Performance

Report

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| Name: | Bupa Waratah |
| Commission ID: | 0728 |
| Address: | 219 Christo Road, WARATAH, New South Wales, 2298 |
| Activity type: | Site Audit |
| Activity date: | 22 August 2023 to 24 August 2023 |
| Performance report date: | 10 November 2023 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 5863 Bupa Waratah |

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 P. Wallner, 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 not 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 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 5 October 2023.
* The assessment team’s report for an Assessment Contact conducted from 29 to 30 March 2023.
* Other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **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 3(3)(a)** – ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being.
* **Requirement 5(3)(b)** – ensure the service environment is safe, clean, well maintained, comfortable, and enables consumers to move freely, both indoors and outdoors.
* **Requirement 6(3)(c)** – ensure appropriate action is taken in response to complaints, and an open disclosure process is used when things go wrong.
* **Requirement 7(3)(a)** – ensure the workforce is planned, and the number and mix of staff is sufficient to enable the delivery and management of safe and quality care and services.

# 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)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard is assessed as Compliant as 6 of the 6 specific requirements were assessed as Compliant.

The Assessment Team recommended Requirement 1(3)(a) as Not Compliant. However, having considered the evidence in the Site Audit report and the Provider’s response, I have found Requirement 1(3)(a) to be Compliant.

In relation to Requirement 1(3)(a), the Assessment Team reported most consumers said they were treated with dignity and respect however, 2 consumers said they were not always treated with dignity and respect, due to deficiencies in the care they received. The affected consumers reported not always having their care preferences met in relation to toileting, personal hygiene, and being assisted to rise at their preferred time and readied to attend their preferred activities.

The consumers’ feedback about their dignity being impacted was shared with management during the Site Audit. Management acknowledged the consumers’ concerns and said they would investigate them, hold care plan conferences, and update their care plans to reflect their needs and preferences. Management also spoke with staff and reiterated their responsibility to provide personal care in line with consumers’ care plans.

The provider’s response of 5 October 2023, provided additional information and evidence demonstrating the service had investigated both consumers’ concerns, updated their care plans and instructed staff of the changes which must be followed. The provider’s response included a detailed plan for continuous improvement setting out improvement actions already taken and planned. The provider advised that one consumer recanted some of the negative feedback in the Site Audit report and the other consumer’s representative said the complaint was not accurate and expressed satisfaction with the care provided. The provider also advised their September 2023 ‘Resident Experience Survey’ found 99% of consumers reported being treated with dignity and respect, and 100% reported the workforce was kind and caring.

I note the issues identified in relation to the delivery of personal and clinical care and have considered these further under Requirement 3(3)(a). I acknowledge most consumers said they were treated with dignity and respect, and this was also confirmed in survey results. I accept the provider’s additional information and evidence demonstrating the concerns raised by 2 consumers during the Site Audit were proactively addressed by the service or withdrawn. I am satisfied that consumers were treated with dignity and respect, and their identity, culture and diversity was valued. Therefore, on the balance of evidence before me, I find Requirement 1(3)(a) to be Compliant.

I am satisfied the remaining 5 Requirements in Standard 1 are Compliant.

Consumers confirmed they received culturally safe care and services, and staff understood their needs, preferences and what was important to them. Consumers’ care plans included information about their lifestyle and spiritual preferences, historic life events, emotional needs and cultural preferences.

Consumers were supported to exercise choice and independence in the way their care was delivered and to maintain relationships of choice. Staff supported consumers to make informed choices, maintain independence and important relationships. Many consumers were observed socialising with visiting family and friends and participating in activities.

Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, the benefits and possible harms were discussed before a risk assessment was completed and documented in their care plans.

Consumers confirmed they were provided with information that was accurate, clear, easy to understand and enabled them to exercise choice. For example, current information was disseminated via an audio system, meeting minutes, an activities calendar, newsletters, menus and posters displayed throughout the service.

Consumers confirmed their privacy was respected and their personal information kept confidential. The consumer admission pack included information on their right to privacy and staff waited for permission to enter consumers’ bedroom doors after knocking. Consumers’ personal information was kept confidential in the password protected electronic care management system.

# Standard 2

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The service was previously found to be Not Compliant with Requirements 2(3)(a), 2(3)(b) and 2(3)(e) following an Assessment Contact conducted from 29-30 March 2023. At this time, the assessment and planning processes were found to be deficient in informing safe and effective care and services, in line with consumers’ current needs, goals, preferences and end of life wishes.

The Site Audit conducted from 22-24 August 2023 found the provider had undertaken a range of improvement actions that were effective in addressing all the gaps identified in the previous Assessment Contact. The Site Audit found the service met Requirements 2(3)(a), 2(3)(b) and 2(3)(e) of the Quality Standards.

The service had reviewed all consumers’ care needs and their care plans on the electronic care management system were updated to reflect their current needs, goals and preferences. Case conferences now occurred biannually, and the review of care plans was undertaken in accordance with a regular schedule, and when consumers’ needs or preferences changed.

Management and staff demonstrated assessment and planning informed the delivery of safe and effective care and services, and risks to consumers’ health and well-being were considered. Consumers and representatives confirmed they were involved in care planning and consumers received care and services in line with their needs, goals and preferences. Consumers’ care plans showed their needs, goals and preferences were documented, including end of life wishes, where applicable.

The service partnered with consumers, their representatives, medical and allied health professionals when assessing, planning and reviewing care needs. Consumers’ care plans detailed the external specialists involved in their care, along with the associated clinical instructions. Consumers confirmed the outcomes of assessment and planning were communicated to them and they were offered a copy of their care plan.

Consumers confirmed their care and services were reviewed regularly for effectiveness, and when their circumstances changed. Representatives confirmed they were contacted by the service when there was a change in a consumer’s circumstances and their care plans were updated.

# 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is assessed as Not Compliant as 1 of the 7 Requirements have been assessed as Not Compliant.

An Assessment Contact conducted between 29-30 March 2023 found the provider was Not Compliant with Requirements 3(3)(a) and 3(3)(d), due to gaps in the administration of restrictive practices, and the clinical management of weight loss, skin integrity, wounds, pain and clinical deterioration.

The Site Audit found the provider had undertaken a range of improvement actions that were effective in addressing the gaps identified in the previous Assessment Contact. However, the Site Audit conducted from 22-24 August 2023, found consumers that needed 2 or more staff to mobilise, did not receive appropriate support with toileting, showering and personal hygiene, and being assisted to rise at their preferred time and readied to attend their preferred activities.

The Assessment Team recommended Requirement 3(3)(a) was Not Met. While most consumers received safe and effective personal and clinical care, gaps were identified in relation to the personal care provided to consumers that needed 2 or more staff to assist them. Evidence brought forward included:

* Care documentation for 2 consumers showed their personal care was not being provided in accordance with their needs, goals and preferences. The affected consumers said their care preferences were not met in relation to toileting, personal hygiene, and being assisted to rise at their preferred time and readied to attend their preferred activities.
* Consumers, representatives, and some staff said the service was short staffed, and this negatively impacted the care of some consumers. Refer also to Requirement 7(3)(a) in relation to the workforce.

The provider’s response of 5 October 2023, provided additional information and evidence demonstrating the service had investigated the relevant consumers’ concerns, updated their care plans and instructed staff of the changes which must be followed. The provider’s response explained that staff allocations and instructions were revised to ensure that consumers requiring multiple staff lifts were attended to promptly. The improvements will be closely monitored and evaluated with the consumers and representatives.

At the time of the Site Audit, I consider the service was not providing safe and effective personal care to each consumer. I acknowledge the provider has identified and implemented improvement actions to rectify the deficits in personal care however, there has been insufficient time to embed the improvement actions and determine whether they are effective and sustainable. Therefore, on the balance of evidence before me, I find Requirement 3(3)(a) Not Compliant.

I am satisfied the remaining 6 Requirements in Standard 3 are Compliant.

Consumers were satisfied with how the service managed risks associated with their care. Staff were guided by policies and procedures which addressed high-impact or high-prevalence risks to consumers such as falls, unplanned weight loss, skin integrity, wound care and pain. Staff understood the risks applicable to individual consumers and described the management strategies, which were recorded in their care plans.

Consumers confirmed their advanced care plan and end of life needs, goals and preferences had been discussed with them and documented. Staff who provided palliative care described how they maximised the comfort and dignity of consumers that were nearing the end of life. The service had written policies for establishing advance care directives and end of life plans.

The previous Assessment Contact conducted between 29-30 March 2023 had found Requirement 3(3)(d) was Not Compliant due to the service not recognising or responding to a deterioration or change in consumers’ condition promptly. The Site Audit found the service had taken effective corrective actions and was meeting the Requirement. Consumers and representatives confirmed changes to consumers’ condition were recognised and responded to in a timely manner. Consumers and representatives said they were involved in making decisions about referrals to other medical or health services.

Consumer and representatives said information about consumers’ condition, needs and preferences were documented and communicated to the relevant staff and health care providers. Staff were aware of consumers’ current care needs and preferences and said they received up to date information through effective handover processes and by accessing consumers’ care plans. Care planning documents contained adequate information to support effective communication of current care needs.

Consumers and representatives said referrals to other providers of care and services were timely, appropriate and occurred when needed. Documentation confirmed timely referrals to medical officers, dietitians, and allied health professionals. Clinical staff described the process for referring consumers to other health care professionals, and confirmed there were written policies and procedures to guide staff practice.

Consumers and representatives were happy with how the service managed outbreaks and prevented infections. Staff confirmed they received mandatory training in relation to infection, prevention and control, and antimicrobial stewardship. The service had a dedicated infection prevention control lead and additional management staff were completing the training.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is assessed as Compliant as 7 of the 7 specific requirements were assessed as Compliant.

Consumers and representatives said they received safe and effective services and supports for daily living, that met their needs, goals, preferences and optimised their quality of life. Lifestyle staff understood consumers’ needs and preferences, and said activities were planned with consumer input. The activities calendar showed consumers had participated in 70 different trial activities and many consumers were observed enjoying lifestyle activities.

Consumers and representatives confirmed they received the emotional, spiritual, religious and psychological support they needed to maintain their psychological well-being, such as participating in activities, observing their religious faith, maintaining contact with family and friends, and spending one-on-one time with lifestyle staff.

Consumers and representatives gave examples of how they participated in their community, did things of interest to them, and were supported to maintain personal relationships. Staff described how they supported consumers to attend activities, remain connected with family and friends, and participate in community outings.

Care planning documents contained detailed information about consumers’ condition, needs and preferences which was regularly updated and shared with those responsible for providing care. Management and staff described effective processes for communicating current information about consumers to staff and others.

Consumers and representatives said they had timely referrals to other appropriate providers of care and services. Care planning documents reflected the input of other care and service providers. Management and staff were knowledgeable about external services and supports available to consumers.

Consumers were satisfied with the quality, quantity and variety of food provided by the service. Meals were prepared and cooked on-site and served in dining rooms or consumers’ rooms if preferred. The service encouraged feedback on the quality and quantity of food through surveys consumers could complete after meals. Consumers were offered alternative meal options if the daily menu was not to their liking. Consumers’ care plans included information about their dietary needs and preferences.

Consumers said the equipment was safe, suitable, clean and well maintained. Consumers and staff knew how to report maintenance issues and maintenance staff attended to issues in a timely manner. Management said all shared equipment was cleaned daily by care staff and the equipment was observed to be clean, suitable and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Not Compliant as 1 of the 3 Requirements have been assessed as Not Compliant.

The Assessment Team recommended Requirement 5(3)(b) was Not Met. While most consumers said the service was clean, safe and comfortable, 2 consumers said the standard of cleanliness was poor. Evidence brought forward included:

* Two consumers said the cleanliness of the service environment was poor, and the Assessment Team observed a lack of cleanliness, and issues with safety and access. For example, floors were sticky, a toilet was unclean, outdoor balcony tables were heavily dusted, trolleys were left obstructing corridors.
* A cleaner said they were the only cleaner on duty and they struggling to clean all of the service before they finished. Management confirmed 2 cleaning staff were on unplanned sick leave and they had not been backfilled.
* Management confirmed they were currently recruiting for 2 new cleaning staff. (I have considered workforce sufficiency under Requirement 7(3)(a))
* Three exit doors keypads did not have the access codes displayed to facilitate exiting the doors.
* A gate leading to the car park was left open, potentially allowing environmentally restrained consumers to exit the facility unsupervised.
* Two doors exiting to outdoor areas where plant was located, were broken,
* Management said the cleaning and safety issues would all be addressed, as soon as possible. They also advised staff would be sent a memo about the safety issues.

The provider’s response of 5 October 2023, provided additional information and evidence demonstrating the service had addressed the issues identified in the Site Audit report. The provider’s response included a detailed plan for continuous improvement setting out improvement actions already taken and planned. The provider advised they had identified gaps in relation to the cleanliness of the service prior to the Site Audit and improvement actions had been implemented. For example, clear guidelines and a daily checklist were issued to cleaning staff. Underperformance, unplanned leave and staffing levels had been addressed with cleaning staff. Management supervision and cleaning spot checks were being conducted to ensure the improvements were maintained.

I consider the service environment was not safe, clean and well maintained at the time of the Site Audit. I acknowledge the provider has identified and implemented improvement actions to rectify the deficits identified in the Site Audit report however, there has been insufficient time to determine whether the improvement actions are effective and sustainable. Therefore, on the balance of evidence before me, I find Requirement 5(3)(b) Not Compliant.

I am satisfied the remaining 2 Requirements in Standard 5 are Compliant.

The service environment was welcoming, easy to understand and promoted a sense of independence and belonging. Consumers felt at home within the service, particularly as they personalised their rooms with possessions of their choosing. The service provided inner courtyards, a hairdresser salon and areas throughout where consumers could enjoy activities and socialise.

Consumers and representatives said the furniture, fittings and equipment were safe clean and suitable. Records showed the service had effective systems and processes for planned and reactive maintenance of furniture, fittings, and equipment. The furniture, fittings and equipment in the service appeared to be safe clean and well maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Not Compliant as 1 of the 4 Requirements have been assessed as Not Compliant.

The Assessment Team recommended Requirement 6(3)(c) was Not Met. Consumers and representatives were dissatisfied with how the service responded to complaints, open disclosure was not always used when things went wrong, and the service could not show it took appropriate action in response to complaints. Evidence brought forward included:

* Six consumers said while some actions were taken in response to complaints, the same concerns continued.
* Consumers and representatives expressed concerns about lack of staffing levels and a language barrier with some staff. However, no complaints regarding staffing levels or communication barriers were recorded on the complaints register.
* Not all complaints were logged in the complaints register and therefore, were not actioned in a timely manner. Management acknowledged a specific consumer complaint had not been recorded however, they stated the service had taken action to rectify the issues.
* Management and staff had received training in open disclosure and understood the principles of open disclosure and how to apply them.
* Complaints and feedback that were recorded showed complaints were actioned in a timely manner.

The provider’s response of 5 October 2023, acknowledged there was scope for improvement in capturing verbal complaints and included a detailed plan for continuous improvement, setting out improvement actions already taken and planned. These actions included:

* Management meeting with all complainants to discuss and resolve their issues.
* Management discussing and reviewing all feedback daily, and ensuring it is recorded and actioned.
* All staff scheduled to complete complaints management training by 30 November 2023.
* Ongoing consultation with consumers and representatives to ensure all feedback is actioned and evaluated through the continuous improvement framework and clinical review meetings.

At the time of the Site Audit, I consider the service was not capturing and responding appropriately to all complaints. I acknowledge the provider has identified and implemented improvement actions to rectify the deficits in complaints handling however, there has been insufficient time to embed the improvement actions and determine whether they are effective and sustainable. Therefore, on the balance of evidence before me, I find Requirement 6(3)(c) Not Compliant.

I am satisfied the service is compliant with the remaining 3 Requirements in Standard 6.

Consumers and representatives said they were encouraged and supported to provide feedback, make complaints, and feel comfortable doing so. Staff said they encourage and assist consumers to make complaints, and they try to resolve them immediately, if possible. Management said they have an ‘open-door’ policy and welcome complaints and feedback. The service had written policies and procedures to guide staff in managing feedback, complaints, and to use open disclosure.

Consumers and representatives said they were comfortable raising issues directly with management however, they confirmed they were aware they could access external complaint, advocacy and interpreting services. Most representatives knew they could make a complaint to the Commission if they wished. Management explained ‘Seniors Rights’ attended the service quarterly, and posters and brochures about external advocacy and support services were observed on display around the service.

Consumers and representatives said the service used feedback to improve the quality of care and services. Management described how complaints were investigated and used to improve the quality of care and services. Management explained improvement actions were identified on the continuous improvement plan and actions were evaluated in consultation with the consumer and representative.

# 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. | Not Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Not Compliant as 1 of the 5 Requirements have been assessed as Not Compliant.

The Assessment Team recommended Requirement 7(3)(a) was Not Met. The Site Audit found the number and mix of staff was insufficient to enable the delivery of safe and quality care and services. Evidence brought forward included:

* All consumers and representatives interviewed said the service was short staffed and this adversely impacted the delivery of care and services.
* Several staff provided feedback that the service needed more staff to meet high acuity care needs, and consumers requiring a 2-3 person lift have to wait for assistance at times.
* The master roster showed unallocated clinical and care staff shifts. Management explained vacant shifts were filled by existing staff working additional shifts, or agency staff. Management explained how they planned the workforce and said the roster was sufficient as more staff were allocated to the areas where needs were higher.
* The roster administrator said unfilled shifts for care, lifestyle, maintenance and cleaning staff were not backfilled when vacant.
* Management said staffing levels and retention had recently improved due to a range of initiatives. Management said there is a sector wide workforce shortage however, they were actively recruiting for 2 cleaning staff, 2 lifestyle staff, 1 maintenance officer, 2 kitchen staff and several registered nurses.

The provider’s response of 5 October 2023, provided additional information and evidence demonstrating the service was addressing the staffing issues identified in the Site Audit report. The provider’s response included a detailed plan for continuous improvement setting out improvement actions already taken and planned such as re-establishing nursing graduate and trainee carer programs, enhanced overseas and domestic recruitment. The provider reported 7 new care staff had been employed since the Site Audit was completed.

At the time of the Site Audit, I consider the number and mix of staff was insufficient to support a clean and safe environment and deliver quality care and services. I acknowledge the provider has identified and implemented improvement actions to rectify the workforce gaps identified in the Site Audit report however, there has been insufficient time to determine whether the improvement actions are effective and sustainable. Therefore, on the balance of evidence before me, I find Requirement 7(3)(a) Not Compliant.

I am satisfied the service is compliant with the remaining 4 Requirements in Standard 7.

Consumers confirmed staff were kind, caring, gentle and respectful when providing care and services. Staff were knowledgeable of consumers’ individual needs and preferences and were observed interacting with them in a kind and caring manner.

Overall, consumers and representatives felt the workforce was competent and had the qualifications and knowledge to effectively perform their roles. Consumers said some staff had inadequate English, which impacted on their ability to communicate effectively with them. Management explained staff were recruited against position descriptions which outlined essential qualifications, desired knowledge and necessary professional registrations.

Management described how the service trained, equipped, and supported staff to deliver safe and quality care and services. Staff said they were supported with training on commencement at the service, and on an ongoing basis. Training records showed staff completed annual mandatory training in the Quality Standards, the Serious Incident Response Scheme, infection control and restrictive practices. All new staff were supported with buddy shifts prior to being deemed suitable to perform independently.

Consumers and representatives confirmed they could provide feedback to management about the performance of staff. Management explained how staff performance was monitored and managed through informal processes and formal performance reviews. Staff confirmed they had received management feedback through formal and informal channels.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | 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 is assessed as Compliant as 5 of the 5 specific requirements were assessed as Compliant.

The Assessment Team recommended Requirement 8(3)(c) as Not Compliant. However, having considered the evidence in the Site Audit report and the provider’s response, I have found Requirement 8(3)(c) to be Compliant.

In relation to Requirement 8(3)(c), the Site Audit found the service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. However, the organisation’s governance systems were assessed as ineffective in relation to workforce governance, regulatory compliance and feedback and complaints.

* With respect to workforce governance, while I have found the service experienced challenges maintaining sufficient numbers of staff under Requirement 7(3)(a), I do not attribute this operational deficit to a failure of organisational governance.
* With respect to regulatory compliance, the Assessment Team noted most serious incidents were reported in a timely manner and within legislated reporting timeframes. While one incident was determined not to have been reported by the previous management, it was reported as soon as it came to light during the Site Audit. I do not consider this lapse in operational practice to indicate a systemic failure of organisational governance.
* In relation to feedback and complaints, while I have found the service did not always record verbal complaints under Requirement 6(3)(c), I do not attribute this lapse in operational practice to indicate a failure of organisational governance.

The provider’s response of 5 October 2023, provided additional information and evidence demonstrating the service had addressed the issues identified in the Site Audit report. The provider’s response included a detailed plan for continuous improvement setting out improvement actions already taken and planned. The provider detailed range of improvement actions taken in relation to regulatory compliance, workforce governance and feedback and complaints.

I accept the provider’s additional information and evidence showed the organisation has effective governance arrangements in place. I also note the continuous improvement actions taken by the provider to address the deficits identified under other related Requirements. Therefore, on the balance of evidence before me, I find Requirement 8(3)(c) to be Compliant.

I am satisfied the remaining 4 Requirements in Standard 8 are Compliant.

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Management described how they encouraged consumers’ input through case conferences, Resident and Relative meetings, day-to-day feedback and surveys.

The organisation’s Board was accountable for promoting a culture of safe, inclusive and quality care and services. The Board maintained visibility of the service’s performance through monthly audit reports on all aspects of the service and clinical indicators, which were benchmarked across the organisation to identify wider trends.

The service had effective risk management systems, policies and procedures to manage high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live their best life, and managing and preventing incidents. Staff confirmed they had access to documented policies, procedures and training.

The service had an effective clinical governance framework to support the delivery of safe and effective clinical care which covered antimicrobial stewardship, the minimisation of restraint, and the use of open disclosure when something went wrong. Staff confirmed they had received training and could access the policies and procedures.

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