Performance

Report

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| Name of service: | Bupa Seaforth |
| Service address: | 550 Sydney Road SEAFORTH NSW 2092 |
| Commission ID: | 1034 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 February 2023 to 13 February 2023 |
| Performance report date: | 15 May 2023 |

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 Seaforth (**the service**) has been prepared by E Woodley, 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 10 March 2023.
* the Performance Report dated 20 January 2023 following the Assessment Contact undertaken 20 December 2022.

# 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 | **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 Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 1(3)(a) – the approved provider must demonstrate all consumers are consistently treated with dignity and respect. Staff practices and workforce planning is effective in ensuring respectful and dignified care and services for consumers.

* Requirement 2(3)(b) – the approved provider must demonstrate assessment and planning consistently addresses the needs, goals and preferences of consumers. The service has effective processes to identify and action gaps in care assessment, planning and review for consumers.
* Requirement 3(3)(a) – the approved provider must demonstrate consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being. Consumer pain, behaviours requiring support, and skin integrity is appropriately assessed, managed and monitored to optimise their health and well-being. Personal care delivery including hygiene and continence care is effective, tailored to consumer’s needs and optimises consumer’s health and well-being.
* Requirement 4(3)(f) – the approved provider must demonstrate consumers are satisfied the meals provided at the service are varied and of suitable quality and quantity. Meals provided are in line with consumer preferences and dietary needs, and consumers are given required assistance with their meals.
* Requirement 6(3)(c) – the approved provider must demonstrate appropriate action is consistently taken in response to feedback and complaints, and action taken is effectively communicated with the complainant. The service has systems to allow for tracking and documenting of action taken in response to complaints.
* Requirement 6(3)(d) – the approved provider must demonstrate feedback and complaints are effectively reviewed and analysed to improve the quality of care and services in a sustainable manner. The service has processes to ensure an accurate complaints register to assist with review of complaint trends. Consumer and representative feedback informs continuous improvement action for the service.
* Requirement 7(3)(a) – the approved provider must demonstrate the workforce deployed enables the delivery and management of safe and quality care and services. This includes safe, effective and respectful personal and clinical care, and cleaning services.
* Requirement 7(3)(d) – the approved provider must demonstrate staff are trained, equipped and supported to deliver the outcomes required by the Quality Standards. Deficits in staff knowledge and training are identified, with action taken in response.
* Requirement 8(3)(c) – the approved provider must demonstrate the organisation wide governance systems implemented at the service are effective in relation to continuous improvement, workforce governance, and feedback and complaints.
* Requirement 8(3)(e) – the approved provider must demonstrate the clinical governance framework implemented at the service is effective in ensuring clinical oversight and quality clinical care for consumers. The organisational has effective systems to identify and rectify deficiencies in clinical care for consumers across the service. Restrictive practices at the service are assessed and managed in line with best practice.
* The service has implemented all continuous improvement actions identified in their response to the Site Audit report.

# 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

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

Some consumers and representatives interviewed by the Assessment Team said they are generally satisfied consumers are treated with dignity and respect and that their identity, culture and diversity are valued. However, some consumers and representatives said that they did not always feel consumers were consistently treated with dignity and respect. Examples included staff being rude and rough with consumers, lack of personal, hygiene and continence care, and staff not providing assistance when requested. Some observations by the Assessment Team indicated consumers are not always treated with dignity and respect. For example, when providing assistance with meal service, and in response to behaviours requiring support and continence care.

In their response to the Site Audit report, the approved provider acknowledges the consumer and Assessment Team feedback and areas requiring improvement. The provider’s response demonstrates the service has investigated the Assessment Team’s observations, and consulted with consumers named in the Site Audit report to resolve their concerns and ensure future interactions are respectful and dignified. The service has implemented continuous improvement to ensure consumers are treated with dignity and respect. This includes staff education, training and reminders, management oversight during meal service, increased spot checks and monitoring processes, and ongoing consultation with consumers and representatives.

The service has not demonstrated that all consumers are treated with dignity and respect, and the service requires times to ensure continuous improvement actions implemented are effective in ensuring all consumers feel respected.

I find the following Requirement is non-compliant:

Requirement 1(3)(a)

Several consumers interviewed by the Assessment Team described how staff respect consumer’s culture and diversity and how this informs the daily provision of care and services. Care planning documentation reviewed reflected consumer’s cultural needs, interests and preferences which are sought upon entry to the service and reviewed regularly. Consumers and representatives interviewed expressed satisfaction that consumers could exercise choice, make decisions about their care and services, and are supported to maintain relationships that are important to them. Consumers interviewed were supported to make decisions about who was involved in their care and services.

Consumers interviewed said they were supported by staff to take risks and were encouraged to live the best life they can. Staff interviewed could describe instances where risk assessments had been completed and how consumers are supported to understand the risks and benefits of specific activities. For consumers sampled this included being supported to go out into the community and use motorised scooters. Consumers and representatives interviewed expressed satisfaction that the information they receive is current, accurate, timely, communicated clearly, and is easy to understand. Notice boards in the communal areas were observed to communicate menu options, lifestyle and activities program, and advocacy services information in various languages.

Consumers and representatives were satisfied that consumer’s privacy is respected by staff, and that their information is kept confidential. The Assessment Team observed that staff knocked and announced themselves before entering consumer rooms, and kept computers locked and password protected. The organisation has policies, procedures, and training for staff in relation to respecting consumer’s privacy and keeping their personal information confidential.

I find the following Requirements are compliant:

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# 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. | 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. | Compliant |

Findings

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

The Assessment Team found the service did not demonstrate assessment and planning consistently identifies and addresses consumer’s current needs, goals and preferences. For several consumers sampled, there were deficiencies in assessment and planning to identify and address consumer’s personal care needs including hygiene and toileting. For several consumers, care planning did not identify effective strategies to manage behaviours requiring support or pain, including when consumers had complained of pain or pain was identified as a possible trigger for behaviours. The Assessment Team identified deficits in the assessment of physiotherapy, exercise and/or mobility for three sampled consumers, including for one consumer with a history of falls and another consumer with risks associated with their mobility. One consumer’s goals regarding exercise to improve strength and mobility were not adequately identified and addressed. For one consumer there was conflicting information regarding whether an advanced care directive had been completed. Some staff interviewed were unaware of the care needs and preferences of consumers.

The approved provider’s response includes additional and clarifying information regarding the assessment and planning for the consumers identified in the Site Audit report. For consumers with gaps in the assessment and planning of their physiotherapy/exercise/mobility, the provider’s response demonstrated assessment and planning did identify some needs and preferences regarding this. However, the service and the provider’s response did not demonstrate assessment and planning adequately addressed their goals regarding improved or maintained mobility and how to achieve this. The provider’s response identifies consumers’ pain has been reviewed since the Site Audit, with changes to pain management strategies to address this. The service has consulted with consumers, representatives and specialist services to better identify and address consumer’s behaviours requiring support and personal care needs and preferences. The service confirmed that all but one consumer had an advance care directive in place.

The provider’s response includes continuous improvement actions to improve the care assessment and planning for consumers. This includes staff education and training, review and updating of all consumer’s care plans, and regular audits and spot checks.

The provider’s response demonstrates the service has addressed the deficits in care assessment and planning for the consumers sampled in the Site Audit report and identified some review and monitoring improvements in response. I am satisfied assessment and planning was effective to identify advance care planning and end of life planning if the consumer wishes. However, I am not satisfied assessment and planning for consumers is consistently effective in identifying and addressing consumer’s current needs, goals, preferences for personal and clinical care. The service has not demonstrated effective processes to identify and action gaps in care assessment, planning and review for consumers, and requires times to evaluate the effectiveness of continuous improvement actions implemented.

I find the following Requirement is non-compliant:

* Requirement 2(3)(b)

The Assessment Team found assessment and planning including the consideration of risks to consumer’s health and well-being did not inform the delivery of safe and effective care and services. While the service demonstrated planned assessment processes for new and respite consumers, the Assessment Team found consumer’s clinical risks are not always adequately assessed to ensure the safety of consumers. For one consumer, while some risks associated with behaviours requiring support were identified in assessment and planning, this was not comprehensive for the behaviours displayed and did not inform safe and effective care delivery and behaviour management. For another consumer, assessment and planning did not consider specific risks for this consumer in relation to their exercise and mobility. For a consumer who uses mechanical restrictive practice, the Assessment Team found a risk assessment had not been completed.

The approved provider’s response includes additional and clarifying information regarding the assessment, planning and consideration of risks for the consumers identified in the Site Audit report. Notably, for the consumer who had risks in relation to their exercise and mobility, the provider’s response demonstrates these had been considered and interventions identified to mitigate these risks prior to the Site Audit. For the consumer with risks associated with behaviours, the provider’s response demonstrates ongoing consideration of these risks, including with involvement from specialist services. While this planning did not always ensure effective management of these behaviours, I have considered this in my assessment of Requirement 3(3)(a).

While there were gaps in the overall care assessment and planning of consumers, I have considered this in my assessment of Requirement 2(3)(b). The service demonstrated that risks associated with consumer’s health and well-being were generally considered in assessment and planning with the view to ensure safe and effective care delivery.

The Assessment Team found review of care and services for consumers sampled were not always effective in identifying changes in consumer’s needs, goals and preferences. Management advised the Assessment Team that consumer’s care and services are reviewed monthly in consultation with consumers and/or representatives. However, some representatives said they were dissatisfied with the review of services even after concerns were raised with staff. For one consumer, care planning had not been reviewed following changes in behaviours. For another consumer, the Assessment Team found an incident report was not completed following an unwitnessed fall with injury.

The provider’s response demonstrates regular review of care and services occurred in accordance with the service’s policies for the consumers named in the Site Audit report, including with involvement from representatives. The provider’s response identifies that an incident report and serious incident response scheme (SIRS) notification was completed for the consumer who had an unwitnessed fall. The provider’s response identifies continuous improvement implemented to improve the review of care and services for consumers. This includes staff education and training, regular audits and spot checks, improved documentation of care reviews including of representative involvement, updating of representative contact details, and improved oversight of the review process by management.

Overall, the service demonstrated they are following their policies regarding regular review of consumer care and services, and care and services were generally reviewed when circumstances changed, or incident occurred. While for some consumers, review of their care and services was not effective to identify and address changes to their needs, goals and preferences, I have considered this in my assessment of Requirement 2(3)(b).

Review of assessment and planning documentation demonstrated it is based on efforts to have an ongoing partnership with consumers, representatives, and other providers of care and services involved in the consumer’s care. However, some consumers and representatives did not feel the partnership was effective due to poor personal and clinical care for consumers even after raising concerns. The Assessment Team found geriatricians, general practitioners, physiotherapists, dieticians, speech pathologists, podiatrists, pharmacists, dementia support services, and pathology services are involved in the assessment and planning of consumer care where appropriate.

Management advised the Assessment Team that staff call representatives each month during care and service reviews to provide an update on assessment outcomes for consumers. Some representatives confirmed this occurs, while others did not. The Assessment Team found the outcomes of assessment and planning are documented in the consumer’s care plan. Some representatives interviewed said they had received a copy of their consumer’s care plan, and said they had attended meetings to discuss consumer’s care and services. The service provided the Assessment Team evidence of case conferences and calls with representatives to discuss the outcomes of care reviews.

I find the following Requirements are compliant:

* Requirement 2(3)(a)
* Requirement 2(3)(c)
* Requirement 2(3)(d)
* Requirement 2(3)(e)

# 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. | 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. | 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 Quality Standard is assessed as non-compliant as one of the seven specific Requirements have been assessed as non-compliant.

Several consumers and representatives provided feedback to the Assessment Team that they were not satisfied with the personal and clinical care provided. Feedback included issues or dissatisfaction with accessibility of physiotherapy services, continence care, medication management, pressure area care, personal hygiene care, pain management, weight loss, and staff assistance with mobility, nutrition and hydration. The Assessment Team identified deficits in the management of consumer’s behaviours. This included behaviour support plans not congruent with current legislation, inconsistent or ineffective evaluation of strategies used to manage behaviours, and ineffective management of consumer’s behaviours which has had negative impacts on their health and well-being. The Assessment Team found maintenance of skin integrity and wound management was not best practice to optimise consumer’s health and well-being. Wounds were not consistently assessed, managed and reviewed in line with the service’s policies, and deficits in hygiene care and repositioning were identified for consumers who had developed pressure injuries. Pain was not assessed, managed and reviewed effectively for several consumers, including consumers who complained of pain and where pain was identified as a possible trigger for behaviours.

The provider’s response included some additional and clarifying information regarding the personal and clinical care for the consumers identified in the Site Audit report, including in response to consumer and representative feedback. The provider’s response identifies the service has met with consumers and representatives who provided negative feedback to review care delivery and ensure better outcomes for the consumer. In their response, the provider acknowledges and identifies improvement opportunities for the management of consumer behaviours, skin integrity, wounds and pain.

The approved provider’s response demonstrates the service has addressed the deficits in personal and clinical care delivery for the consumers sampled in the Site Audit report and identified some review and monitoring improvements in response. However, I am not satisfied the service has effective processes to ensure the delivery of safe and effective personal and clinical care for all consumers. The service has been non-compliant in Requirement 3(3)(a) since the Site Audit conducted 9 to 14 December 2020. Deficits are still evident in the management of consumer pain and skin integrity, and consumer and representative satisfaction with personal and clinical care delivery.

I find the following Requirement is non-compliant:

* Requirement 3(3)(a)

The service has a risk register and regular clinical meetings to discuss the care of consumers with high impact or high prevalence risks. The organisation’s quality team collects data to monitor clinical indicators and risks for the service and communicates action to be taken by staff. The Assessment Team found risks associated with diabetes, catheters, and unplanned weight loss were generally managed effectively for consumers sampled. The service demonstrated processes to ensure consumer’s risk of falls are identified, assessed, and interventions applied to prevent occurrences. Consumers are reviewed post-fall by the physiotherapist and the service has a falls committee where interventions for consumers are discussed. However, the Assessment Team found some high impact or high prevalence risks were not effectively managed for some consumers sampled. The Assessment Team found post-fall assessment and management was not effective to minimise associated risks for one consumer. Gaps were identified for several consumers in the management of risks associated with mobility, skin integrity, and medications.

The provider’s response includes additional information regarding the identified consumer who sustained a fall. This includes action taken post-fall and that the consumer has not had further falls in the six months prior to the provider’s response. While gaps were still identified in the post-fall management of this consumer, I am satisfied the consumer’s current risk of falls is being managed. The provider’s response includes continuous improvement action implemented to better manage high impact and high prevalence risks. This includes staff education and assessments, spot checks, increased management and clinical oversight, and implementation of pressure area reminders for staff.

While gaps were identification in the management of consumer mobility, skin integrity and medications, I have considered this in my assessment of Requirement 3(3)(a) regarding the overall clinical care provided to consumers. Overall, the service and the provider’s response demonstrate the service has effective processes to manage the high impact and high prevalence risks associated with consumer’s care.

The Assessment Team found the deterioration of consumers sampled was not always recognised and responded to in a timely manner. For one consumer, gaps in the assessment and management of their changed behaviours were not responded to effectively. For another consumer, gaps in the identification and response to deterioration of their wound were identified. However, the Assessment Team identified an example where a deterioration and change in a consumer’s condition was recognised and responded to effectively following a fall, and following identification of changed vitals and observations.

The provider’s response includes additional information about the action taken in response to named consumer’s changed condition. For example, involvement with consumer’s medical officer and specialist services, and transfer to hospital. The provider’s response identifies continuous improvement actions implemented to improve identification and escalation of consumers who experience deterioration. Overall, I am satisfied deterioration or change of a consumer’s condition is recognised and responded to in a timely manner by the service. While at times this response has not been best practice or optimised consumer’s health and well-being, I have considered this in my assessment of Requirement 3(3)(a).

The Assessment Team found referrals for consumers occur to geriatricians, wound care consultants, behaviour support services, medical specialists, podiatry services, physiotherapists, dieticians and speech pathologists. However, the Assessment Team considered some referrals were not completed in a timely manner for effective wound management. The provider’s response includes additional information regarding the referral of consumers for management of their wounds. I consider that the Site Audit report and the provider’s response demonstrates appropriate referral occurs to individuals, organisations and providers of care and services, and for most consumers sampled this referral occurred in a timely manner.

The Assessment Team found the needs goals and preferences of consumers nearing the end of their life are recognised, addressed, comfort is maximised, and dignity is preserved. Staff interviewed were able to describe how care changes for consumers as they progress through the palliative trajectory and approach the end of their life. Care plans and advanced care plans are in place for consumers. Care documents reviewed for consumers who recently passed away at the service demonstrated appropriate consultation of end of life needs and wishes, and care delivered in accordance with these including appropriate pain management.

The service demonstrated that all consumers have care plans documented that include information about their condition and diagnoses. However, gaps were identified in the documentation and communication of consumer needs and preferences. Reports from other providers of care are shared and documented in consumer files. The service has handover and documentation processes to communicate the consumer’s condition and care needs.

The Assessment Team found the service has implemented standard and transmission based precautions to prevent and control infection and appropriate outbreak management response, including during recent infectious outbreaks at the service. The service demonstrated practices to promote appropriate antibiotic prescribing and use, and staff interviewed were able to describe how they minimise infections and the use of antibiotics.

I find the following Requirements are compliant:

* Requirement 3(3)(b)
* Requirement 3(3)(c)
* Requirement 3(3)(d)
* Requirement 3(3)(e)
* Requirement 3(3)(f)
* Requirement 3(3)(g)

# 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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

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

There were mixed responses from consumers and representatives interviewed by the Assessment Team regarding the meals provided at the service. Some expressed satisfaction with the variety and quantity of meals and said there are plenty of choices. However, some consumers and representatives said the choices were not suitable or of good quality. Feedback received included dissatisfaction with presentation and preparation of food including for consumers with specific dietary needs, meals served cold, meals not served in line with consumer preferences or requests, food difficult to eat, and required assistance with feeding not provided. The Assessment Team observed some consumers who had not attempted to eat their meals. The service’s chef meets with consumers and attends regular food meetings to ensure that consumers and their representatives have a say in the design of the menu and can make recommendations for different meals to be introduced.

The approved provider’s response identifies continuous improvement actions implemented in response to the feedback and observations in the Site Audit report. This includes review of consumer food preferences and dietary requirements, further feedback mechanisms, spot checks, analysis of complaint information, and staff education. However, the service has not demonstrated consumers consider the meals provided to be varied and of suitable quality and quantity, and requires time to evaluate the effectiveness of continuous improvement implemented.

I find the following Requirement is non-compliant:

* Requirement 4(3)(f)

Overall, consumers and representatives interviewed by the Assessment Team provided positive feedback regarding the lifestyle services and supports for daily living. For consumers interviewed, this included supports to maintain an active lifestyle including walks, exercise groups and dancing, and language supports during activities. While there was some negative feedback in relation to laundry services, consumers felt the issues were being addressed by the service. Most consumers interviewed indicated that they are supported by the service to participate in regular recreational activities which makes them feel socially engaged inside and outside the service. Consumers and representatives expressed their appreciation that bus trips and outings have resumed and that consumers can maintain their connections within the community, meeting with family and friends at nearby venues. Consumers and representatives interviewed said they feel the service is effectively caring for consumer’s emotional, spiritual and psychological well-being. Consumers have access to religious services, ministers, volunteers, and psychological support services.

The service was able to demonstrate information about the consumer’s condition, needs and preferences in relation to support for daily living are communicated within the organisation and with others where responsibility for care is shared for all consumers. Staff interviewed generally demonstrated knowledge of individual consumer’s lifestyle needs and preferences, and said that consumer care and other needs are well communicated during handovers. Consumers have access to timely and appropriate referrals to external service providers to supplement the lifestyle program at the service.

The service demonstrated that lifestyle equipment is safe, suitable, clean and well maintained for staff and consumer use. Maintenance and cleaning documentation demonstrated scheduled equipment cleaning and repair, including equipment used in the kitchen and for meal preparation, mobility and lifestyle activities.

I find the following Requirements are compliant:

* Requirement 4(3)(a)
* Requirement 4(3)(b)
* Requirement 4(3)(c)
* Requirement 4(3)(d)
* Requirement 4(3)(e)
* Requirement 4(3)(g)

# 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.

Most consumers and representatives interviewed said that the service is safe, clean, well maintained and comfortable. However, some consumers and representatives provided feedback that their consumer’s rooms were not always cleaned appropriately and identified on occasion issues with emptying of bins, pests, and cleaning of rooms after episodes of incontinence. The Assessment Team observed the service environment was not consistently clean throughout the Site Audit. Consumer, representative and staff interviews confirmed consumers are able to access the environment, both indoors and outdoors freely.

The provider’s response demonstrates the service had identified improvements required to the service’s cleanliness prior to the Site Audit, and had commenced action to address this. This included staff education and training, workforce recruitment, pest control and reporting services, and ongoing monitoring and review of cleaning schedule completion. The provider’s response identifies further action taken during and after the Site Audit to rectify issues raised. This includes cleaning of consumer rooms and outdoor areas, staff education, audits of consumer rooms and equipment, engagement of new maintenance staff, painting of rooms, regular review of the cleaning schedule, audits and daily walkarounds by management, and including cleaning as a topic in consumer and representative meetings.

While some consumer and representative feedback, and observations by the Assessment Team, identified some issues with the cleanliness of the service environment, I am satisfied the action taken by the service will rectify these issues, with improved monitoring and oversight processes to ensure effectiveness. Most consumers and representatives interviewed said that the service is safe, clean, well maintained and comfortable, and consumers are able to access the environment, both indoors and outdoors freely.

Consumers interviewed by the Assessment Team said the service environment was very comfortable, welcoming and homely. The service’s design is easy to navigate by consumers, staff and visitors. The service is continuously improving the environment by incorporating colour coding and murals to identify individual sections as recommended by consumers and their representatives. Consumers can independently access the internal courtyards, secure balconies, and the designated smoking area at the service.

Consumers and representatives interviewed expressed satisfaction with the equipment, furniture and fittings in use at the service, and that they are clean and safe to use. Consumers and representatives explained how they can enter a repair or maintenance request in allocated folders, confirming that most repairs are promptly attended to. Outdoor and indoor furniture and fittings were observed by the Assessment Team to be generally clean and well maintained. The service demonstrated preventative and reactive maintenance programs in place.

# 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

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

The Assessment Team found the service did not demonstrate appropriate action is taken in response to complaints when things go wrong. Some consumers and representatives interviewed were not satisfied with the action taken in response to their complaint or said no action was taken at all. They said staff do not adequately escalate or communicate their concerns when raised, and often do not receive a response. One consumer and one representative said they have raised multiple issues with care and service delivery, and two consumers said they had complained about the meals at the service, but no improvements had been made in response. One representative felt service management did not respond appropriately to concerns when raised by representatives. Resident meeting minutes reviewed demonstrated consumers and representatives can raise concerns and feedback during meetings. However, action taken in response is not communicated in subsequent meetings. The service did not demonstrate verbal complaints are captured in the complaints system to allow for tracking and documenting of action taken. However, the service demonstrated they implement the principles of open disclosure when investigating complaints.

The provider’s response identifies that the service has followed up with consumers and representatives identified in the Site Audit report to ensure their concerns are resolved in a more satisfactory manner with required improvements to care and services. The provider’s response identifies the service has included complaints as a standard agenda item on all staff and resident meetings, and outlines improved processes for documenting and analysing complaints.

The service has not demonstrated effective processes to ensure appropriate action is consistently taken in response to complaints and feedback.

The service did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. The Assessment Team found the service has not been able to improve issues raised regarding food and laundry services and workforce sufficiency to the satisfaction of consumers despite their repeated complaints and discussions. Some consumers and representatives did not feel complaints or feedback regarding care and service delivery led to sustained improvements to care and services. The Assessment Team found limited evidence that consumer feedback drives continuous improvement at the service. The service is not documenting verbal complaints to allow for accurate trending and analysis.

The provider’s response identifies some action taken by the service in response to identified issues regarding food, laundry and the workforce. The provider’s response identifies ongoing consultation with consumers and representatives will be undertaken and the service’s continuous improvement will be evaluated through feedback from consumers and representatives and data collection.

While some improvements have been made to care and services as a result of feedback and complaints, these have not been demonstrated to be sustainable and effective in ensuring consumer and representative satisfaction. The service has not demonstrated effective review and analysis of complaints to inform continuous improvement at the service.

I find the following Requirements are non-compliant:

* Requirement 6(3)(c)
* Requirement 6(3)(d)

The service demonstrated systems in place to support and encourage consumers and representatives to provide feedback and make complaints in a way that makes them feel safe and comfortable. Consumers interviewed said they felt encouraged to make complaints and were able to access complaint forms easily. However, most chose to provide verbal feedback to management and staff. Some consumers said members of the organisation had visited and they were able to raise concerns with them. Staff interviewed described how they support consumers and their families to make complaints and the process undertaken. The service provides and promotes information regarding access to aged care advocates, language services and external methods of resolving complaints. Consumers were aware of the various ways they could make complaints and were able to seek assistance regarding their rights as consumers if they required.

I find the following Requirements are compliant:

* Requirement 6(3)(a)
* Requirement 6(3)(b)

# 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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

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

The Assessment Team found the service did not demonstrate the workforce deployed enables the delivery of safe and quality care and services that meets each consumer’s needs and preferences. Consumer, representative and staff feedback provided to the Assessment Team outlined various times consumer’s needs have not been met by staff, or not met in a timely manner, due to time and staffing constraints. Consumer and representative feedback included staff rushing when providing care, insufficient staff to redirect wandering consumers, waiting extended periods of time after using their call bell, and consumers not receiving required personal care including hygiene and continence care. Observations by the Assessment Team indicated insufficient staffing to provide quality care and services. For example, consumers calling out for assistance for extended periods of time, consumers wearing dirty clothes, and rooms not cleaned in a timely manner as required. Call bell response data reviewed by the Assessment Team confirmed extended wait times for assistance outside the service’s expectations. Several staff interviewed by the Assessment Team during the Site Audit were agency staff or staff from other services that were not able to provide information regarding consumer’s care needs and preferences.

The provider’s response identifies that staffing levels during the Site Audit were in line with planned needs and all shifts were covered. The provider’s response and the Site Audit report identify the organisation has implemented a workforce improvement plan to attract and retain staff, and reduce vacant shifts and agency staff usage. The provider’s response identifies further action to improve the workforce and meet the needs of consumers, with improvements in call bell response times and cleaning outcomes identified since the Site Audit.

While I acknowledge the service had commenced workforce planning improvements prior to and since the Site Audit, these have not yet been demonstrated to be effective in ensuring the workforce deployed enables the consistent delivery and management of safe and quality care and services.

Consumers and representatives interviewed by the Assessment Team provided feedback that staff did not always have required knowledge or training for their role. Feedback indicated gaps in staff knowledge and further training required regarding the delivery of personal and clinical care, behaviour management, communication, and manual handling. The Assessment Team found the service was not able to demonstrate it implements training for staff in response to identified consumer needs to ensure staff are equipped to deliver quality care and services. The service did not demonstrate a clear system to identify deficits in staff training. Deficits across Standards 1, 2 and 3 of the Quality Standards indicate the workforce is not sufficiently trained, equipped and supported to deliver the outcomes required by these Quality Standards.

The provider’s response demonstrates an education program had commenced at the service prior to the Site Audit in response to self-identified gaps and data. The service continues to deliver a comprehensive education package and is monitoring the attendance and results to determine the impact and further support required.

While the service has implemented education and training programs prior to the Site Audit, these were not effective to ensure the workforce is trained, equipped and supported to deliver the outcomes required by the Quality Standards.

I find the following Requirements are non-compliant:

Requirement 7(3)(a)

Requirement 7(3)(d)

Some consumers and representatives provided feedback that staff interactions are kind, caring and respectful of consumer’s identity, culture, and diversity. While some consumers, representatives and the Assessment Team identified instances in which staff were not always respectful, these were generally linked to insufficient staffing levels and poor personal and/or clinical care delivery. Therefore, I have considered this feedback and observations in my assessment of Requirement 3(3)(a) and Requirement 7(3)(a). The provider’s response identifies that action had been commenced prior to the Site Audit to improve staff interactions with consumers, with further continuous improvement implemented since the Site Audit. This includes staff education, training and reminders, management oversight during meal service, increased spot checks and monitoring processes, and ongoing consultation with consumers and representatives.

The Assessment Team found the service demonstrated members of the workforce are competent and have the skills to perform their roles effectively. While gaps in staff knowledge were identified, particularly in relation to the assessment, planning and delivery of personal and clinical care, I have considered this in my assessment of Requirement 7(3)(d). The service has effective processes to ensure staff have required qualifications, police checks and registrations relevant to their roles. Orientation and induction are provided to all new staff which includes competencies and buddy shifts. Clinical competencies are provided for identified staff administering medications.

The service demonstrated it effectively monitors staff performance on a regular basis. The organisation has policies and procedures to guide staff performance management processes. Staff interviewed said they have engaged in the performance monitoring procedure which enables them to evaluate their skills and identify role specific training or personal development. The service provided documentation demonstrating 100% of staff completed required performance appraisals in 2022.

I find the following Requirements are compliant:

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(e)

# 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. | 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

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

The Assessment Team found the service did not demonstrate organisational governance systems implemented at the service are consistently effective. Information management systems relating to communication of consumer needs and preferences, and handover processes were not consistently effective in ensuring staff had required information to provide safe and effective care to consumers. The service did not demonstrate the organisation’s processes regarding feedback and complaints are implemented at the service, including to inform continuous improvement actions. Workforce governance systems have not been effective to ensure the workforce deployed is sufficient and supported to deliver the requirements of the Quality Standards. The organisation generally demonstrated effective systems to ensure the service complies with regulatory obligations. However, gaps in behaviour support plans being in line with current legislation were identified. The service demonstrated effective financial governance systems are implemented at the service.

The provider’s response includes additional information regarding the information management and handover processes at the service, and that the service is working with organisational teams to upskill staff and address gaps in behaviour support planning. The provider’s response identifies the service has addressed gaps in the feedback, complaints, and continuous improvement systems to ensure they align with organisational expectations.

While the provider has implemented action to ensure organisational expectations and systems are effectively implemented at the service, this has not been demonstrated to be effective in relation to feedback and complaints, continuous improvement, and workforce governance. I am satisfied the service and the provider’s response demonstrates effective systems implemented regarding information management, financial governance, and regulatory compliance.

The Assessment Team found while the service has a clinical governance framework in place, this has not been effective to ensure clinical oversight and quality clinical care for consumers. Deficiencies in the management of behaviours requiring support, skin integrity and pain were identified for several consumers. Gaps in the assessment and implementation of restrictive practices and behaviour support plans were identified. However, governance systems regarding open disclosure and antimicrobial stewardship were effective.

The provider’s response includes additional information about the clinical governance systems in place at the service, and action taken in response to deficits in clinical care and restrictive practices.

While the service has addressed the deficits in clinical care delivery for consumers named in the Site Audit report, I am not satisfied organisational clinical governance and oversight has been effective to ensure safe and quality clinical care for consumers at the service, including best practice regarding restrictive practices and behaviour support plans. The service has been non-compliant in Requirement 3(3)(a) since the Site Audit conducted 9 to 14 December 2020. Deficits are still evident in the management of consumer pain and skin integrity, and consumer and representative satisfaction with clinical care delivery. Organisational clinical governance has not been effective in rectifying this non-compliance.

I find the following Requirements are non-compliant:

Requirement 8(3)(c)

Requirement 8(3)(e)

The Assessment Team found while the organisation has risk management systems and practices to ensure risks are identified, analysed and mitigated, the service was not able to demonstrate these systems are effectively implemented at the service. Review of work instructions and risk management documentation shows they provide staff with guidance regarding the process and procedures in identifying, documenting, and managing risk for consumers. The service has a risk register that identifies, records and places controls for risks identified for consumers. However, the Assessment Team identified gaps in the management of risks for some consumers including restrictive practices, behaviours requiring support, and wound management. Review of SIRS documentation demonstrated investigations are undertaken in response to incidents, and actions to mitigate reoccurrence are developed. However, the Assessment Team identified some incidents that were not considered as to whether they should be reported to the SIRS. The Assessment Team found effective systems were in place to support consumers to live their best life.

The Site Audit report and provider’s response demonstrates that incidents identified by the Assessment Team were reported to the SIRS during the Site Audit, or once raised with the service. While gaps were identified in the management of some consumer’s behaviours and wounds, I have considered this in my assessment of Requirement 3(3)(a) as individual instances of poor clinical care and Requirement 8(3)(e) regarding ineffective clinical oversight and governance. Overall, I am satisfied the organisation has effective risk management systems and practices implemented at the service.

The organisation demonstrated it supports consumers to be involved in the development, delivery and evaluation of care and services. The service provided examples of how the organisation engages consumers and incorporates their feedback and suggestions into changes implemented at the service and organisational level. For example, actions from resident meetings are reported to the organisation’s board, engagement of consumer representatives to voice the needs of the consumer cohort, surveys, and organisational representatives visiting the service.

The service demonstrated its governing body promotes a culture of safe, inclusive and quality care and services. The board is supported by subcommittees who monitor and review areas including finance, organisational risk, and provision of care, and implement changes such as revisions to policies and procedures to align with new legislative requirements. A falls management program was implemented and driven by the board in response to analysis of clinical indicators. The board had visited the service and discussed falls management and prevention strategies, with the physiotherapist in attendance. Review of staff resources shows the organisation endeavours to set expectations for staff through the organisation mission, vision and values, responsibilities regarding the Quality Standards, resident charter of rights, dignity of risk and choice for consumers and legislative framework.

I find the following Requirements are compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(d)

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-1)