choice. The Assessment Team observed consumers engaging in a variety of group and independent activities during the Site Audit.

Staff could describe the support they provide to consumers to support their emotional, spiritual, and psychological well-being, which was further supported by care plans. Consumers sampled, were able to describe the ways in which they are supported to do things within and outside the service and how they keep in touch with people important to them.

Consumers felt information about their daily living choices and preferences were effectively communicated and staff who provide daily support understand their needs and preferences. Care documentation shows consumer’s condition, needs, and preferences are identified, and staff are able to access these via the electronic care documentation system. Staff could describe the condition of consumers and their needs and preference.

# The service demonstrates where meals are provided, they are varied and of suitable quality and quantity*.* Most consumers said the food is good and they are happy with the variety, quality and quantity of food currently being provided.

# Staff described how the service undertakes regular inspections on all equipment to ensure operational integrity and safety. Consumers sampled said equipment provided, it is safe, suitable, clean, and well 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

Consumers felt at home at the service and considered it an enjoyable place to live and advised they can decorate their rooms with personal belongings, photos and artwork. Staff described the ways they support consumers feel at home and comfortable. The Assessment Team observed consumers moving easily around the service and participating in activities supported by staff.

Consumers said the service environment is safe, clean, well maintained, and comfortable, and enables them to easily navigate throughout the service and utilise indoor and outdoor spaces. The Assessment Team observed most areas of the service to be safe, clean, well serviced, and maintained at a comfortable temperature. Consumers reported the furniture, fittings and equipment are safe, clean, and well-maintained and staff could demonstrate the equipment used for moving and handling consumers is safe and cleaned regularly.

Consumers confirmed they feel safe when staff are providing care using mobility or transfer equipment with them and those who require mobility aids were observed using them freely and had access to them when needed. The Assessment Team observed furniture and fittings to be safe and comfortable.

**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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Feedback and complaints are reviewed and used to improve the quality of care and services.

The Assessment Team found the service could not consistently demonstrate that appropriate action was taken in response to complaints. The Assessment Team observed complaints documentation that demonstrated ongoing themes regarding consumer dissatisfaction with staffing levels and subsequent impacts on consumer care, consumers and representatives advised these issues to have remained unresolved for an extended period of time. The Assessment Team identified two named consumers who advised feedback had been provided regarding the delivery of care and services, access to visiting medical officers and the cleanliness of consumer’s rooms, without satisfactory resolve.

In its written response of 19 September 2022, the Approved Provider acknowledged there were ongoing complaints about staffing levels and access to the Medical Officer and detailed the actions taken to respond to these complaints, which included; ongoing consultation with residents and their representatives to ensure their concerns have been sustainably resolved. The engagement of a new Medical Officer, with further communication to consumers and representatives forthcoming and actions taken via the services Plan for Continuous Improvement will be evaluated and analysed through complaints to inform action with reference to consumers and representatives for follow up about staffing progress.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response, however, remain of the view, that at the time of the Site Audit the service did not ensure appropriate action is taken in response to complaints. I find Requirement 6(3)(c) is non-compliant.

The Assessment Team found that the service could not demonstrate how feedback and complaints are reviewed and used to improve the quality of care and services. Staff, consumers, and representatives confirmed they had used the services systems to raise their concerns in regard to staffing levels and felt these had not been adequately addressed. This was supported by the Assessment Team who observed staffing levels affecting care and services during the Site Audit. Consumers and representatives advised they have expressed concerns with the service regarding the lack of scheduled visits by the Medical Officer.

The Approved Providers written response of 19 September 2022, advised the service acknowledges they had inadvertently closed staffing and resourcing on the continuous improvement plan. This has been reopened and continues to be monitored for sustainable compliance to meet consumers’ needs.

Ongoing consultation with consumers and representatives will be undertaken via the homes individual Spotlight meetings, the homes communication processes such as newsletters and meetings to ensure that concerns are heard lead to improvements in care and services. The effectiveness of the actions taken via the service’s continuous improvement plan will be evaluated and analysed through consumer and representative feedback.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response, and I acknowledge the actions taken by the Approved Provider, however I have also given weight to the consumer feedback and find that at the time of the Site Audit the service did not show feedback and complaints are reviewed and used to improve the quality of care and services. I find Requirement 6(3)(d) is non-compliant.

I am satisfied that the remaining two requirements of Quality Standard 6 are compliant.

Consumers and representatives felt encouraged, safe and supported to provide feedback and make complaints directly to staff or management either verbally, email, or by phone and said that the service has an open-door policy. Staff advised that consumers were encouraged to provide feedback and they knew the service’s escalation process for managing complaints.

Consumers and representatives also described ways in which they made complaints or raised concerns. They were aware of external supports to lodge a complaint, however the majority stated they felt comfortable going directly to management. Staff described how they would contact advocacy and language services if they identified consumers who wanted to discuss issues or make a complaint via advocates or interpreters.

**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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is 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 identified deficiencies in the number of staff employed at the service and spoke with consumers and representatives who consistently reported that they felt there were insufficient staff at the service and described how the shortage of staff impacted on the services’ ability to provide effective care. Staff confirmed they regularly work alone, some in units with up to 18 consumers requiring two persona attendance and in the Memory Support Unit where there are 16 consumers all with high care needs. This was supported by the Assessment Team’s observations during the Site Audit where they observed a staff member working alone in a unit of 18 consumers.

The Approved Provider’s written response of 19 September 2022 acknowledged the current staffing numbers impacted on the delivery of care. The Approved Provider outlined actions taken during and after the Site Audit in response to the deficiencies identified. Which included; an internal audit and review of workforce planning, with additional hours or staff allocated across shifts, daily management oversight of the skill level and mix of staff to forward plan for the next day, ongoing recruitment and implementation of graduate programs and the recruitment of three additional registered staff by the end of the year and consultation with consumers to ensure appropriate occupancy across the service and ensure sufficient staff are in place to meet care needs.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response, however, have also considered the impact to consumer care and find that at the time of the Site Audit the service did not ensure the workforce is planned to enable and ensure the delivery and management of safe and quality care and services and find Requirement 7(3)(a) is non-compliant.

I am satisfied that the remaining four requirements of Quality Standard 7 are compliant.

Workforce interactions with consumers are kind and caring, and most staff are respectful of each consumer’s identity, culture, and diversity. Consumers and representatives were able to express their praise for the staff working at the service. All staff interviewed demonstrated an understanding of the sampled consumers, including their needs and preferences. This information aligned with the Assessment Team’s review of care planning documentation and the information obtained by way of interviews with sampled consumers and their representatives.

The service is able to demonstrate the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Overall, consumers report they felt staff were skilled in their roles and competent to meet their care needs. Staff said they are well supported by management in undertaking the ongoing training provided to them and on commencement at the service. A review of service staff documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties. Position descriptions include key competencies and registrations that are either desired or required for each role.

Staff described how they have regular mandatory training sessions available, are confident they could access additional training as needed and are well supported by management and the educator to complete training. Management stated all recruited staff must meet the minimum qualification and registration requirements for their respective role and ensure that they have current criminal history checks completed.

The service was able to demonstrate that the performance of the workforce is regularly assessed, monitored, and reviewed. Management said staff competency is assessed regularly by the clinical staff or the educator and the service reviews and analyses internal audit results and clinical data to monitor staff practice and competencies. The service has a range of documented policies and procedures to guide the monitoring of staff performance and the performance management of staff when issues are identified in performance.

**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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* Effective organisation wide governance systems relating to the following:

(i) information management;

(ii) continuous improvement;

(iii) financial governance;

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities;

(v) regulatory compliance;

(vi) feedback and complaints.

* Effective risk management systems and practices, including but not limited to the following:

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can
4. managing and preventing incidents, including the use of an incident management system.

The Assessment Team identified deficits in the service’s feedback and complaints systems, specifically the lack of a process for capturing verbal feedback, which was acknowledged by the service. The Assessment Team also found inaction on the part of the organisation to prevent impacts on consumers and provide sufficient staff to meet their care needs and subsequent deficits in workforce governance.

The Approved Provider’s written response of 19 September 2022 acknowledged the deficiencies identified and outlined the actions to be taken; the service has reviewed the process for capturing feedback and now ensures all complaints and feedback are captured in an incident management system, which includes a process for follow up. The service ensures open disclosure through transparent discussion at resident meetings and now analyses data to ensure ongoing improvements. The Approved Provider further reiterated the staffing and workforce initiatives that have been introduced to ensure there are sufficient staff, actions included significant recruitment and retention initiatives and forward planning.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response, and I acknowledge the actions taken by the Approved Provider in response to the Site Audit, however, find that at the time of the Site Audit there were deficits in some of the governance systems in place across the service. I find Requirement 8(3)(c) is non-compliant.

The Assessment Team found the service was not able to demonstrate effective management of risks associated with the care of consumers or demonstrate how they prevent impact on consumers. The Assessment Team presented evidence to show the service did not consistently assess high impact high prevalence risks such as pain, falls, behaviours, continence, and weight loss. Risk-associated past health history was not always assessed using validated risk assessment tools and was not consistently documented in the care plans. Where risks were identified, care planning documents were not always up to date with current preventative strategies in place to guide staff practice.

The Approved Provider’s written response of 19 September 2022 acknowledged the deficits identified by the Assessment Team and detailed the actions implemented to address them, which included greater use of the incident management system and Serious Incident Reporting as per Serious Incident Reporting Scheme reporting criteria. Training and guidance are underway to assist staff to identify incidents and lodge these appropriately for action and follow up to resolve issues and maintain safe and effective care for the residents.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response, and I acknowledge the actions taken by the Approved Provider, however, find that at the time of the Site Audit the service did not demonstrate it effectively manages high impact or high prevalence risks associated with the care of consumers. I find Requirement 8(3)(d) is non-compliant.

I am satisfied that the remaining three requirements of Quality Standard 8 are compliant.

Clinical staff confirmed the service keeps consumers and representatives informed of changes in care or when things go wrong, to ensure effective communication and engagement.

The organisation has a strategic plan and ensures monitored through effective reporting mechanisms. Management and staff described the involvement of the governing body in the promotion of a culture of safe, inclusive, and quality care and services and described the ways the Board is kept informed by the service, through analysis of site-based audits, monitoring of clinical indicators and bench marking across all services in the organisation to identify and address wider trends.

The organisation provided relevant documentation including a Clinical Governance Framework, policies on antimicrobial stewardship, minimising restraint, and open disclosure. Management and staff were asked whether these policies had been discussed with them and what they meant for them in a practical way.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)