Performance

Report

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| Name of service: | Bupa Waratah |
| Service address: | 219 Christo Road WARATAH NSW 2298 |
| Commission ID: | 0728 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 29 March 2023 to 30 March 2023 |
| Performance report date: | 1 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 Waratah (**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 Assessment Contact - Site; the Assessment Contact - Site 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 27 April 2023.
* the Performance Report dated 28 June 2022 following the Site Audit undertaken from 3 May 2022 – 5 May 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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 | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 2(3)(a) – the approved provider must demonstrate assessment and planning considers risks to consumer’s health and well-being and informs the delivery of safe and effective care and services. This includes identification and review of effective and individualised strategies to manage risks and prevent further incidents.

Requirement 2(3)(b) – the approved provider must demonstrate assessment and planning consistently identifies and addresses the needs, goals and preferences of consumers, including review and updating to reflect changes to these as required. Documented consumer goals regarding care and service delivery are individualised and in line with consumer’s preferences.

* Requirement 2(3)(e) – the approved provider must demonstrate care and services are reviewed for effectiveness regularly, when circumstances change, or when incidents impact on the needs, goals or preferences of the consumer. Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care. The service has effective review processes to identify and action gaps in care assessment and planning 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, medication management, and wounds are appropriately assessed, managed and monitored to ensure alignment to consumer needs, and to optimise their health and well-being. Behaviour support plans are developed and reviewed in line with legislative requirements, and communicated effectively to those involved in the consumer’s care.

Requirement 3(3)(d) – the approved provider must demonstrate deterioration or change of a consumer’s condition is recognised and responded to in a timely manner by the service. This includes escalation to the consumer’s medical officer or transfer to hospital if required, with consideration given to consumer and representative feedback and requests.

* The service has implemented all continuous improvement actions identified in their response to the Assessment Contact 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. | 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the six specific requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 1(3)(a) and Requirement 1(3)(c) following a Site Audit conducted 3 May 2022 to 5 May 2022. Some consumers and representatives provided negative feedback about consumers being treated with dignity and respect, about maintaining their independence, making decisions about their care and services, and making connections with others.

At the Assessment Contact conducted 29 March 2023 to 30 March 2023, the Assessment Team found the service had implemented continuous improvement actions which have been effective in addressing the non-compliance in Standard 1. Consumers and representatives interviewed said consumers are treated with dignity and respect, with their identity, culture and diversity valued. Staff interviewed spoke about consumers respectfully and were observed by the Assessment Team interacting with consumers with dignity and respect. The service demonstrated that consumers are supported to make choices and decisions about their care and services, including who will be involved in their care. Consumers are supported by the service to make connections and maintain friendships both in and out of the service. Staff demonstrated how they give consumers choices regarding their care and services including preferences for timing of care, personal care delivery, how they participate in the lifestyle program, and how they plan their day.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

Findings

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

The service was previously found non-compliant in all five Requirements under Standard 2 following a Site Audit conducted 3 May 2022 to 5 May 2022. Deficiencies in the service’s processes and practices regarding consumer care assessment and planning were identified. This included consideration of risks to consumer’s health and well-being, information not being recorded accurately, consumers and representatives not involved in assessment and planning or aware of the availability of a care plan, and care and services not reviewed following changes or incidents.

At the Assessment Contact conducted 29 March 2023 to 30 March 2023, the Assessment Team found the service had implemented continuous improvement in in response to the identified non-compliance. This included staff education and training, review of all consumer’s care plans and assessments, improved clinical oversight by management and registered nurses, reinforcement of the case conference process with consumers and representatives invited to attend, review of the incident management system, and improved care and service review processes.

However, care planning documentation for sampled consumers did not demonstrate comprehensive assessment and planning including consideration of risks to consumer’s health and well-being, and to identify and address consumer’s current needs, goals and preferences. For example, two consumers on high-risk medication were not assessed to inform safe medication management despite several instances of reusing to take the medication. While for one consumer some assessment had occurred in response to recent falls, this was not effective to inform individualised strategies to prevent further falls. For another consumer, their recent infection was not identified in assessment and planning, with no strategies identified to prevent further infection. Consumers sampled generally did not have individualised goals of care identified. Behaviour support plans for several consumers did not identify individual triggers or strategies to manage behaviours. For some consumers, information regarding the presence and management of pressure injuries or other skin injuries were not always identified in care plans. However, most sampled consumers had end of life wishes identified, including advanced care directives.

The approved provider’s response includes some additional information about the medication refusal and action taken in response to infection for the consumers identified in the Assessment Contact report. The approved provider’s response states that the service had identified the gaps in assessment of behaviours and behaviour support plans prior to the Assessment Contact and was working to improve these processes. The service has since assessed named consumer’s behaviours and reflected this in care plans to inform effective behaviour management and medication management. The approved provider’s response identifies the service has reviewed and updated assessments and care plans to identify the risk of falls and infection for named consumers, including strategies and guidance for staff in managing these risks and preventing further incidents.

The Assessment Team found the service did not demonstrate that consumer care and services were reviewed for effectiveness regularly, and as required following a change in condition or incident. For example, one consumer’s pain management was not reviewed following a fall, increased complaints of pain, and hospitalisation. This consumer’s medication was reviewed while in hospital, however the consumer’s care plan was not updated to reflect these changes. Another consumer’s care and services were not reviewed regularly and updated following changes in circumstances such as the decision to no longer weigh the consumer, several instances of refusal of wound dressing, and following behaviours requiring support.

The approved provider’s response demonstrates that the care and services for the consumers identified in the Assessment Contact report have been updated in response to identified gaps.

The approved provider’s response identifies continuous improvement actions implemented or planned to address the deficits identified in the Assessment Contact. This includes staff education, training and competencies, review and updating of consumer assessments and care plans, improved clinical oversight processes, prompt cards for falls monitoring and management, and evaluation of monitoring charts.

The approved provider’s response demonstrates the service has addressed the deficits in care assessment and planning for the consumers sampled in the Assessment Contact report and identified some review and monitoring improvements in response. However, I am not satisfied the assessment, planning and review of care for consumers is consistently effective in identifying and addressing consumer’s current needs, goals, preferences, and associated risks. 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 Requirements are non-compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(e)

The Assessment Team found continuous improvement implemented had been effective in addressing the non-compliance in Requirement 2(3)(c) and Requirement 2(3)(d). The service demonstrated they have a partnership with consumers and their representatives in the care assessment and planning for the consumer. It was evident that assessment and planning included other organisations, individuals and providers of care and services involved in the consumer's care. Consumers and representatives interviewed said they felt partnered in care, they had participated in assessments on their arrival and during regular intervals with staff, and felt their choices were respected. Consumers and representatives said they are informed of the outcomes of assessments and have been offered a copy of the consumer’s care plan. The service demonstrated the outcomes of assessment and planning are documented in a care plan, with key information available where care and services are delivered.

I find the following Requirements are compliant:

Requirement 2(3)(c)

Requirement 2(3)(d)

# 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. | 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. | 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 two of the seven specific Requirements have been assessed as non-compliant.

The service was previously found non-compliant in all seven Requirements under Standard 3 following a Site Audit conducted 3 May 2022 to 5 May 2022. Consumers and representatives felt consumers did not always get safe and effective personal and clinical care, and some said they had not been consulted regarding consumer’s end of life care wishes. The Assessment Team found clinical care delivery was not always effective in relation to restrictive practices, the management of pain, wounds, medications, falls, weight loss, delirium, skin integrity, behaviour including the development of behaviour support plans, and response to clinical deterioration. The Assessment Team identified gaps in documentation and communication of consumer condition and needs, timely referral to providers of care, and implementation of infection prevention and control practices.

At the Assessment Contact conducted 29 March 2023 to 30 March 2023, the Assessment Team found the service had implemented continuous improvement in in response to the identified non-compliance. This included staff education and training, clinical audits, improved clinical and incident oversight by management and registered nurses, review of high impact and high prevalence risks, improved processes for handover and referral to providers of care, medication advisory committee meetings to discuss regulatory compliance and medication management, and implementation of infection prevention and control practices.

However, the Assessment Team found all consumers were not receiving safe and effective personal and clinical care that was best practice, tailored to the consumer’s needs, and optimising their health and well-being. While some consumers and representatives interviewed thought the clinical care delivery at the service had improved recently, some representatives still raised concern regarding management of consumer’s pain, hydration, and medication management. For one consumer with several wounds, documentation did not demonstrate effective review and management of these wounds. While wounds were measured, these measurements were not consistently done in line with the service’s policy. While the consumer was reviewed by a nurse consultant, the recommendations from this review had not been incorporated into the consumer’s management plan or followed by staff. The consumer has refused wound dressings on several occasions and has had previous infection in their wounds, however, no remedial action has been taken to ensure their wound care is tailored to their needs, is best practice, or reduce the risk of further infection. Monitoring and review of consumer behaviours was not consistently completed or effective to identify triggers and effective non-pharmacological interventions to manage behaviours. The Assessment Team found gaps in the assessment and management of pain for three consumers. This included gaps in escalation and review of pain following incidents, increased reporting of pain and repeated refusal of care, inconsistent use of non-verbal pain assessments, and limited consideration or use of non-pharmacological interventions to manage pain.

The approved provider’s response includes additional information about the consumer who refused wound dressings, including documented interventions to assist with pain associated with wound care, and the communication of the recommendations from the nurse consultant review. The response includes additional information regarding the pain assessment and management for named consumers, including the use of some non-pharmacological interventions such as repositioning and diversional therapy for one consumer. The response provided some additional evidence of documentation of behaviours, including triggers and strategies used to manage the behaviours, however this did not demonstrate overall monitoring and review of behaviours and the effectiveness of interventions.

The approved provider’s response demonstrates the service has addressed the deficits in clinical care delivery for the consumers sampled in the Assessment Contact report and identified some review and monitoring improvements in response. However, I am not satisfied that management of consumer wounds and pain was consistently best practice and tailored to consumer’s needs. Gaps were identified in the management and review of consumer’s behaviour including refusal of medications.

The Assessment Team identified the service had not responded to two consumer’s deterioration or change in condition in a timely manner. While staff interviewed described processes for escalating changes in consumers' conditions, the response by the registered nurses or further escalation to the medical officer was not evident in some documents sampled. One representative interviewed expressed dissatisfaction with the response by the service following a consumer’s fall and increased pain. The representative had requested several times for the consumer to be transferred to hospital, however, this did not occur until six days after the fall where it was identified the consumer had sustained a serious injury. Care documentation reviewed for this consumer identified consistent expression of pain throughout this time. However, the consumer was reviewed by their medical officer following the fall. Another consumer had several documented episodes of restlessness, pain relief administered with little effect, agitation, anxiousness, calling out, appearing emotional, headaches, pain especially in chest and legs, and discomfort over an approximate two week period. This consumer had requested to be transferred to hospital several times over this period, however their requests were not adhered to in a timely manner. Gaps were identified in the response to this consumer’s increased risk of mental health concerns and changes in medication following return to the service from hospital.

The approved provider’s response includes some additional information about the response to the named consumers’ deterioration. While the approved provider demonstrated some pain monitoring and management and review for the consumer following their fall, this did not demonstrate timely identification and response to the deterioration in their condition, leading to delays in diagnosing a serious injury. While the approved provider demonstrated some action taken for the other consumer during the identified time period including urinalysis, pain monitoring and consultation with the representative and medical officer, this did not demonstrate the overall change in condition was identified and responded to appropriately and in line with the consumer’s requests.

I am not satisfied the 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.

The approved provider’s response identifies continuous improvement actions implemented or planned to address the deficits identified in the Assessment Contact. This includes staff education, training and competencies, improvements to behaviour support plans, improved clinical oversight processes, audits, prompt cards and sheets for falls monitoring and management, changes to medication management to be more in line with consumer needs and preferences, communication of consumer’s changed needs at handover, and evaluation of monitoring charts. However, the service has not demonstrated effective processes to identify and action gaps in clinical care delivery for consumers, and requires times to evaluate the effectiveness of continuous improvement actions implemented.

I find the following Requirements are non-compliant:

Requirement 3(3)(a)

Requirement 3(3)(d)

The Assessment Team found the service was not effectively managing high impact or high prevalence risks associated with consumer’s care. The Assessment Team found gaps in the management of consumer’s risk of falls, wounds, and medication management. For one consumer, action taken following a fall was not effective to prevent the risk of further injury or falls, and neurological observations were not attended to in line with the service’s policy.

The approved provider’s response includes additional information about the management of the named consumer’s fall, including that neurological observations were attended to in line with the service’s policy and the service had identified and actioned gaps in the prevention and management of this consumer’s fall prior to the Assessment Contact. The service has reviewed the consumer’s fall prevention interventions and the consumer has had no recent falls. I have considered the gaps in this consumer’s post-fall management in my assessment of Requirement 3(3)(d) in the overall deterioration of their condition. Overall, I am satisfied this consumer’s risk of falls is being managed effectively.

I have considered the gaps in the assessment and planning of risks associated with consumer’s care in my assessment of Requirement 2(3)(a) and considered the deficits in wound and medication management in my assessment of Requirement 3(3)(a) as this was not consistently best practice or tailored to consumer’s needs. Overall, I am satisfied the service and the approved provider’s response demonstrates the effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team found the service did not demonstrate an effective process to ensure consumer information is documented accurately and communicated within the organisation and with others where responsibility is shared. Gaps in the communication of consumer behaviours, deterioration and pain were identified. Staff interviewed were not aware of some strategies to manage consumer behaviours that were documented in care planning documentation. There were gaps in communication between registered nurses and medical officers regarding consumer refusal of medication.

The approved provider’s response states the service had identified gaps in the assessment and communication of behaviours and behaviour support plans prior to the Assessment Contact and was working to improve these processes. This includes messages sent to staff to inform of updates to behaviour support plans, and nursing staff providing updates during handover. The approved provider’s response includes additional information about the refusal of medications for consumers named in the Assessment Contact report. While deficits in the management of pain and medications were identified for some consumers, I do not consider that these deficits were due to ineffective communication of consumer information at the service. The service demonstrated the outcomes of assessment and planning are documented in a care plan, with key information available where care and services are delivered. Overall, I am satisfied the service and the approved provider’s response demonstrates 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.

The Assessment Team found continuous improvement implemented had been effective in addressing the non-compliance in Requirement 3(3)(c), Requirement 3(3)(f), and Requirement 3(3)(g). The Assessment Team found the service has reviewed all consumers receiving palliative care to ensure their pain is being treated, comfort maximised, regular reviews from their medical officer and care managers, and ongoing communication with representatives. For a consumer who had recently passed away the service, documentation reviewed demonstrated regular involvement by their medical officer and representative, and the consumer had an advanced care directive and end of life care plan with preferences including medical and spiritual needs and wishes. The consumer’s wishes were respected, and end of life symptoms were managed by the service including medication to ensure their comfort. For most consumers sampled, care planning documents showed referral to allied health professionals, medical specialists, and others occurs in a timely manner. The service has infection control policies and procedures that provide guidance for staff to follow for standard and transmission-based precautions, including during an infectious outbreak. Staff interviewed demonstrated a good understanding of antimicrobial stewardship, and infection prevention and control. Observations by the Assessment Team demonstrated gaps in infection control identified at the previous Site Audit had been rectified.

I find the following Requirements are compliant:

Requirement 3(3)(b)

Requirement 3(3)(c)

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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the seven specific requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 4(3)(a) and Requirement 4(3)(b) following a Site Audit conducted 3 May 2022 to 5 May 2022. Some consumers interviewed were not satisfied with the services and supports for daily living including support for their emotional, spiritual and psychological well-being. Consumers advised they were bored, lonely, or did not have enough to do, and staff were not aware of the daily living needs, goals and preferences of consumers or their spiritual or religious beliefs and preferences.

At the Assessment Contact conducted 29 March 2023 to 30 March 2023, the Assessment Team found the service had implemented continuous improvement in in response to the identified non-compliance. This included conducting consumer surveys, meetings and focus groups to gain feedback and make changes to the lifestyle program, involvement of an occupational therapist in review of consumer supports, staff education, review of consumer’s lifestyle assessments and care plans, and the engagement of new lifestyle staff. Most consumers and representatives interviewed by the Assessment Team provided positive feedback about the services and supports for daily living they receive, including to promote their emotional, spiritual and psychological well-being. This included supports to go for walks, attend sites of significance outside the service, attend activities and religious services of choice, and support when consumers are going through emotional periods. Staff interviewed were aware of consumer’s needs, goals and preferences regarding daily living.

# Standard 5

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| Organisation’s service environment | |  |
| 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 was not fully assessed, and therefore has not received a compliance rating. Two of the three specific requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 5(3)(b) and Requirement 5(3)(c) following a Site Audit conducted 3 May 2022 to 5 May 2022. The Assessment Team identified gaps in the maintenance of consumer rooms, and the cleanliness and maintenance of the service environment including fittings, equipment, and the outdoor areas. The garden area in one unit did not enable consumers to move freely outdoors.

At the Assessment Contact conducted 29 March 2023 to 30 March 2023, the Assessment Team found the service had addressed the issues identified at the previous Site Audit and implemented continuous improvement in in response to the non-compliance. This included new flooring, painting of common areas and consumer rooms, new kitchen and storage areas, and the purchase of new furniture and equipment. While the outdoor area to one unit was still locked, the service was addressing this during the Assessment Contact and other doors were open to allow consumers to move freely indoors and outdoors. Consumers interviewed were satisfied with the service environment, including the recent improvements. The service demonstrated an effective maintenance schedule for preventative and reactive maintenance.

# Standard 6

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

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the four specific requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 6(3)(c) and Requirement 6(3)(d) following a Site Audit conducted 3 May 2022 to 5 May 2022. Most consumers interviewed felt little or no action was taken to find solutions for their complaints, and complaints went unresolved. Consumers said they had not seen change or improvements in the quality of care and services as a result of complaints and feedback.

At the Assessment Contact conducted 29 March 2023 to 30 March 2023, the service demonstrated complaints are now added to the service’s plan for continuous improvement if further education, support or resources are needed. Complaints and concerns are shared at the resident meetings, and they are addressed and followed up at the next meeting. Interviews with consumers and representatives confirmed action taken has been effective in resolving their complaints, and their feedback and complaints have informed improvements to care and services. Staff interviewed understood the principles of open disclosure and what to do if consumers raise a concern or complaint with them. The service provided examples of improvements to care and services driven by feedback and complaints, including enhancements to the dining experience and cleaning services.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(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)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Three of the five specific requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 7(3)(a), Requirement 7(3)(c), and Requirement 7(3)(e) following a Site Audit conducted 3 May 2022 to 5 May 2022. Consumers and representatives were not satisfied with the sufficiency, knowledge or training of staff to deliver quality care and services. Most staff had not completed a performance assessment or review in line with the service’s policies.

At the Assessment Contact conducted 29 March 2023 to 30 March 2023, the Assessment Team found the service had delivered training and education to staff in response to the gaps identified at the previous Site Audit, and staff had completed all mandatory education and competencies. The service demonstrated all performance appraisals were up-to-date and had a schedule for staff to complete their performance appraisals in 2023 in line with the service’s policies. Since the previous Site Audit, the service has engaged several new management staff and care staff, with ongoing recruitment process and incentive programs in place to encourage further applicants.

Most consumers and representatives interviewed by the Assessment Team indicated there is sufficient staff at the service and their needs are met in a timely manner without feeling rushed. While two consumers indicated the service was short staffed, they did not identify any impact to their care delivery. Consumers and representatives said staff have the skills they require to meet their care and service needs and spoke positively about the service’s staff. The service demonstrated documented position descriptions, core competencies, orientation and training processes to ensure all staff have the required knowledge and skills for their roles.

# 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)(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. | 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. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Four of the five specific requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 8(3)(a), Requirement 8(3)(c), Requirement 8(3)(d), and Requirement 8(3)(e) following a Site Audit conducted 3 May 2022 to 5 May 2022. Consumers and representatives did not feel engaged in the development, delivery and evaluation of care and services. Governance engagement systems were limited to the feedback and complaints process and resident and relative meetings. Deficiencies were identified in governance systems relating to information management, continuous improvement, workforce governance, feedback and complaints, risk management, and clinical governance.

At the Assessment Contact conducted 29 March 2023 to 30 March 2023, the Assessment Team found the service had implemented continuous improvement in in response to the identified non-compliance. This included improved consumer assessment and planning processes, improved engagement mechanisms, staff education and training, review and update of the high risk register, introduction of regular meetings to discuss consumer and clinical risks including the requirements of the serious incident response scheme, improved clinical and risk oversight processes, and improved monitoring and auditing activities to ensure staff compliance with relevant procedures.

The Assessment Team found the organisation has developed a range of risk management systems and practices. However, the service did not demonstrate that the organisation’s process for monitoring the implementation of the risk management systems have been effective in ensuring management of consumer high impact and high prevalence risks aligns with organisation’s policies and procedures. Gaps were identified in the management of consumer behaviours, pain and wounds.

The approved provider’s response includes some additional evidence that demonstrated organisational risk management systems and practices are implemented at the service and are identifying and responding to high impact and high prevalence risks. For example, the gaps in pressure area care and post-fall management for two consumers were identified by the service, investigated, and used as case studies for staff learning and to prevent further incidents. The service had identified the gaps in assessment of behaviours and behaviour support plans for consumers at the service prior to the Assessment Contact and was working to improve these processes. While there were deficiencies in the management of some consumer’s pain and wounds, I have considered this in my assessment of Requirement 3(3)(a) as clinical care was not tailored to these consumer’s needs. Overall, I am satisfied the service and the approved provider’s response demonstrates effective risk management systems and practices are implemented at the service to manage high impact or high prevalence risks, and manage and prevent incidents. No concerns regarding the identification and response to the abuse and neglect of consumers, or support for consumers to live their best life were identified by the Assessment Team.

The service demonstrated consumers and representatives at the service are supported to be engaged in the development, delivery and evaluation of care and services through a range of mechanisms including meetings, surveys, focus groups, and engagement committees at the organisational level. For example, consumers had been involved in projects to improve the service environment.

The service demonstrated effective organisational governance systems are implemented in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Information management was effective to communicate with consumers, and in regard to consumer’s needs. The service has a continuous improvement system in place and identifies opportunities for improvement through consumer feedback, complaints, audits, surveys, staff suggestions, review of clinical indicators, incidents, meetings, organisational initiatives, and external reviews. The organisation has implemented strategies and incentives to build a quality workforce, and improve feedback and complaint outcomes.

The Assessment Team found the organisation has a documented clinical governance framework which outlines its approach to providing quality and safe clinical services to consumers. The board is responsible for clinical quality and safety and all arrangements that form part of the framework. The clinical governance framework includes reporting processes from the service to the organisation and the board to assist with monitoring compliance, trend identification, and further oversight. The organisation has policies on antimicrobial stewardship, minimising the use of restrictive practice and open disclosure. Staff interviewed were able to identify the relevance of these policies to their role.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)