St Andrew's Village Ballina

Performance Report

59 Bentinck Street   
BALLINA NSW 2478  
Phone number: 02 6620 5800

**Commission ID:** 2709

**Provider name:** St Andrew's Village Ballina Limited

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

**Date of Performance Report:** 6 September 2022

# Performance report prepared by

Stewart Brumm, 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-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) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-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 18 August 2022.

# STANDARD 1 NON-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

Overall, sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers/representatives sampled said staff are respectful towards consumers, and their individual identity, culture and diversity is recognised and valued. Consumers expressed confidence that staff know what is important to them.

Consumers/representatives spoke about how consumers’ cultural needs are respected and supported by staff without judgement. Consumers said the service supports them to exercise choice and independence, including in relation to the way their care and services are delivered. Consumers/representatives said they make decisions from information provided by the service that is current, accurate and timely and easy to understand.

However, the Assessment Team identified due to delays in staff assistance caused by call bell system issues, the service was not able to demonstrate consumers who require assistance after an incident are treated with dignity and respect.

For the consumers sampled who take risks, risk assessments have either not been conducted and/or dignity of risk discussions have not been completed. Staff sampled were unable to identify consumers who have chosen to take risks and advise strategies in place to support consumers with managing and mitigating risks related to their activities of choice.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

The Assessment Team provided information that most sampled consumers considered they are treated with dignity and respect, with their identity, culture and diversity valued. However due to delays in staff assistance caused by call bell system issues, the service was not able to demonstrate consumers who require assistance after an incident are treated with dignity and respect. Several consumers spoke of the humiliation and helplessness of being unable to obtain staff assistance and described how the lengths taken to get staff attention compromised their dignity and respect.

The Approved Provider provided a response that included clarifying information as well as supporting documentation including a call bell project plan and a nurse call raw data review. The Approved Provider acknowledges on-going issues with the nurse call system currently installed and advised they are replacing the system. They advised they have increased monitoring of consumers with increased visual checks and following an audit of the system have provided hand bells to consumers as required. Battery operated falls mats have also been provided to some consumers.

In relation to named consumers in the Assessment Team report, The Approved Provider contends that for two of the named consumers, they would not have had access to a call bell post fall based on the location of the fall, as such this was not impacted by the non-functioning call bell system. For another named consumer, the Approved Provider has no records of the incident provided to the Assessment Team. For another named consumer, the Approved Provider can not confirm or deny the incident reported by the consumer to the Assessment Team, and for the remaining named consumer, the Approved Provider confirmed they have a working call bell.

I have considered the Assessment Team report as well as the Approved Provider response and I acknowledge that the Approved Provider is in the process of replacing the call bell system and has taken some measures to monitor consumers and increased consumers access to gaining staff attention when required. However, I am persuaded by the feedback from some consumers in relation to their expressed feelings of humiliation and helplessness and I am not satisfied that the actions taken to mitigate the non-working call bell system have been consistently effective.

I find this requirement Non-compliant.

### 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) Non-compliant

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

The Assessment Team provided information that the Approved Provider was unable to demonstrate consistently appropriate risk assessments have been conducted and dignity of risk discussions have occurred for consumers who choose to take risks. Staff sampled were unable to advise regarding consideration of risks to the consumer’s health and wellbeing in relation to their risk-taking activities of choice, and regarding risk mitigation strategies in place.

For named consumers this included risks associated with mobilizing independently and for one consumer risks associated with smoking.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as a revised dignity of risk form. The Approved Provider acknowledged they needed to improve risk management processes and have commenced implementing improvements including use of the revised form, education for staff and review of risks undertaken by consumers.

In relation to the named consumers, the Approved Provider indicated that for one named consumer they have not undertaking the activity outlined in the Assessment Team report for some time. In relation to risks associated with smoking, the Approved Provider has increased the smoking areas to three areas with improved safety measures and the named consumer is satisfied with the changed arrangements.

I have considered the Assessment Team report as well as the Approved Provider response and I find that at the time of the site audit, the Approved Provider did not demonstrate compliance with this requirement and the sustainability and effectiveness of improvements are yet to be determined.

I find this Requirement is Non-compliant.

### 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 NON-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

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers/representatives interviewed advised the service involves them with their initial and ongoing assessments and care planning preferences and goals.

Representatives advised they were contacted by the service when a change or incident impacted on the health and well-being of the consumer. Care planning documentation identified assessment and care planning is conducted for consumers on entry to the service and following a documented incident which has impacted the consumer.

Consumers/representatives interviewed said they are not routinely provided with a copy of their care plan but would ask for one if they wanted it.

However, the service was unable to demonstrate the outcomes of assessment and care planning are reviewed regularly or when an incident impacts a consumer.

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

## 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) Non-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.*

The Assessment Team provided information that the Approved Provider is unable to demonstrate care and services are reviewed regularly for effectiveness and when circumstances change. The service advised the care plan review process has been impacted during the last six months by the lack of continuity of staff and the absence of key personnel to provide oversight to the process. Registered staff advised low levels of registered staff in recent months has prevented them from completing care plan reviews every three months as scheduled.

The Approved Provider provided a response that included clarifying information to the Assessment Team report. The Approved Provider acknowledged they had not met this requirement. However, the Approved Provider refutes the statements attributed to the registered nurse. Improvement actions have been commenced including allocation of a registered nurse to complete all outstanding care plan reviews, the establishment of a review schedule and process flow charts. Additional training is also being provided to staff.

I have considered the Assessment Team report as well as the Approved Provider response and I find that at the time of the site audit, the Approved Provider did not demonstrate compliance with this requirement and the sustainability and effectiveness of improvements are yet to be determined.

I find this Requirement is Non-compliant.

# STANDARD 3 NON-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

Overall, most consumers sampled considered that they receive personal care and clinical care that is safe and right for them. Consumers interviewed said staff at the service provide care which meets their needs and preferences and is safe and right for them. Consumers said they were satisfied with the level of care and services they receive.

Consumers said they have access to their own medical officer and can access health care from various health care professionals including, but not limited to, physiotherapists, specialist medical staff and podiatrists. Consumers said medical officers visit them at the service on a regular basis. Overall, care documentation for most consumers includes assessments which identify most areas of high clinical risk and care plans which include risk mitigation strategies. High impact, high prevalence risks identified by the service as being present amongst the consumers residing at the service include falls, pressure injuries, wounds, weight loss and exposure to infection. The service has implemented quality improvement process to ensure when consumers enter the service their admission is comprehensive, personal and timely.

However, the service’s ability to identify and record consumers prescribed psychotropic medication is impacted by the staff’s knowledge deficit in regard to psychotropic medications and restrictive practice. As a result, the service does not have effective monitoring systems in place to ensure consumers prescribed chemical restrictive practice and consumers with mechanical and environmental restrictive practices in place are reviewed regularly for associated risks.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

The Assessment Team provided information that the Approved Provider was unable to demonstrate an understanding of restrictive practice, in relation to the various types of restrictive practice used or the legislative requirements related to the use of restrictive practices. The service was unable to demonstrate they regularly monitor the use psychotropic medications and were unable to provide accurate information on the number of consumers prescribed psychotropic medications and the number of consumers provided psychotropic medications as chemical restrictive practice.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as sampled behaviour support plans. The Approved Provider acknowledged they were not meeting this requirement and they were not aware of the legislation update from 1 July 2021. The Approved Provider has reviewed and updated policies, they have identified those consumers subject to restrictive practice and have implemented behaviour support plans. Responsibility for ongoing monitoring of restrictive practice has been allocated to the clinical nursing team.

I have considered the Assessment Team report as well as the Approved Provider response and I find that at the time of the site audit, the Approved Provider did not demonstrate compliance with this requirement and the sustainability and effectiveness of improvements are yet to be determined.

I find this Requirement is Non-compliant.

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

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

The Assessment Team provided information that whilst the Approved Provider has processes to identify and manage risk, monitoring that these processes are consistently applied has not been effective. The service is unable to identify which consumers are prescribed psychotropic medication as chemical restrictive practice and do not have a monitoring system for consumers receiving psychotropic medication to ensure their medication is reviewed regularly for associated risks.

The Approved Provider provided a response that included clarifying information to the Assessment Team report. The Approved Provider acknowledged they were not meeting this requirement. The Approved Provider has implemented a range of improvement activities including revising and updating policies and has a range of new policies to introduce. Consumers who are subject to chemical restraint have been identified and behaviour support plans developed to support their care. The process for collecting and analysing clinical indicators has been revised and improved.

In relation to one named consumer, the Approved Provider has received a report that indicated the timing of the consumer medication would not have an impact of their mobility, however the experience of the consumer should not be discarded based on a pharmacy report.

I have considered the Assessment Team report as well as the Approved Provider response and I find that at the time of the site audit, the Approved Provider did not demonstrate compliance with this requirement and the sustainability and effectiveness of improvements are yet to be determined.

I find this Requirement is Non-compliant.

### 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

Most sampled consumers considered they are provided the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do with the exception of meals.

Consumers/representatives said consumers are supported to engage in activities they are interested in, both inside the service and in the wider community. Consumers said the service supports and facilitates them to maintain personal and social relationships and remain in contact with people who are important to them.

Consumers said the service meets their emotional, social, spiritual and psychological needs by way of the internal support provided by staff, volunteers and the Chaplain, and by conducting church services.

Consumers said there is a lack of quality food and choice and the service does not always provide suitable foods for consumers who require a modified diet. Consumers/representative’s feedback identified meals provided are not to consumers’ preferences and needs.

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

## 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.*

### 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 Assessment Team provided information that the Approved Provider was unable to demonstrate the meals provided to consumers are varied, of suitable quality and quantity and in line with the consumers’ preferences. Consumers interviewed said the service does not offer variety and quality meals of sufficient quantity. Consumers interviewed said the service does not provide suitable food for consumers who require a modified diet.

The Approved Provider provided a response that included clarifying information as well as supporting documentation including a menu review report. The Approved Provider acknowledged they have had ongoing issues with catering arrangements and is outsourcing food provision to an external provider. A chart has been developed for display in each nurse’s station, which clearly delineates and exhibits the roles and responsibility of each staff member. Other actions by the Approved Provider include encouraging consumers to use the dining rooms for meals, whilst respecting the consumers right to choose where to eat, the chef has been meeting with individual named consumers to discuss diet issues and fruit and sandwiches are available to consumers as additional snacks.

I have considered the Assessment Team report as well as the Approved Provider response and I find that at the time of the site audit, the Approved Provider did not demonstrate compliance with this requirement and the sustainability and effectiveness of improvements are yet to be determined.

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 NON-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

Overall, sampled consumers considered they feel they belong in the service, and feel comfortable in the service environment, however the environment does not allow consumers to move freely and the equipment has not been maintained.

Most consumers/representatives said the service environment was clean and maintained to their satisfaction, and furniture provided is safe, clean and suitable to their needs.

Consumers were not able to freely access both indoors and outdoors in all areas of the service. Consumers feel unsafe due to the ineffective call bell system that has not been addressed.

The Assessment Team observed the service environment to be secure and clean and tidy, and equipment to be clean, well maintained with the exception of the call bell system and suitable to the needs of the consumer cohort.

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

## 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) Non-compliant

*The service environment:*

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

The Assessment Team provided information that the Approved Provider demonstrated that it was clean, comfortable and well maintained with the exception of the call bell system. The service was not able to demonstrate that consumers are able to move freely, both indoors and outdoors. The service environment has key pads to enter and exit most areas of the service and the Assessment Team identified, not all the key pads were working properly, and the consumers were unable to access them. The Assessment Team observed signage that indicated consumers needs to ask staff to leave the building, and staff confirmed this was the practice. The Assessment team identified that consumers were generally safe, with the exception of access to a working call bell system.

The Approved Provider provided a response that included clarifying information as well as supporting documentation including environmental audits. The Approved Provider acknowledged the ongoing issues with the call bell system, and that this is being replaced. The Approved Provider is investigating options for consumers to egress through key/swipe pad locked doors.

In relation to specific items in the Assessment Teams report, it was noted that all key/swipe pads are working, and the one that has broken in the past year, was repaired in hours. Named consumers are support by staff to exit the building for walks and another was redirected back into the building due to safety concerns.

I have considered the Assessment Team report as well as the Approved Provider response and I find that at the time of the site audit, the Approved Provider did not demonstrate compliance with this requirement and the sustainability and effectiveness of improvements are yet to be determined.

I find this Requirement is Non-compliant.

### Requirement 5(3)(c) Non-compliant

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

The Assessment Team provided information that the Approved Provider did not demonstrate that the equipment was safe, well maintained and suitable for the consumer. The Assessment Team observed the furniture, fittings, with the exception of the call bell system, to be safe, clean and well maintained.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report. They acknowledged the ongoing issues with the call bell system and this is being replaced. The Approved Provider has purchased a range of hand-held bells and desk bells. Staff have all been advised of the imperative to remain alert to these bells and respond accordingly. Visual monitoring to the more remote rooms in blind spot areas have been implemented. The Approved Provider is also looking to trial other technologies to assist in the monitoring of falls and for consumers to seek assistance.

I have considered the Assessment Team report as well as the Approved Provider response and I whilst I acknowledge the call bell systems issues are known to the Approved Provider and this system is being replaced, I am not satisfied that alternatives to the call bell system had been successfully implemented at the time of the site audit. The sustainability and effectiveness of improvements are yet to be determined.

I find this Requirement is Non-compliant.

# 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

Overall sampled consumers/representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken in response to complaints.

The service demonstrates it encourages and supports consumers to provide feedback or complain about the care and services they receive. Consumers/representatives sampled were aware of the service’s formal processes for raising a complaint, said they felt safe raising any issues directly with staff and/or management and did not express concern about potential retribution if they were to provide feedback.

The service demonstrates it uses an open disclosure approach when something does go wrong.

Whilst the service is actively responding to and resolving some feedback and complaints raised, it is unable to demonstrate appropriate action is taken for the main complaint areas, for example, food and call bell system. In relation to these issues, the service was able to demonstrate feedback and complaints raised by consumers/representatives are used to improve the quality of care and services.

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

## 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.*

### 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 Assessment Team provided information that whilst the Approved Provider is actively responding to and resolving some feedback and complaints raised, it is unable to demonstrate appropriate action is taken for the main complaint areas, for example, food and call bell system.

The Approved Provider provided a response that included clarifying information to the Assessment Team report. The Approved Provider does not agree with the findings of the team due to the fact that the issues with food and the call bell system were already identified and planned actions to remedy these issues had commenced.

In relation to named consumer feedback the Approved Provider provided context and clarification to the matters raised.

I have considered the Assessment Team report as well as the Approved Provider response and I find that whilst the Approved Provider has taken action in response to most complaints and an open disclosure process is used, I am not satisfied that appropriate and timely interim measures were implemented in relation to food and call bell concerns. I acknowledge that a new call bell system is to be installed and a new food contractor is commencing, however based on consumer feedback provided during the audit, I am not satisfied with the actions taken to manage the complaints around food and the call bell during the acknowledged lengthy process to implement the improvements.

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.*

The Assessment Team provided information that the Approved Provider was not able to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services, as the main areas of complaints raised by consumers/representatives have not led to improved changes at the service.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report. The Approved Provider does not agree with the teams findings. The Approved Provider has planned improvements in relation to food and the call bell with new systems for both being implemented.

In relation to named consumer feedback the Approved Provider provided context and clarification to the matters raised.

I have considered the Assessment Team report as well as the Approved Provider response and I find that whilst there has been a lengthy process to implement improvements with food and the call bell system, I am satisfied that the Approved Provider has reviewed and used consumer feedback to improve care and services. I addressed the matter of appropriate and timely responses under my findings in relation to Requirement 6(3)(c).

I find this Requirement is Compliant.

# 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

Overall, sampled consumers consider that they receive care and services from care and registered staff who are kind and caring. However, overall sampled consumers did not consider they receive quality care and services when they need them, stating they were often unable to call for a staff member when needed, as the call bell system was not functioning correctly. Consumers said, they often had to wait for assistance with personal care, continence care and medications as a result of insufficient staff at the service.

The number and skill mix of staff is not always planned to enable the delivery of safe and quality care and services. During the past 6 months, there have been deficiencies in the quality and safety of care delivered which is contributed by deficiencies in the workforce, including sufficiency and skill mix.

Interviews with consumers/representatives demonstrated that as a result of there being insufficient staff at times, care and services are not consistently delivered in accordance with consumers’ preferences or care and service plan. They do not get the care and services they require in a timely manner. There are often delays in staff responding to requests for assistance, with consumers having to wait in excess of 30 minutes for assistance.

The organisation has defined position descriptions for all positions at the service with mandatory training and core competency requirements documented. However, in the last six months, not all mandatory training and core competencies have been completed by staff.

Processes to monitor staff performance and rectify any training or knowledge deficiencies have not been completed.

While Management was able to describe and provide evidence of the roster and how staffing and recruitment is managed at the service, these strategies had only recently been implemented and were yet to be embedded at the time of the Site Audit.

Management described the recent challenges with significant flooding experienced in the district, resulting in staff being unable to attend work and staff accommodation being impacted and unavailable.

During the Site Audit, all interactions between staff and consumers/representatives were observed to demonstrate a kind, caring and respectful approach.

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

## 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 Assessment Team provided information that the Approved Provider was not able to demonstrate the workforce is planned and adequate in number to enable the delivery of safe and quality care. Consumers/representatives sampled said there are problems with the call bell system and at times it does not work, and as a result consumers’ requests for assistance in a timely manner are not met, particularly in relation to the delivery of, toileting needs, time specific medications and responding to incidents. As a result, some consumers/representatives said the consumers were not always provided with safe and quality care and services. Management have reviewed the roster; however, this has not resulted in additional staff to accommodate for the malfunctioning of the call bell system.

The Approved Provider provided a response that included clarifying information to the Assessment Team report. The Approved Provider does not agree with the Assessment Team findings. The Approved Provider provided information on staffing benchmarking ratios and the challenges faced with staffing during the Covid-19 pandemic. The Approved Provider articulates that they have sufficient staff based on the benchmarking ratios provided. A new roster is also due to be deployed.

I have considered the Assessment Team report as well as the Approved Provider response, I am not persuaded by the benchmarking ratios as an indication of a planned workforce that enables the delivery and management of safe and quality care and services. Despite the Approved Provider staff ratio being above the industry benchmark, I note the consumer feedback in relation to delays in the timely provision of care. I am persuaded by the consumer feedback in relation to delays in care provision as an indication that the workforce is not 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.

I find this Requirement is Non-compliant.

### Requirement 7(3)(b) Compliant

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

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

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

The Assessment Team provided information that the Approved Provider was able to demonstrate the members of the workforce have qualifications required for their respective roles, however, the service could not demonstrate all members of the workforce was competent to perform their roles, with competencies in manual handling and medication assistance not being completed for some staff in the past 12 months.

The Approved Provider provided a response that included clarifying information to the Assessment Team report. The Approved Provider acknowledge they have not managed this requirement effectively. Planned improvements include planned additional training, random assessments of staff knowledge and access competency records for agency/temporary staff.

I have considered the Assessment Team report as well as the Approved Provider response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance with this requirement. The effectiveness and sustainability of improvements is yet to be determined.

I find this requirement is Non-compliant.

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

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

The Assessment Team provided information that the Approved Provider is actively recruiting staff to fill vacant positions, however the service was unable to demonstrate that the workforce is trained, as the service has not provided mandatory education and training to staff in the last six months.

The Approved Provider provided a response that included clarifying information to the Assessment Team report. The Approved Provider acknowledge they have not managed this requirement effectively. Planned improvements include planned additional training and random assessments of staff knowledge.

I have considered the Assessment Team report as well as the Approved Provider response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance with this requirement. The effectiveness and sustainability of improvements is yet to be determined.

I find this requirement is Non-compliant.

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

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

The Assessment Team provided information that the Approved Provider was unable to demonstrate that the performance of each member of the workforce is regularly assessed, monitored and reviewed, with a number of staff confirming they have not had a meeting with their manager for some time, as the service did not have the senior staff to complete the staff interviews.

The Approved Provider provided a response that included clarifying information to the Assessment Team report. The Approved Provider acknowledge they have not managed this requirement effectively. Planned improvements include a schedule for undertaking staff appraisals and the introduction of a new human resources information system.

I have considered the Assessment Team report as well as the Approved Provider response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance with this requirement. The effectiveness and sustainability of improvements is yet to be determined.

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

Some sampled consumers considered the organisation did not delivery quality and safe care and services and the quality of care and services was dependent on the knowledge, skills and competency of staff.

Consumers/representatives said while they are encouraged or engaged to partner in the development, delivery or evaluation of care and services at the service, this was mostly in response to their feedback.

Consumers/representatives sampled said they are invited or encouraged to be involved in the development and evaluation of changes with the care and services they receive, such as participation in care planning and care reviews.

Consumers/representatives said they are encouraged to make suggestions to enable the service to support them to live the best life they can.

However, consumers/represented stated the following:

* Consumers/representatives sampled said their feedback is not always actioned with some consumers stating they are unsure how to utilise the complaints and feedback mechanisms.
* Consumers/representatives confirmed they engage with management through the consumer meetings, however, their suggestions for improvements are not always listened to or actioned by management. Consumers said they engage with staff on a daily basis regarding their care and service, however, their preferences are not always provided related to call bell system not functioning properly.

Staff confirmed, the call bell system does not function properly, and they do not know at times when the consumer needs assistance or support.

Management provided the following information:

* Management said they have identified the issues with the call bell system and were in the process of replacing it.
* Management said they had experienced insufficiency of staffing in 2022, following the flooding in March and COVID-19 infections, resulting in staff not being available.
* The organisation is in the process of implementing a range of policies and processes to promote a culture of safe and quality care and services, including systems to manage high impact, high prevalence risk and a clinical governance framework.
* The organisation has reporting systems in place to provide the organisation’s governing body with timely information about the performance of the service to enable accountability. The organisation’s management reports to the Board.

Management when provided with feedback during the Site Audit, were able to demonstrate they have commenced action to address these issues through the service’s PCI.

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

## 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) Non-compliant

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

The Assessment Team provided information that the Approved Provider did not demonstrate that the organisation’s governing body is accountable for the promotion and delivery of safe, inclusive and quality care and services. Whist the organisation has processes to promote a culture of safe, inclusive and quality care and services, reporting and monitoring processes have not been effective in ensuring this has occurred. the service is not accurately collecting clinical incidents data, mandatory reporting is not completed accurately, as a number of Serious Incident Response Scheme reports reviewed by the Assessment Team were not reported within the required time frames and some incidents were not reported at all. Critical incidents are not consistently reviewed in a timely manner and monitoring mechanisms applied to ensure compliance with the Quality Standards are ineffective.

The Approved Provider provided a response that included clarifying information to the Assessment Team report. The Approved Provider considers the Assessment Team report incorrectly concluded that reporting and monitoring processes have not been effective. They also assert that the board is aware of the ongoing issues with food and the call bell system and that a planned approach, rather than a quick fix approach was being followed, to ensure a good outcome for the organisation and the consumers.

I have considered the Assessment Team report as well as the Approved Provider response and I agree that the board would have been aware of the issues at the service in relation to food and the call bell system. However, I note that the board is not being provided accurate information in relation to clinical data, incident data and mandatory reporting data to make informed decisions and be accountable for the delivery of this Requirement.

I find this requirement is Non-Compliant.

### 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 Assessment Team provided information that the Approved Provider was unable to demonstrate there are effective organisational wide governance systems. Whilst the service is working towards the implementation of new policies and processes to support effective governance, these systems are not in place yet and as such are not effective.

Review of the service’s plan for continuous improvement has identified a number of corrective actions in response to the service’s ineffective governance systems for information management, continuous improvement, feedback management, workforce governance and regulatory compliance. Management at the service has commenced addressing the performance issues at the service and actions to address these issues are being implemented slowly.

The Approved Provider provided a response that included clarifying information as well as supporting documentation including a planned implementation plan for the electronic care management system. The Approved Provider has a full suite of policies and is working towards the implementation of new policies and processes to support effective governance. The Approved Provider acknowledges that these systems are not yet in place. The Approved Provider refutes that actions are being taken slowly, they refute the claim that we are not using critical incidents and incident data to drive continuous improvement, and they refute that the feedback register has been deemed as incomplete and does not support effective complaints management.

I have considered the Assessment Team report as well as the Approved Provider response and I find that at the time of the site audit, the Approved Provider did not demonstrate compliance with this Requirement. I note that systems to ensure compliance with this requirement are being implemented. The sustainability and effectiveness of the improvements is yet to be determined.

I find this requirement is Non-compliant.

### Requirement 8(3)(d) Non-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.*

The Assessment Team provided information that the service did not demonstrate there are effective risk management systems and practices in place as they do not currently have a process for assessment consumers with identified personal and clinical risks, are not responding and reporting all allegations of suspected abuse and neglect for consumers and are not documenting and analysing consumer incidents at the service.

The Approved Provider provided a response that acknowledged this requirement has not been managed effectively.

I have considered the Assessment Team report as well as the Approved Provider response and I find the Approved Provider did not demonstrate compliance with this Requirement.

I find this Requirement is Non-Compliant.

### Requirement 8(3)(e) Non-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.*

The Assessment Team provided information that the service was unable to demonstrate they have a clinical governance framework in place. Whilst the service has identified a new clinical governance framework, this has yet to be implemented and staff had not been provided with the framework.

The Approved Provider provided a response that included clarifying information as well as supporting documentation including policy for clinical governance framework and the clinical governance framework. The Approved Provider advised they did provide a copy of the framework to the Assessment Team and the framework is being implemented in the coming weeks. The Approved Provider refutes that antimicrobial stewardship and open disclosure are not being used by managers and staff, stating training has been provided. I also note under Requirement 6(3)(C) that open disclosure is being practiced.

I have considered the Assessment Team report as well as the Approved Provider response and I find that whilst the Approved Provider has a clinical governance framework, this is being implemented and as such the effectiveness of the framework is yet to be determined.

I find this Requirement is Non-compliant.

# 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.

* Ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* Ensure each consumer is supported to take risks to enable them to live the best life they can.
* Ensure 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.
* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care
* Ensure effective management of high impact or high prevalence risks associated with the care of each consumer
* Ensure where meals are provided, they are varied and of suitable quality and quantity.
* Ensure the service environment enables consumers to move freely, both indoors and outdoors.
* Ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.
* Ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Ensure 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.
* Ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Ensure regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* Ensure the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* Ensure effective organisation wide governance systems.
* Ensure effective risk management systems and practices.
* Ensure the implementation and monitoring of a clinical governance framework.