Mayflower Brighton

Performance Report

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**Commission ID:** 3075

**Provider name:** Mayflower Brighton

**Site Audit date:** 26 April 2022 to 28 April 2022

**Date of Performance Report:** 14 June 2022

# Performance report prepared by

Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 Site Audit report received 8 June 2022
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Most consumers and their representatives said staff treat consumers with respect and dignity. Staff demonstrated an understanding of consumers’ backgrounds and preferences and described how these influence care delivery. Staff were observed to be interacting with consumers respectfully.

Consumers said they receive culturally safe care and services. Staff provided examples of tailoring care according to consumer’s cultural needs. Care planning documents reflected consumers’ background, identity, and their religious, spiritual, and cultural needs.

Consumers are supported to exercise choice and independence, including through maintaining relationships and attending social activities within and outside the service. Staff described how they support consumers to maintain relationships, including through facilitating phone calls or providing shared activities between consumers.

Consumers provided examples of risk-taking activities they are supported to do. However, the Assessment Team observed an instance of a consumer smoking without using the risk mitigation strategies listed in their care planning documentation.

Consumers said information provided to them is accurate, timely and supports them to make choices. Staff use communication cards, hand gestures, body language, and support from families and volunteers to communicate with non-English speaking consumers.

Consumers said staff maintain their privacy. Staff were observed knocking and seeking consent prior to entering a consumer’s room and closing doors when providing personal care. Consumers’ personal information was observed to be securely stored.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and their representatives stated they are involved in assessment and care planning process. Assessments are completed upon entry to the service to identify consumers’ needs and initially guide staff practice. Individualised care plans, that identify risks to consumers’ health and well-being, are formulated after completion of all assessments.

Care planning documents detail consumers’ current needs, goals and preferences, including for advance care and end of life care. Staff described how assessment and planning informs the delivery of safe and effective care to consumers.

Care documentation reflected input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals. Consumers and representatives confirmed outcomes of assessment and planning, including any changes to the consumer’s condition, are communicated to them regularly.

Care documentation showed care and services are reviewed every three months, and in response to incidents and changes to consumer’s condition, needs and preferences. Staff described care plan evaluation processes, including how incidents trigger reassessment or review of care and services. Incidents are recorded on the service’s incident management system and forms part of clinical indicators that are trended and analysed monthly.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*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) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Most consumers and their representatives said consumers receive personal and clinical care that is safe, effective and tailored to their needs. Concerns identified in relation to sufficiency of staff to provide timely personal care to consumers have been considered in Standard 7 Requirement (3)(a).

Staff said they are guided by policies and procedures to deliver best practice care. Consumers subject to restrictive practices have appropriate documentation, monitoring and review in place. Consumers requiring behaviour, skin integrity and pain management care receive suitable care consistent with applicable policies and directives.

Care documentation showed high impact and high prevalence risks associated with the care of consumers were identified using formal assessment tools, and interventions to minimise and manage these risks were documented. Staff described how they deliver care to manage risks, consistent with the documentation and policies.

Whilst no consumers were receiving end of life care at the service, review of a consumer who recently passed away at the service showed strategies to maximise the consumer’s comfort were implemented. Staff provided examples of how they alter care for consumers nearing end of life.

Care documentation of consumers who experienced deterioration showed that processes for the escalation and response to deterioration have been identified or recognised in a timely manner. Representatives were satisfied with how staff manage changes to consumers’ condition. The service has procedures for supporting staff to recognise and respond to deterioration.

Information relating to consumers’ condition, needs and preferences is reflected in care documentation, including care plans and progress notes, and is shared through handover meetings. Staff receive alerts of changes and speak to external providers and health professionals regarding consumers’ needs. Care planning documents and consumer feedback reflected timely and appropriate referrals occurred for consumers to other individuals, external allied health providers or organisations.

The service has policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff interviewed demonstrated an understanding of precautions to prevent and control infection and the steps they take to minimise the use of antibiotics.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*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) Compliant

*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) Compliant

*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) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 NON-COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

The Assessment Team recommended Requirements (3)(b) and (3)(f) were not met, regarding promoting consumers’ emotional, spiritual and psychological well-being and meals being of suitable quality. I have considered the evidence brought forward by the Assessment Team and the Approved Provider’s response. I find the service Compliant with Requirement (3)(b) and Non-compliant with Requirement (3)(f). I have provided reasons for my findings in the specific Requirements below.

Most consumers and their representatives said staff support consumers to participate in activities that are of interest to them, and the service provides supports to enable consumers to optimise their independence and well-being. Care planning documents reflect consumers’ interests and preferences. Staff described variety of activities available for consumers and how they seek feedback to enhance consumers’ enjoyment and quality of life. Consumers were observed participating in individual and group activities.

Consumers and their representatives said consumers are supported to maintain independence, have relationships and participate in the community. Staff described how they support consumers to keep in contact with their family and friends. Consumers said they were satisfied with communication amongst staff regarding their needs and preferences. Staff described how they are kept informed of consumers’ needs and preferences through handover meetings and review of care documentation.

Care plans show referrals are made to other services and organisations to support consumers to maintain their interests and enhance their well-being. Various brochures and resources are available to support referrals to external organisations as required. Equipment supporting lifestyle activities was observed to be safe, suitable, clean and well-maintained. Staff stated they have access to appropriate equipment and suitable maintenance occurs.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

The Site Audit Report discussed that consumers’ care planning documentation reflected their emotional, spiritual and psychological needs. Staff interviewed knew the consumers well, including how to support consumers when they are feeling low. However, the Assessment Team brought forward examples of two named consumers who described their emotional and psychological well-being was not fully supported.

The Approved Provider responded on 8 June 2022, addressing feedback from two named consumers, and included the service’s person-centred model of care framework that guides staff to support all aspects of consumers’ well-being.

While the two named consumers expressed concerns of feeling low and uncared for at times, staff interviewed demonstrated they knew the consumers’ likes and dislikes and how to support them when they are feeling low. In their response, the Approved Provider stated they have since met with the named consumers to discuss their concerns and have also updated their lifestyle assessments. For the named consumer who was frightened when another consumer entered their room overnight prior to the Site Audit, the Approved Provider stated the consumer was supported and the other consumer was relocated.

While I accept the negative consumer feedback, I do not consider it is reflective of an overall deficiency in the services and supports for daily living that the service provides. I am satisfied with the Approved Provider’s response and actions taken by to address concerns raised by the named consumers prior to and after the Site Audit. I consider the service has systems and processes to ensure services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Therefore, I find this Requirement is Compliant.

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Non-compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

The Site Audit Report reflected staff were aware of consumers’ dietary needs, which were generally accurately captured in consumers’ care planning documentation. However, the report brought forward feedback from several named consumers who expressed concerns relating to the quality, temperature and taste of the food. The Assessment Team observed a meal service and noticed that hot meals were being served cold and dessert was plated and had melted before the main meal. Some consumers were not eating or were waiting for their meals and assistance while other consumers finished their meals. Dining tables in some areas of the service did not have an appropriate setting.

The Approved Provider responded on 8 June 2022 and stated they acknowledge the consumer feedback and agreed this is an area for improvement. The Approved Provider has commenced actions to redesign serveries in some areas of the service and have purchased heated trolleys to improve consumers’ dining experience and ensure they receive well-presented hot food. The chef is planned to meet with all the consumers who expressed concerns in the Site Audit Report.

I acknowledge the Approved Provider’s response and consider the improvements described in their response will take time to implement and demonstrate effectiveness. At the time of the Site Audit, the service did not demonstrate it was providing meals that were of high quality and a comfortable dining experience for consumers.

Therefore, I find this Requirement is Non-compliant.

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers said they feel comfortable, at home and like they belong at the service. The service environment was observed to be welcoming, with wide corridors, handrails, signage and adequate amount of light to support consumers to move freely. Consumers’ rooms are personalised with photographs, artwork and furnishings.

The service has communal areas, courtyards, cinema, library, café and a sensory garden in the memory support unit for consumers to socialise, engage or relax. Consumers were observed moving between different areas of the service, participating in activities in the common area and attending the in-house cinema. Indoor and outdoor areas of the service are easily accessible to consumers.

The environment was observed to be safe, clean and clear of clutter and hazards. Staff described the process for documenting and reporting maintenance issues and cleaning staff described their cleaning regimes and schedules. Consumers expressed satisfaction with the furniture, fittings and equipment at the service. Equipment storage areas were accessible and did not impede consumers’ free movement. Maintenance documentation evidenced timely, regular and as required maintenance occurs.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Non-compliant as one of the four specific requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(a) and (3)(c) were not met, regarding supporting consumers to make complaints, actioning complaints appropriately and using open disclosure process. I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response. I find the service Compliant with Requirement (3)(a) and Non-compliant with Requirement (3)(c). I have provided reasons for my findings in the specific Requirements below.

While some consumers were unsure if they have access to advocates and other methods for raising complaints, staff described their approach and knowledge to support consumers to access these services when required. Information displayed at the service and documentation reviewed showed consumers and their representatives are made aware of and have access to advocates, language services and other methods of raising complaints.

Some recurring feedback has been reviewed and used to improve the quality of care and services. The service’s plan for continuous improvement had various items listed. Where there have been deficits identified relating to the continuous improvement plan, they have been considered under Standard 8 Requirement (3)(c).

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

The Site Audit Report brought forward mixed feedback from consumers and their representatives about being supported and encouraged to provide feedback and complaints. While some consumers expressed they felt comfortable and knew how to make a complaint, some consumers did not or chose not to give feedback. The Assessment Team observed the feedback box was overfilled with feedback forms at the commencement of the Site Audit, which was addressed by management.

The Site Audit Report also discussed that not all complaints were recorded in the complaints register. I have considered this further under Requirement 6(3)(c).

The Approved Provider responded on 8 June 2022 and outlined various sources of information that had been provided to consumers and their representatives on how to make complaints, including through feedback/complaints form, the service’s website or directly with staff or management. The service has since sent a reminder email to consumers and their representatives about the complaints process and have met with named consumers who raised concerns.

While I accept the feedback is reflective of consumers’ feelings, the volume of complaints listed in the complaints register and meeting minutes support that overall consumers are aware of and use the complaints process. I am satisfied that the Approved Provider has supported and encouraged consumers to provide feedback and make complaints through information provided in admission pack, handbooks, posters, agreement documents and meetings.

Therefore, I find this Requirement is Compliant.

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Non-compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Site Audit Report reflected concerns expressed by several consumers that the service did not adequately address their feedback or complaints. Staff did not demonstrate an understanding of open disclosure process and review of complaints showed an open disclosure process was not consistently applied. Not all complaints were recorded on the register, and some recorded complaints did not have an appropriate action listed.

The Site Audit Report also brought forward issues pertaining to call bell response times which have been considered under Requirement 7(3)(a).

The Approved Provider responded on 8 June 2022 and included some clarifying information, and copies of the service’s open disclosure and complaints management processes.

The Site Audit Report included examples from several consumers of concerns raised, including about a consumer who wanders, staffing levels, and missing clothing, however, they were not satisfied with the outcome of their complaints. The Approved Provider appointed a Quality Officer after the Site Audit, who met with the named consumers to discuss and action their concerns. Since the follow up action occurred after the Site Audit, I find these examples are reflective of non-compliance with this Requirement.

Regarding staff not demonstrating understanding of open disclosure, the Approved Provider stated while staff may not be familiar with the terminology of open disclosure, they are familiar with the terminology of saying sorry. Staff will be reminded of the process again through meetings and emails. I accept the Approved Provider’s response about staff knowing a different terminology and do not consider this evidence as demonstrating non-compliance with this Requirement.

Review of the complaints register showed not all complaints or feedback raised verbally or through meetings was recorded. Out of 48 complaints raised in the last six months, most complaints did not include an apology as an immediate corrective action and some complaints did not have an appropriate action recorded. The Approved Provider acknowledged they are required to have a system in place to resolve complaints and demonstrate open disclosure. They reviewed their open disclosure policy and developed a related brochure to increase understanding and awareness among consumers and staff. Shortly prior to the Site Audit the service commenced using an electronic system to manage feedback and complaints. The Approved Provider was aware of the gaps in recording of feedback and complaints. While I acknowledge the Approved Provider is transitioning to a new system, I consider the inconsistencies in actioning complaints appropriately and using open disclosure process are significant. I find this demonstrates non-compliance with this Requirement.

Having considered the evidence in the Site Audit Report and the Approved Provider’s response, I find that at the time of Site Audit, the service did not have consistent and uniform processes for recording, actioning and using open disclosure process while managing complaints.

Therefore, I find this Requirement is Non-compliant.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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

The Assessment Team recommended Requirements (3)(a), (3)(b), (3)(d) and (3)(e) were not met, regarding sufficiency of staff, workforce interactions with consumers, staff training and regular monitoring of staff performance. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response. I find the service Compliant with Requirement (3)(d) and Non-compliant with Requirements (3)(a), (3)(b) and (3)(e). I have provided reasons for my findings in the specific Requirements below.

Consumers expressed concerns about delayed responses to their call bells and lack of staff, which resulted in an impact on their care. The service did not demonstrate regular assessment, review and monitoring of staff performance. Workforce interactions were not observed to be kind and caring on some occasions, which was supported by feedback from some consumers.

While deficiencies were identified in some staff’s training related to Serious Incident Response Scheme and restrictive practices knowledge, no impact on consumers was noted. The service has recruitment processes in place to recruit suitable staff.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### The Site Audit Report reflected staffing numbers within the service were insufficient to meet consumers’ personal care needs, based on feedback from consumers and staff. Consumers described the impact reduced staffing levels has on them, such as waiting for meal assistance or not getting timely continence care. Care staff said they are short-staffed, they felt rushed, could not spend as much time with consumers as they wanted to and could not meet all of consumers’ personal care preferences.

The service’s roster for the fortnight prior to the Site Audit reflected 19 unfilled shifts. The call bell report reviewed for the day prior to the Site Audit reflected 19.3% of call bell response times exceeded 10 minutes and, on some occasions, response time exceeded 30 minutes or an hour. The Assessment Team also observed a named consumer waiting for a longer period of time for staff assistance.

### The Approved Provider responded on 8 June 2022. They stated long call bell response times mostly occurred at handover and they have now extended start and finish times for shifts to minimise consumer wait times. They said staff also forget to turn off call bells on entry to the consumer’s room. The service is working to review call bell system to develop a daily call bell report for senior staff and call bells will also be checked regularly for consumers.

Regarding unfilled shifts, the Approved Provider stated they proactively contact staff and agencies to fill shifts, however, agencies are also reporting ongoing staff shortages. The service will implement two extras shifts once the budget is approved.   
The Approved Provider stated COVID-19 has also resulted in considerable staffing shortages, however, they are actively trying to recruit new staff.

I acknowledge the Approved Provider’s response and planned actions and the impact of COVID-19 on staffing levels. However, at the time of the Site Audit, both consumers and staff reported there was insufficient staff to support consumers receiving their personal care needs and preferences.

I find that at the time of the Site Audit the service did not demonstrate that number and deployment of the workforce is sufficient to enable delivery of quality and effective care for consumers.

Therefore, I find this Requirement Non-compliant.

### Requirement 7(3)(b) Non-compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### The Site Audit Report brought forward feedback from some consumers regarding staff attitude and interactions being rough and less kind. There was some negative consumer feedback under Standard 1 and Standard 4 relating to the approach of some staff, which has been considered under this Requirement. The Assessment Team also observed staff not greeting or interacting with consumers before assisting them with their care needs.

The Approved Provider responded on 8 June 2022 and included a person-centred framework in their response that guides the staff to be respectful while performing their duties. The Approved Provider stated all staff undergo mandatory training and have further developed a training plan to address staff relationships with consumers.

I acknowledge the Approved Provider’s response; however, I have placed weight on the consumers’ reported experience. At the time of the Site Audit, the Approved Provider could not consistently demonstrate that all staff interactions with consumers were kind, caring and respectful of each consumer’s identity and culture.

Therefore, I find this Requirement is Non-compliant.

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Site Audit Report identified some staff were due for their yearly Serious Incident Response Scheme (SIRS) training. However, care and clinical staff interviewed knew their reporting obligations and showed understanding of the service’s incident management system. Some staff reported they did not receive training on restrictive practices as part of their orientation and this was followed up by the service’s management. Staff training deficiencies in relation to open disclosure have been considered under Requirement 6(3)(c).

The service was unable to provide consolidated mandatory training records for staff at the time of the Site Audit. I am unable to form a view on the number of staff who have outstanding training needs and have not considered this example in determining compliance with this Requirement. I consider this evidence suggests a deficit in monitoring training completion, however the Site Audit Report reflects this was known by the Approved Provider and was in the process of being addressed. This is also considered at Requirement 8(3)(c).

The Approved Provider responded on 8 June 2022 and provided information about the training included in the service’s upcoming orientation sessions, including training on restrictive practices. The Approved Provider has further implemented tool box sessions relating to SIRS reporting requirements for staff awareness, in conjunction with the online modules.

The Site Audit Report did not identify evidence of any notable impact to consumers because of staff training deficiencies in SIRS or restrictive practices. The service conducts and actions training need analysis for staff as evidenced in the Site Audit Report. At the time of the Site Audit, I am satisfied that the service had processes in place to support and train staff in delivering safe and quality care.

Therefore, I find this Requirement is Compliant.

### Requirement 7(3)(e) Non-compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Site Audit Report brought forward feedback from several staff who had not received a performance appraisal since the start of the COVID-19 pandemic, including some appraisals overdue for more than three years. The service could not provide staff performance appraisal records, however, review of employment packs for some staff showed blank appraisal records. The service acknowledged the performance appraisals were an area of improvement for the service.

The Approved Provider responded on 8 June 2022. The Approved Provider stated while staff annual appraisals were not completed, team leaders regularly met with staff to discuss any concerns. The Approved Provider developed a plan to address overdue performance appraisals in the next three months, including prioritising staff who have not completed a performance appraisal in the last 12 months.

I acknowledge the Approved Provider’s commitment to addressing the deficiencies. However, the service did not have an effective system in place prior to the Site Audit to demonstrate regular assessment, monitoring and review was occurring for each member of the workforce. I find that at the time of Site Audit, the service did not demonstrate compliance with the Requirement as a considerable portion of the workforce had not received an appraisal in the past 12 months.

Therefore, I find this Requirement is Non-Compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

The non-compliance is in relation to Requirement (3)(c) due to deficiencies in the service’s information management, continuous improvement, workforce governance, and feedback and complaints systems. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Overall consumers and their representatives said the service was well-run. The service has recently commenced a consumer advisory committee, which is a platform to engage consumers in the development, delivery and evaluation of care and services.

The organisation’s governing body promotes and is accountable for the delivery of safe, quality care and services. The governing body is updated about incidents, complaints and clinical indicators through regular meetings. The governing body has endorsed improvements to the service, such as the implementation of a new incident management system.

The service has documented risk management framework, which includes policies on high impact or high prevalence risks, identifying and responding to the abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents. Staff demonstrated an understanding of the policies and provided examples relevant to their work, including for reporting and managing incidents.

The organisation has a clinical governance framework that includes policies relating to the minimisation of restrictive practices, antimicrobial stewardship and open disclosure.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Non-compliant

*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.*

The service has functional governance systems in place for regulatory compliance and financial governance. The Assessment Team brought forward deficiencies in the systems for information management, continuous improvement, workforce governance, and feedback and complaints.

The Approved Provider responded on 8 June 2022 regarding deficiencies identified.

Regarding information management, the Site Audit Report reflected that due to recent staff turnover and introduction of new systems, inconsistencies were identified in staff training records and recording of feedback and complaints as identified in Requirements 7(3)(d) and 6(3)(c).

Regarding continuous improvement, the Site Audit Report stated that some items on the continuous improvement plan did not record outcomes, impacts or results achieved.

The Approved Provider acknowledged the impact on the information systems of the service. They have updated and reviewed all the relevant records pertaining to staff training, feedback and complaints, performance appraisal system and continuous improvement plan on the new electronic system.

Regarding workforce governance and feedback and complaints, the Site Audit Report identified issues relating to sufficiency of staff, completion of staff performance appraisals, and appropriately recording and actioning complaints using open disclosure process. This has been further discussed under Requirements 6(3)(c), 7(3)(a) and 7(3)(e).

The Approved Provider stated they offer extra shifts to staff and utilise agency when needed. The Approved Provider stated inconsistences in complaints processes were due to transitioning to a new system and the service has since ensured all complaints and feedback is recorded and managed by an appropriate personnel.

I acknowledge the Approved Provider’s response, however, since most of these actions occurred after the Site Audit, they require time to demonstrate effectiveness. At the time of the Site Audit, the service did not demonstrate that its governance systems were effectively identifying deficiencies and the service failed to act to address those deficiencies before they were brought forward in the Site Audit Report.

The organisation’s governance systems relating to information management, continuous improvement, workforce governance, and feedback and complaints were not operating effectively during the Site Audit to pre-emptively identify and address deficiencies.

Therefore, I find this Requirement is Non-compliant.

### Requirement 8(3)(d) Compliant

*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) Compliant

*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.*

# 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 4(3)(f) – the Approved Provider ensures consumers are provided with meals of high quality and a comfortable dining experience. This includes incorporating the feedback given by consumers regarding meal contents.
* Requirement 6(3)(c) – the Approved Provider ensures feedback and complaints are adequately recorded, appropriately actioned and open disclosure is used when things go wrong.
* Requirement 7(3)(a) – the Approved Provider ensures the workforce is suitably planned to enable the delivery and management of safe and quality care and services, including through deploying an adequate number of staff to support consumers’ well-being and safety.
* Requirement 7(3)(b) – the Approved Provider ensures all workforce interactions are kind, caring and respectful of each consumer’s identity, culture and diversity.
* Requirement 7(3)(e) – the Approved Provider ensures staff performance is monitored, including through regular performance appraisals.
* Requirement 8(3)(c) – the Approved Provider improves their organisation wide governance systems to ensure effectiveness, specifically in relation to information management, continuous improvement, workforce governance and feedback and complaints.