Performance

Report

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| Name of service: | Performance report date: |
| Bupa Waratah | 28 June 2022 |
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| Approved provider: | Activity date: |
| Bupa Aged Care Australia Pty Ltd | 3 May 2022 – 5 May 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 Waratah (**the service**) has been prepared by Kirsten Peddie, 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 14 June 2022 and 27 June 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 | **Non-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 ensures each consumer is treated with dignity and respect on all occasions including staff speaking respectfully to consumers when consumers require assistance and providing timely assistance to consumers.
* Requirement 1(3)(c) – the approved provider ensures each consumer is supported to exercise choice and independence and is supported to make connections and maintain relationships with others including choice of when to get out of bed, frequency and time of showers, being able to attend activities with other consumers and maintain independence through mobility.
* Requirement 2(3)(a) – the approved provider ensures assessment and planning is completed comprehensively and accurately for all consumers with all required information being completed and information recorded accurately.
* Requirement 2(3)(b) – the approved provider ensures each consumer’s needs, goals and preferences are identified and addressed through a comprehensive assessment and planning process that records accurate and complete information.
* Requirement 2(3)(c) – the approved provider ensures assessment and planning is based on partnership with the consumer and others the consumer wants involved in their care, the service should ensure the consumer and/or the consumer representative are always informed or consulted when assessment and planning occurs.
* Requirement 2(3)(d) – the approved provider ensures the outcomes of assessment and planning are effectively communicated to each consumer or consumer representative and continues the improvements that have been made to ensure a care and services plan is available, and that availability is communicated, to each consumer or consumer representative.
* Requirement 2(3)(e) – the approved provider ensures care and services are reviewed both through the service’s routine regular review process of each consumer’s care and services and when consumer circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Requirement 3(3)(a) – the approved provider ensures each consumer gets safe and effective personal care and clinical care including in the areas of restrictive practices, pain management, wound management and behaviour support.
* Requirement 3(3)(b) – the approved provider ensures effective management of high-impact or high prevalence risks including the high-impact or high-prevalence risks for each consumer are identified and staff are aware of each consumer with a high impact or high prevalence risk and how to manage the risk for the individual consumer, this includes risks in the areas of management of pain, behaviour, medication, falls, wight loss, delirium and pressure injuries.
* Requirement 3(3)(c) – the approved provider ensures the needs, goals and preferences of consumers nearing end of life are recognised and documentation is complete to ensure at the appropriate time end of life pathways can be implemented in a timely manner, this includes consultation with consumers and/or consumer representatives before and during the end of life process.
* Requirement 3(3)(d) – the approved provider ensures effective processes for staff to be able to recognise and respond to deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition, and discussion is held with the consumer and/or consumer representative when deterioration or change occurs for a consumer.
* Requirement 3(3)(e) – the approved provider ensures information documented about consumers is complete and accurate so when information is shared about the consumer’s condition, needs and preferences it provides an understanding of the consumer and subsequently improves outcomes for the consumer.
* Requirement 3(3)(f) – the approved provider ensures there is timely referral of consumers to other organisations and providers of care, and where recommendations are made from other providers these are included promptly in consumer’s care and services documentation and staff are informed of any care and service changes for the consumer.
* Requirement 3(3)(g) – the approved provider ensures the minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection in managing shared equipment and following screening process for staff and visitors entering the service.
* Requirement 4(3)(a) – the approved provider ensures the services has identified for each consumer what services and supports for daily living will meet each consumer’s needs, goals and preferences so they can be delivered in a safe and effective way to ensure consumers are not lonely or bored, and their daily life in the service optimises their independence, health, well-being and quality of life.
* Requirement 4(3)(b) – the approved provider ensures the service has identified what services and supports each consumer needs to promote each consumer’s emotional, spiritual and psychological well-being, including access to religious services, support following personal loss and support for consumers who are lonely; services and supports available should be communicated to consumers and staff should be familiar with the services and supports each consumer needs.
* Requirement 5(3)(b) – the approved provider ensures the service environment is safe, clean, well maintained with effective processes to identify maintenance and cleaning needs and ensure these are completed. Consumers in all areas of the service including the memory support area should be able to move freely indoors and outdoors.
* Requirement 5(3)(c) – the approved provider ensures there is a process to monitor furniture, fittings and equipment including furniture in consumer communal areas and care and support equipment, to ensure it is safe, clean and well-maintained and action is taken when it is identified that cleaning, maintenance or replacement is required to ensure the furniture, fittings and equipment in the service are suitable for consumers.
* Requirement 6(3)(c) – the approved provider ensures appropriate action is taken in response to feedback and complaints, and consumers and consumer representatives are informed of action taken in response to their feedback and complaints and involved in finding options to resolve their concerns.
* Requirement 6(3)(d) – the approved provider ensures feedback and complaints are used to improve the quality of care and services and consumers, consumer representatives and staff are informed of how feedback and complaints are being used to improve the quality of care and services.
* Requirement 7(3)(a) – the approved provider ensures the number and mix of members of the workforce enables the delivery of safe and quality care and services to ensure consumers are provided the care they need, consumers are not waiting extended periods for care, consumers are provided care in a manner that does not feel rushed and staff can delivery quality care and services.
* Requirement 7(3)(c) – the approved provider ensures the workforce is competent and members of the workforce have the knowledge to effectively perform their roles including in communicating with consumers and providing care, services and supports in line with consumer needs.
* Requirement 7(3)(e) – the approved provider ensures assessment, monitoring and review of the performance of each member of the workforce occurs through both their annual performance review basis and through an ongoing regular basis and consumers, consumer representative and staff are aware of how staff performance is regularly assessed, monitored and reviewed.
* Requirement 8(3)(a) – the approved provider ensures consumers are supported to be engaged in the development, delivery and evaluation of care and services and consumers are aware of how they can be involved and how their involvement has made a difference. The organisation should support consumers from diverse backgrounds to be engaged in the development, delivery and evaluation of care and services.
* Requirement 8(3)(c) – the approved provider ensures that organisation wide governance systems for information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints are operating effectively in the service and the approved provider continues to undertake the actions outlined in their response and embed improvements into their usual practice so effective governance improves outcomes for consumers.
* Requirement 8(3)(d) – the approved provider ensures effective risk management systems and practices including for ensuring the service identifies the high-impact or high-prevalence risks associated with the care of consumers to ensure all risks have been identified, assessed and risks removed or reduced, staff education and understanding of identifying and responding to abuse and neglect of consumers must be improved with ongoing monitoring to ensure appropriate protections and safeguards in the delivery of care and services and appropriate response to incidents, improvements outlined in the approved provider response across the Quality Standards should continue and be embedded into usual practice to support consumers to live the best life they can and incidents should be managed and resolved to reduce or prevent further incidents including through use of incident data to improve the quality of care and services to consumers.
* Requirement 8(3)(e) – the approved provider ensures their clinical governance framework is effective in minimising the use of restraint, restraint authorisation and consent for the use of restraint is undertaken in compliance with legislation, staff understand and demonstrate that restraint is a last resort, any application of restraint is documented, and the safety and well-being of all consumers who have an authorised restraint is monitored.

# Standard 1

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| Consumer dignity and choice | | Non-compliant |
| 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. | Non-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 two requirements are non-compliant:

* Requirement 1(3)(a) Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* Requirement 1(3)(c) Each consumer is supported to exercise choice and independence, including to:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

Consumers and consumer representatives provided mixed feedback on being treated with dignity and respect, exercising choice and independence and making connections with others.

While some consumers advised they are treated with dignity and respect, have choice and independence and can make and maintain connections with others there were consumers who had a difference experience.

The assessment team provided examples of consumers and consumer representatives who were dissatisfied with how consumers were treated and supported by the service with a failure for dignity and respect being shown to consumers on all occasions. Three consumers gave examples of staff speaking disrespectfully to the consumer when the consumer required assistance. Four consumers advised delay in staff providing toileting assistance has led to incidents impacting on their dignity. The assessment team also heard a consumer in their room requesting for a staff member to stop and the staff member speaking over the consumer insisting they need to wash the consumer’s face.

One consumer advised they are not provided choice about when they can get out of bed, shower or attend activities, this also impacts on their independence and ability to make connections with others. One consumer advised they are not supported to maintain their independence, as the consumer would like to walk more to help their mobility and for enjoyment, but the consumer is not provided the assistance they need from staff to support the frequency the consumer wants to walk. One consumer advised they would like to get out of bed, but this rarely happens.

The approved provider responded to the site audit report and acknowledged the concerns raised by the assessment team that consumers are not always treated with dignity and respect, supported to exercise choice and independence and make connections with others.

The approved provider provided evidence to show the actions they have taken to resolve consumer concerns. The approved provider has taken specific action for individual consumers and further actions across the service to address the improvement required.

Management representatives from the organisation and the service have met with consumers identified by the assessment team. Investigations into incidents where staff did not treat the consumers with dignity and respect are occurring and one has progressed to performance management. Case conferences have been held with consumers and subsequent changes have been made to consumer care to support consumer choice, independence and ability to make connection with others; education has been provided to staff on the care changes. Management are checking with the consumers on a weekly basis to review the effectiveness of the actions and seek ongoing feedback from the consumers.

A review has occurred of all consumer’s care plans to ensure they accurately reflect the consumer’s preferences. Management are undertaking observation audits of staff interactions with consumers. The organisation held a meeting with all staff to discuss the findings of the assessment team and re-set clear expectations for all interactions with consumers. The Charter of Aged Care Rights was issued for all staff to review and return with acknowledgement of their understanding. All staff are also undertaking mandatory e-learning on the code of conduct.

The evidence compiled during the site audit was acknowledged by the approved provider, and persuasively showed sustained non-compliance for requirements 1(3)(a) and 1(3)(c). While I note the approved provider has taken action in response to the information raised in the assessment team report, I was not provided sufficient evidence in the approved provider’s response to satisfy me that the service has addressed all of the deficiencies identified in the site audit; these include having the systems and processes to identify and address consumers’ concerns, review outcomes and adjust staff practice. The approved provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice to ensure all consumers are provided care and support with dignity and respect, that supports choice and independence and allow consumers to make and maintain connections with others. Accordingly, I am satisfied that requirements 1(3)(a) and 1(3)(c) are non-compliant.

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

Consumers and consumer representatives who spoke with the assessment team said consumers’ culture and diversity is valued and consumer cultural identity is supported. Information about consumers’ life history and cultural needs is reflected in care planning documentation. Language used in consumer documents is respectful towards consumers. Staff demonstrated an understanding of diversity and providing individualised and inclusive care for consumers.

Consumers and consumer representatives said the organisation respects consumer wishes and preferences relating to risks consumers may wish to take to support the consumer’s independence and self-determination to make their own choices. Care planning documentation includes risk assessments where appropriate.

Consumers and consumer representatives are satisfied with how current information is communicated to them. Information for consumers was clear and easy to understand. Staff described strategies to adapt communication to meet the diverse needs of consumers.

Consumers and consumer representatives said consumer privacy is respected. Consumers said staff knock on their door and maintain their privacy when providing personal care and in communication and other interactions. Consumer information is stored securely, and staff are reminded of the importance of confidentiality for consumers.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Non-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. | Non-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 that all five requirements in this Quality Standard are non-complaint.

* 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.
* 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.
* Requirement 2(3)(c) The organisation demonstrates that assessment and planning:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

* 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.
* 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.

Consumers and consumer representatives provided feedback to the assessment team which demonstrates that some consumers and consumer representatives are not a partner in the ongoing assessment and planning to help consumers get the care and services consumers needed for the consumer’s health and well-being.

There is a process for assessment and planning including consideration of risks to consumer health and well-being, however, due to gaps in information or information not being recorded accurately for all consumers there is an impact on the use of the information to inform the delivery of safe and effective care and services. The gaps and inaccurate information mean that consumer’s current needs, goals and preferences are not always identified in assessment and planning.

While some consumers and consumer representatives said they felt the consumer, and others the consumer wanted involved in assessment, planning and review, were in a partnership with the organisation, the assessment team received feedback from other consumers and consumer representatives that they were not always informed or consulted when assessment, planning and review occurred. Assessment, planning and review did show evidence of other organisations, individual and providers of care and services to the consumer, such as medical officers and allied health professionals, being included in the process.

Most consumers and consumer representatives said they had not been informed the consumer had a care plan or that the care plan was available to them.

The assessment team found that care and services were reviewed on a regular basis through a planned schedule of review, however review of care and services was not always occurring when circumstances change or when incidents impact on the goals and preferences of the consumer.

The approved provider responded to the site audit report and acknowledged the concerns raised by the assessment team.

The approved provider supplied evidence to demonstrate the actions that have been taken to address the issues raised. The approved provider has taken specific actions for consumers identified by the assessment team including meeting with consumers and consumer representatives, reviewing and updating assessment and planning documentation, and ensuring ongoing engagement and partnering with the consumer is established.

The approved provider held a resident and relative meeting in early June 2022 during which all consumers were advised as to their right to receive their care plan and how to arrange this. The approved provider is undertaking consultation with all consumers and consumer representatives through their new assessment and care planning process and during the consultation copies of assessments and care plans will also be offered.

The approved provider has developed a plan for continuous improvement supported by a training plan that outlines education staff are undertaking to improve capacity in meeting consumer needs. Education is being provided in assessment and care planning processes, family conferences and partnering in care, use of the approved provider’s electronic clinical documentation system, incident management and deterioration which both lead to a review of consumer care and services. Education is being provided face and face and supported with clinical coaching.

The approved provider is reviewing all consumer incidents to ensure information is translated into care plans as required.

The evidence compiled during the site audit was acknowledged by the approved provider, and persuasively showed sustained non-compliance for requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e). While I note the approved provider has taken action in response to the information raised in the assessment team report, I was not provided sufficient evidence in the approved provider’s response to satisfy me that the service has addressed all of the deficiencies identified in the site audit; these include having the systems and processes to identify and address consumers’ concerns, review outcomes and adjust staff practice. The approved provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice to ensure all consumers are a partner in initial and ongoing assessment and planning that focuses on optimising their health and well-being in accordance with the consumer’s needs, goals and preferences. Accordingly, I am satisfied that requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) are non-compliant.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | Non-compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Non-compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied that all seven requirements in this Quality Standard are non-complaint.

* Requirement 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.

* Requirement 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.
* 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.
* 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.
* 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.
* Requirement 3(3)(f) Timely and appropriate referrals to individuals, other organisations and providers of other care and services.
* Requirement 3(3)(g) Minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

Consumers and consumer representatives said that consumers do not always get personal care and clinical care that is safe and right for consumers.

The organisation has policies and procedures to guide the delivery of safe personal and clinical care but did not demonstrate each consumer receives personal and clinical care in a safe and effective manner. Care was identified that was not in line with best practice and did not optimise each consumer’s health and well-being. The assessment team identified psychotropic medications were not managed in line with best practice, one consumer did not have an authorisation for chemical restraint and risk assessments had not been completed for consumers with restrictive practices. Gaps were also identified in pain management, wound management and behaviour support plans.

Consumers and consumer representatives expressed dissatisfaction with the management of high impact and high prevalence risks associated with the care of consumers. Concerns were expressed in the management of pain, behaviour, medication, falls, weight loss, delirium, and pressure injuries. Staff were aware of some of the high prevalence or high impact risks for some consumers and some strategies for how to manage them. The service records consumer risks on a register to monitor consumers with a high impact or high prevalence risk, however the assessment team identified not all identified consumers’ risks have been assessed or had agreed strategies to mitigate the risks.

Not all consumers and consumer representatives said they had been consulted on the consumer’s end of life wishes. The service does have systems to identify end of life needs, goals and preferences of consumers, but the assessment team found end of life information for two consumers was incomplete and end of life pathways had not always been implemented or implemented in a timely manner.

Consumers and consumer representatives provided mixed feedback on the service’s response when there was deterioration or change in a consumer’s condition. Some consumer representatives said they were not always informed of changes or incidents, and some consumer representatives said they were the ones who identified the change in the consumer. Review of incident reports by the assessment team shows actions are usually taken immediately after incidents to ensure the safety of the consumer, there was however limited evidence on investigation of incidents.

Consumer information is documented through care planning documentation, however gaps in this documentation mean that each consumer’s condition, needs, and preferences are not accurately documented. Consequently, the information shared about a consumer does not provide a complete picture of the consumer’s care needs and preferences. Staff advised the assessment team they are given information about consumers at handover and refer to consumers’ care plans. Some consumer representatives said they had not been informed about the consumer’s condition, needs and preferences.

Consumers and consumer representatives said that consumers can see their doctor if they are unwell and consumers are referred to a physiotherapist following a fall. While registered nurses could describe the methods to refer consumers to allied health and other providers of care and services, the assessment team found gaps in evidence of timely referral to other organisations and providers of care for some consumers. Recommendations from other providers involved in consumer care were not consistently implemented into the consumer’s care plan.

The service has processes for minimising infection-related risks including staff training, guidelines, cleaning programs and an outbreak management plan. Antimicrobial stewardship is included in policy and procedure and staff understand their roles regarding appropriate use of antibiotics. However, the assessment team observed infection control practices in the management of shared equipment was not in line with standards and transmission-based precautions. The service does screen staff and visitors on entry, but on the first day on site the assessment team were not asked to show evidence of their vaccination. One consumer representative advised there were times when entry screening did not occur.

The approved provider responded to the site audit report and acknowledged the concerns raised by the assessment team.

The approved provider supplied evidence to demonstrate the actions that have been taken to address the issues raised. The approved provider has taken specific actions for consumers identified by the assessment team including meeting with consumers and consumer representatives, review of consumer documentation and updating personal and clinical needs where required, additional assessments and monitoring commenced, updating individual consumer information on high impact or high prevalence risks, referral to the consumer’s medical officer as appropriate, and review by other providers of care for example a dietitian or speech pathology as appropriate.

The approved provider is reviewing all consumers with restrictive practices, consumers who have experienced falls, and all consumer weights are being reviewed. All consumer assessment and care plans are being reviewed. Clinical indicators are also being analysed for identification of tends and improvement actions.

The approved provider has developed a plan for continuous improvement supported by a training plan that outlines education staff are undertaking to improve capacity in meeting consumer needs. Education is being provided in monitoring of care, identification of risk, clinical deterioration and deterioration of consumers, incident management and incident escalation, referral processes, infection control, completion of charts and monitoring, and use of the approved provider’s electronic clinical documentation system. There are also specific sessions on falls management, palliative care, weight management, psychotropic medication, restrictive practices and behaviour support plans. Education is being provided face and face and supported with clinical coaching.

The evidence compiled during the site audit was acknowledged by the approved provider, and persuasively showed sustained non-compliance for requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d) 3(3)(e), 3(3)(f) and 3(3)(g). While I note the approved provider has taken action in response to the information raised in the assessment team report, I was not provided sufficient evidence in the approved provider’s response to satisfy me that the service has addressed all of the deficiencies identified in the site audit; these include having the systems and processes to identify and address consumers’ concerns, review outcomes and adjust staff practice. The approved provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice to ensure all consumers get personal care and clinical care that is safe and right for each consumer and is in accordance with each consumer’s needs, goals and preferences to optimise health and well-being. Accordingly, I am satisfied that requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d) 3(3)(e), 3(3)(f) and 3(3)(g) are non-compliant.

# Standard 4

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| Services and supports for daily living | | Non-compliant |
| 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. | Non-compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Non-compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | 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

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

* 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.
* Requirement 4(3)(b) Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Consumer feedback was mixed with some consumers indicating services and supports for daily living meet their needs and enables them to do the things they want to do and other consumers advising they are bored, lonely and have nothing to do. One consumer told the assessment team the service was a lonely place and one consumer advised they were lonely and bored staying in their room. Two consumers indicated if you don’t like particular activities there is nothing to do, one consumer said they were bored. The assessment team observed three consumers on one occasion in a lounge in front of a television they were not watching, staff were not engaging with the consumers. Not all staff were aware of the daily living needs, goals and preferences of consumers to optimise each consumer’s independence, well-being and quality of life.

Consumers were not able to consistently describe the services and supports available to promote their emotional, spiritual and psychological well-being. Some consumers indicated to the assessment team that they would like to attend church or have communion. One consumer said they were so lonely they could cry and there was no one at the service to talk to. Documentation did not show evidence of emotional or psychological support being provided to one consumer whose spouse had recently passed away. Staff were not able to describe services available to support consumers’ emotional, spiritual and psychological well-being. Not all staff were familiar with each consumer’s spiritual or religious beliefs and preferences. Staff were aware for one consumer how to support the consumer’s beliefs for the consumer’s well-being.

The approved provider responded to the site audit report and acknowledged the concerns raised by the assessment team.

The approved provider supplied evidence to demonstrate the actions that have been taken to address the issues raised. The approved provider has taken specific actions for consumers identified by the assessment team including meeting with consumers and consumer representatives, review and updating of care plans, development of an individualised lifestyle program and ensuring ongoing consumer engagement with external psychological services.

The approved provider is undertaking a survey of all consumers to better understand the services and supports for daily living that will meet consumer’s needs, goals and preferences. The lifestyle program is being reviewed and the service is re-embedding consumer focus groups and the increasing the frequency of resident and relative meetings to ensure ongoing feedback into the lifestyle program at the service.

The approved provider has developed a plan for continuous improvement supported by a training plan that outlines education staff are undertaking to improve capacity in meeting consumer needs. Education is being provided including in in meaningful engagement and providing emotional support, spirituality and well-being, and cultural needs and cultural diversity.

The approved provider is engaging an occupational therapist to review seating in the service and ensure seating is supportive of consumer needs to support consumers who chose to be out of their rooms and also to attend activities in the service. The service management are also undertaking observational audits to assess consumer’s engagement in activities in the service.

The evidence compiled during the site audit was acknowledged by the approved provider, and persuasively showed sustained non-compliance for requirements 4(3)(a) and 4(3)(b). While I note the approved provider has taken action in response to the information raised in the assessment team report, I was not provided sufficient evidence in the approved provider’s response to satisfy me that the service has addressed all of the deficiencies identified in the site audit; these include having the systems and processes to identify and address consumers’ concerns, review outcomes and adjust staff practice. I would remind the approved provider that services and supports for daily living go beyond a lifestyle activity program and encompass supporting consumers to live as independently as possible and enjoy life. The approved provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice to ensure all consumers are provided safe and effective services and supports that optimise the consumer’s independence, health, well-being and quality of life. Accordingly, I am satisfied that requirements 4(3)(a) and 4(3)(b) are non-compliant.

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

Consumers said they are able to participate in their community within and outside the organisation. Consumers indicated they expect further community activities will resume with the easing of COVID-19 restrictions. Staff advised some community activities have recommenced. All consumers interviewed advised they are able to maintain relationships that are important to them. Consumers advised the assessment team they are supported to stay in contact with families and friends and additional support was provided to ensure this during the recent lockdown.

The service has processes to document and share information about the consumer’s condition, needs and preferences for services and supports for daily living, both within the organisation and where responsibility for care is shared with others. Most consumer’s documentation reviewed by the assessment team had information relevant to services and supports for daily living. Information documented was consistent with the information consumers shared in interviews with the assessment team.

The assessment team reviewed documentation showing referral for one consumer to the National Disability Insurance Scheme which has provided a support worker to support the consumer’s emotional and social needs.

Consumers said they like their meals, there is sufficient variety and meals are of a suitable size. Consumer advised they can access food and drinks between scheduled food delivery times. There is a process for staff to update changes to consumer’s meal requirements and consumer dietary preferences are used by catering staff in preparing meals.

Consumers said they feel safe using equipment in the service. The service has processes for both routine and required maintenance and cleaning for equipment that is used by consumers.

# Standard 5

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| Organisation’s service environment | | Non-compliant |
| 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Non-compliant |

## Findings

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

* Requirement 5(3)(b) The service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

* Requirement 5(3)(c) Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

Most consumers said their rooms are clean and comfortable and the service is easy for them to navigate their way around both internally and externally. Two consumer’s bedrooms were observed by the assessment team to have holes in the wall. In one consumer’s room a power socket had been pushed into the hole in the wall with wires visible, the consumer said the hole had been there for months. Staff advised the holes in the consumer’s walls had been there for some time and had been reported to maintenance and previous management. Management were not aware of the holes but immediately arranged to have them fixed during the site audit.

The assessment team observed the service was not well maintained internally and externally. The assessment team observed walls, skirting boards, door frames and doors in consumer rooms, consumers’ communal areas, corridors and bathrooms to be scratched, scraped, chipped and appear dirty. Windows were observed to be dirty and have cobwebs attached. The vinyl in the corridors was worn in areas and had dirt built up on the edges. The communal balcony on the first floor had dirt and chipped pain on the railings and in the downstairs communal outdoors area pavers were stained and the garden was overgrown. The maintenance officer advised the service were in the process of organising for the pavers to be cleaned and gardens attended.

The assessment team observed the garden area in the memory support area of the service was not easy to access for consumers in that area, as throughout the site audit the assessment team observed the door were locked, meaning consumers could not move freely outdoors.

The assessment team observed some of the furniture and equipment in the service was not clean and did not appear well maintained. Several chairs in the communal lounge were observed to have worn out fabric and some seats had stains and appeared dirty. Several consumer overbed tray tables had legs/frames that were rusty, missing paint and appeared dirty. The frame of a mechanical lifter used to weigh consumers was observed to be rusty and appear dirty.

The approved provider responded to the site audit report and acknowledged the concerns raised by the assessment team.

The approved provider supplied evidence to demonstrate the actions that have been taken to address the issues raised. The approved provider confirmed information provided by the management team during the site audit that planned refurbishment was scoped and approved however had been delayed by the COVID-19 pandemic. The approved provider advised of the following actions that were taken during and since the site audit, the holes in the consumer rooms have been repaired, the mechanical lifer which was rusty had been discarded and replaced and additional new lifters purchased, the windows have been cleaned inside and out, the pavers have been pressure washed as have all external paths, the gardener has attended and trimmed and weeded the garden, the flooring of the first floor balcony has been pressure cleaned and the railing is due to be cleaned and repainted, replacement vinyl will be installed in the common areas and cleaning of the edges of the vinyl has occurred, an audit has been taken of all communal furniture pending recommendations and approval for purchase of replacement furniture, and over bed tray table with rust and missing paint are being discarded and new tray tables have been ordered.

The approved provider advised there are changes to the keypad system in progress to ensure all consumers in the service can access the external areas of the service, whilst this is occurring staff are supporting consumers to access outdoor areas and have provided access codes for consumers who can independently access the external areas.

All actions outlined in the approved provider response have been included in their plan for continuous improvement and the regional asset manager has increased the frequency of visits to the service and monitoring of the maintenance system.

The evidence compiled during the site audit was acknowledged by the approved provider, and persuasively showed sustained non-compliance for requirements 5(3)(b) and 5(3)(c). While I note the approved provider has taken action in response to the information raised in the assessment team report, I was not provided sufficient evidence in the approved provider’s response to satisfy me that the service has addressed all of the deficiencies identified in the site audit; these include having the systems and processes to identify and address consumers’ concerns, review outcomes and adjust staff practice. The approved provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice to ensure all consumers are provided a safe clean, well maintained environment with furniture, fittings and equipment that is safe, clean and well maintained. Accordingly, I am satisfied that requirements 5(3)(b) and 5(3)(c) are non-compliant.

I am satisfied the remaining one requirement of Standard 5 Organisation’s service environment is compliant.

Consumers advised the service is easy for them to navigate around. Consumers were observed by the assessment team to have access to call bells in their bedrooms and there is also call bell access in consumer bathrooms. There are communal areas for consumers to engage in daily living within the service, including engagement and interaction with other consumers and staff, spaces to meet with family and friends and areas to attend activities.

**Standard 6**

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| Feedback and complaints | | Non-compliant |
| 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 two requirements are non-compliant:

* Requirement 6(3)(c) Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Requirement 6(3)(d) Feedback and complaints are reviewed and used to improve the quality of care and services.

Consumers said that the service had not taken appropriate action in response to their feedback and complaints. The majority of consumers interviewed felt little or no action was taken to find solutions for their complaints and complaints remained unresolved. Consumers said they had not seen change or improvements in the quality of care and services as a result of complaints and feedback. One consumer said they had made several complaints about the same issue and no action had been taken to date. One consumer said they had made a number of suggestions in writing and only two of their suggestions had been actioned. One consumer said they had made verbal complaints to staff and management, and these have not been actioned.

Staff interviewed could not give any examples of improvement to the quality of care and services in response to complaints.

The approved provider responded to the site audit report and acknowledged the concerns raised by the assessment team.

The approved provider supplied evidence to demonstrate the actions that have been taken to address the issues raised. The approved provider has taken specific actions for consumers identified by the assessment team including meeting with consumers and consumer representatives and taking action to acknowledge and work towards sustainable resolution of complaints raised. The service met with and addressed the issue for the consumer who advised they had made several complaints about the same issue and the consumer has advised they are happy with the outcome. The service has ensured the consumer who has made complaints in writing has had their complaints responded to and have checked to ensure satisfaction with responses. The service is also checking to ensure response and action occurred and continues to occur for the consumer who made verbal complaints.

The service is raising awareness of the complaints process through resident and relative meetings and is actively seeking feedback from consumers and consumer representatives regarding complaints resolution during the resident and relative meetings.

The approved provider is providing face to face education to all staff on complaints handing and complaints have been included as a standing agenda item for all staff meetings. Management at the service are reviewing and maintaining the complaints register to ensure the organisation’s complaints handling process is followed. Complaints are being analysed so they can be used to inform continuous improvement.

The evidence compiled during the site audit was acknowledged by the approved provider, and persuasively showed sustained non-compliance for requirements 6(3)(c) and 6(3)(d). While I note the approved provider has taken action in response to the information raised in the assessment team report, I was not provided sufficient evidence in the approved provider’s response to satisfy me that the service has addressed all of the deficiencies identified in the site audit; these include having the systems and processes to identify and address consumers’ concerns, review outcomes and adjust staff practice. I would encourage the approved provider to ensure the improvements in their feedback and complaints process include informing consumers and consumer representatives how feedback and complaints are being used to improve the quality of care and services. The approved provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice to ensure all consumers are engaged in the process to address feedback and complaints and that action that is taken in response for both individual consumers and where appropriate for the whole service or organisation. Accordingly, I am satisfied that requirements 6(3)(c) and 6(3)(d) are non-compliant.

I am satisfied the remaining two requirements of Standard 6 Feedback and complaints are compliant.

Most consumers said they felt safe and support in providing feedback and making complaints. Consumers felt confident and were aware of how to make complaints and provide feedback. Consumers described how they could make complaints in writing or by verbally reporting to staff or to management in the service. The assessment team observed information about advocates, legal aid and language services was available to consumers.

**Standard 7**

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| Human resources | | Non-compliant |
| 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. | Non-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. | Non-compliant |

## Findings

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

* 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.
* Requirement 7(3)(c) The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Requirement 7(3)(e) Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

Consumers and consumer representatives interviewed said there are insufficient staff to deliver safe and quality care and services. Consumers and consumer representatives advised consumers have to wait for care and consumers are not provided care in line with their needs and preferences due to insufficient staffing. Some consumers felt staff were rushed when they provide care, and consumers and consumer representatives also commented at times staff are too busy to provide care.

Staff interviewed stated for most shifts the service did not have enough staff for them to provide quality care and services, particularly for the morning shift.

Consumers and consumer representatives said they believe staff need more training and knowledge to improve competence so staff can effectively perform their roles. A number of consumers and consumer representative commented on staff not understanding how to best communicate with consumers due to the consumer’s diagnosis or current condition.

Most staff advised they had not completed a performance review or participated in performance development, assessment or review in the previous six months. The service’s process is to review and evaluate staff performance on an annual basis and during the induction period for new staff. Staff complete self-assessment with a supervising staff member. The service has a new performance review monitoring strategy under the new general manager and has commenced performance reviews for all staff.

The approved provider responded to the site audit report and acknowledged the concerns raised by the assessment team.

The approved provider supplied evidence to demonstrate the actions that have been taken to address the issues raised. The approved provider has taken specific actions for consumers identified by the assessment team including meeting with consumers and consumer representatives about their concerns.

The approved provider advised that prior to the site audit workforce challenges had been identified and the service is recruiting staff, recruitment is ongoing. The service has also commenced strategies to support the retention of staff. Since the site audit the general manager has commenced a roster review with organisational support.

The approved provider has prepared and commenced a training plan, focussed on areas in the Quality Standards where the site audit identified improvements are required, to ensure staff have the required knowledge and are competent to perform their roles. This is supported by the plan for continuous improvement.

The approved provider confirmed that the irregular staff performance review had been identified by the general manager and the performance review process had commenced, with a performance tracker being used to monitor and record the completion of performance reviews.

The service will evaluate the actions they are taking through consumer and consumer representative feedback, staff feedback and analysis of human resource data and clinical indicator data to ensure the improvement are effective and sustained.

The evidence compiled during the site audit was acknowledged by the approved provider, and persuasively showed sustained non-compliance for requirements 7(3)(a), 7(3)(c) and 7(3)(e). While I note the approved provider has taken action in response to the information raised in the assessment team report, I was not provided sufficient evidence in the approved provider’s response to satisfy me that the service has addressed all of the deficiencies identified in the site audit; these include having the systems and processes to identify and address consumers’ concerns, review outcomes and adjust staff practice. I would remind the approved provider that the performance of the workforce is to be regularly assessed, monitored and reviewed and while annual performance review forms a part of this an ongoing regular process should also be established. The approved provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice to ensure all consumers get quality care from a workforce that is sufficient and competent to enable the delivery of safe and quality care and services. Accordingly, I am satisfied that requirements 7(3)(a), 7(3)(c) and 7(3)(e) are non-compliant.

I am satisfied the remaining two requirements of Standard 7 Human resources are compliant.

Most consumers said staff treat them in a kind and caring manner and show respect in relation to their identify, culture and diversity. Where this has not occurred, this information has been considered in Standard 1, requirement 1(3)(a).

The service has trained staff in the Quality Standards and does provide education and training with additional education and training being provided where there is an identified need; the approved provider is providing significant additional education following the deficiencies identified during the site audit.

**Standard 8**

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| Organisational governance | | Non-compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-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. | Non-compliant |

## Findings

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

* Requirement 8(3)(a) Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* 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.

* 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.

* 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.

Consumers and consumer representatives did not feel engaged in the development, delivery and evaluation of care and services. Consumers said while they can take part in how care and services are developed, delivered and evaluated through providing feedback and complaints, they do not see their feedback and complaints have any influence on how care and services are provided or improved.

The organisation has governance systems which include engagement with consumers. However, at service level these have been limited to the feedback and complaints process and resident and relative meetings. There was no evidence at the site audit of other consultative forums with consumers or evidence to show how consumer feedback and complaints has made a difference.

The organisation has governance systems information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. However, governance has not been effective at the service level.

The service has policies for information management that cover how the service stores, shares and destroys information and how it controls privacy and confidentiality. Information is available for the workforce to help them in their roles; however, this is limited by information being inaccurate and incomplete. Consumers are not provided access to information on their care and services.

The organisation has continuous improvement systems and processes to assess, monitor and improve the quality of care and services provided. Consumer and staff interviews demonstrated the service has not identified or made improvements to consumer care and services. The experiences of consumers have not been used to help identify where quality and safety is at risk. Staff advised they have seen some recent improvements for staff following management changes.

Workforce governance systems exist at organisational level including assigning clear responsibilities and accountabilities. The service has not ensured there is a sufficient skilled workforce to enable the delivery and management of safe and quality care and services. Information about where the service has not demonstrated workforce requirements is expanded in Standard 7.

The service has systems and processes to ensure they are complying with all relevant legislation, regulatory requirements, professional standards and guidelines. There are processes to communicate information to staff. Staff confirmed they had completed training in the serious incident response scheme and incident management; staff advised they had not had training in restrictive practices. The service had not identified the areas where they are not meeting the Quality Standards.

The systems for feedback and complaints have not been effective in improving results for consumers. Information about where the service has not demonstrated appropriate action in response, review and use of, feedback and complaints requirements is expanded in Standard 6.

I am satisfied the service’s governance is effective in the area of financial governance.

The organisation has systems for risk management to help them identify and assess risks to the health, safety and well-being of consumers. The systems have not been effective at service level in managing high-impact or high-prevalence risks associated with the care of consumers. While the service has identified some high-impact and high-prevalence risks, governance systems have not ensured all risks were identified, assessed and risks removed or reduced. In identifying and responding to abuse and neglect of consumers staff provided limited information to show understanding in this area. Staff demonstrated they try to support consumers to live the best life they can, but the non-compliance identified in this report shows staff require more training and support in this area. The service has an incident management system. While care staff stated they report incidents to registered staff or management the service does not always manage and resolve incidents effectively to reduce or help prevent further incidents occurring. Incident data is not used to identify trends, drive continuous improvement to improve the quality of the care and services, and prevent similar incidents from occurring.

The organisation has a clinical governance framework including policies for antimicrobial stewardship, minimising the use of restraint and open disclosure. This framework is in effect at the service. While most registered staff understood what constitutes restraint the majority of care staff were not able to describe what constitutes a restraint and consequently not able to provide strategies to manage and minimise restraint usage.

Staff were able to describe strategies in the management and prevention and control of infections and practices to reduce inappropriate antibiotic use and resistance. Staff were familiar with the open disclosure policy and have completed open disclosure training.

The approved provider responded to the site audit report and acknowledged the concerns raised by the assessment team.

The approved provider supplied evidence to demonstrate the actions that have been taken to address the issues raised. The approved provider has taken specific actions for consumers identified by the assessment team as outlined in this report.

The approved provider has developed and implemented a comprehensive plan for continuous improvement to demonstrate the actions being undertaken across all Quality Standards to achieve and sustain compliance at the service. A training plan has been developed and commenced to support the plan for continuous improvement and outline the education and training staff are undertaking to improve their capability in meeting consumer care and service needs.

The approved provider has taken action in consumer engagement and as part of this held a resident and relative meeting which senior leadership attended to share the findings of the site audit and discuss the planned actions. There has been strengthening of leadership with appointment of a senior regional manager with expertise in continuous improvement, workforce planning, workforce culture and the organisation’s systems, processes and governance framework to support the service. Additional external support is being provided with a full time quality manager on site at the service and an advisor has also commenced. There is organisational support on site to support recruitment, performance management and staff culture change. The approved provider is holding weekly progress meetings to ensure the home is progressing toward compliance through their plan for continuous improvement.

The evidence compiled during the site audit was acknowledged by the approved provider, and persuasively showed sustained non-compliance for requirements 8(3)(a), 8(3)(c), 8(3)(d) and 8(3)(e). While I note the approved provider has taken action in response to the information raised in the assessment team report, the organisation had not identified the service was not delivery quality care and services that meet the Quality Standards. I was not provided sufficient evidence in the approved provider’s response to satisfy me that the service has addressed all of the deficiencies identified in the site audit; these include having the systems and processes to identify and address consumers’ concerns, review outcomes and adjust staff practice. The approved provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice in the service to ensure the service delivers safe and quality care and services that meet the Quality Standards, so consumers live in a service that is well run, where they are a partner in improving the delivery of care and services. Accordingly, I am satisfied that requirements 8(3)(a), 8(3)(c), 8(3)(d) and 8(3)(e) are non-compliant.

I am satisfied the remaining one requirement of Standard 8 Organisational governance is compliant.

The organisation’s governing body does promote a culture of safe, inclusive and quality care and services, and does accept accountability for their delivery. Where the organisation’s systems have not been effective in the service I have addressed these through the other requirements in Standard 8.

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