Advantaged Care at Prestons Lodge

Performance Report

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PRESTONS NSW 2170  
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**Commission ID:** 1038

**Provider name:** Advantaged Care 2 Pty Limited ATF The Prestons Lodge Trust

**Site Audit date:** 23 June 2021 to 25 June 2021

**Date of Performance Report:** 23 September 2021

# 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) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-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) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-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) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Non-compliant |
| Requirement 4(3)(f) | 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** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | 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) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | 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) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’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 17 September 2021.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Most consumers and representatives interviewed said staff are always respectful of their dignity, culture and diversity. However, other consumers stated they did not believe their dignity has been respected in relation to how personal care services are being provided. Consumers and representatives provided examples of how they are supported to be independent and exercise choice to make decisions about how their care and services are delivered. However, this is not the same experience for all as some consumers stated that some staff do not acknowledge their choices.

The service encourages consumers to choose to participate in activities that enables the consumer to live the best life they can, however risk involved in these choices are not always consistently documented for all of the consumers choosing to take these risks.

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 found most consumers and representatives interviewed said they always feel respected, although one consumer felt that their dignity was not respected due to having to wait to have their incontinence aid changed while staff were assisting other consumers during meal times. Additionally, a consumer and their representative expressed concerns about a fellow consumer who was actively palliating in a shared room and that this compromised their dignity. Staff were able to provide examples of how they treat consumers with dignity and respect and the importance of speaking to consumers with understanding, compassion and listening to their stories. The Assessment Team observed staff acknowledging consumers when passing and stopping to listen when consumers needed to speak to them.

The Assessment Team reviewed a complaint from a representative about concerns that staff were leaving the bathroom door open while assisting a consumer with personal care and this issue was promptly resolved. The services orientation program includes training and education on respect, dignity and choice and the service has policies and processes in place that inform staff of the organisations expectations with regard to treating consumers with dignity and respecting their culture and diversity.

The approved provider responded to the Assessment Team’s report. I have reviewed the additional documentation however feel that some of the information relating to personal care being conducted with the door open, did not persuade my decision from that of the evidence of the team. I acknowledge the formal warning that was received by staff in relation to the dining experience, however I do not agree that the service demonstrated that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

I find that the approved provider is not compliant with this requirement.

### 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.*

The Assessment Team found representatives provided positive feedback that their consumers are supported to maintain relationships of choice and one representative reported that they are provided with privacy to spend time with their consumer. A consumer reported that they are independent and that the services encourages and supports ongoing independence. A consumer informed the Assessment Team that their preference to be assisted by female staff after breakfast for personal care has been followed however this consumer advised that their preference for sleeping in a chair has not been followed. Management confirmed that the consumers representative request for this consumer to remain in bed was followed instead.

Staff were able to describe how they support consumers to make and maintain relationships of choice and provided an example of consumers sitting together at meals consistent with their requests. Staff confirmed that they would find out who consumers want involved in their care and services and include the representative identified in the care and services file. Consumer care and services files identify nominated representatives and whether the consumer wants the representative involved in their care. The service assists consumers upon entry to understand their rights by discussing the Charter of Aged Care Rights with the consumer.

The approved provider responded to the Assessment Team’s report. I acknowledge the additional information and comprehensive evidence provided by the service which demonstrates that each consumer is supported to exercise choice and independence, including to make decisions about their own care and the way care and services are delivered; and make decisions about when family, friends, carers or others should be involved in their care; and communicate their decisions; and make connections with others and maintain relationships of choice, including intimate relationships.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team found consumers or representatives did not raise any concerns that consumers were restricted in what they wanted to do. Additionally, one representative advised they have completed regular risk assessments for modification of their consumers meal texture. Additionally, a consumer advised that they self-medicate although the Assessment Team were unable to confirm if a risk assessment had been completed. The Assessment Team found management were able to describe areas in which consumers are supported to take risks and clinical staff reported if the consumer or representative do not want to follow recommendations they are informed of the risks and complete a dignity of risk assessment.

The Assessment Team found the service was not able to demonstrate a consistent approach in assessing, implementing, documenting, monitoring and reviewing risks for consumers wanting to engage in activities involving risk. Review of the dignity risk folder indicated that the service documents many activities involving risk for consumers. However, the service has two documents being used to record information about risk including the risk register and dignity of risk assessments and inconsistencies were identified with some risks being recorded in both documents and other information only in one of the documents.

The approved provider responded to the Assessment Team’s report to support compliance with this requirement. This additional comprehensive information demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

I find that the approved provider is compliant with this requirement.

### 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) Non-compliant

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

The Assessment Team found that most consumers and representatives said they felt staff respect their privacy and provided examples such as staff knocking on doors prior to entering and ensuring the door is closed when attending to personal care needs. However, one consumer said that staff do not always knock prior to entering and another consumer said they have overheard staff talking about changes in consumer care including discussing personal information in common areas. Staff provided examples of how they keep personal information protected and that consumer information should not be discussed in common areas or in front of other consumers.

The Assessment Team observed practices which did not reflect the intent of this requirement. Specifically, consumers names, room numbers and when their weights were to be checked was written on a white-board which could be viewed by others. Additionally, a consumer’s food allergy was written in bold in on the dining rooms and a staff member was observed entering a consumer’s room without knocking or introducing themselves and continued to work without noticing the consumer was with someone and seeking their permission to continue.

The approved provider responded to the Assessment Team’s report. I have considered the information provided by the service, however I agree with the Assessment Team that the service has not demonstrated that each consumer’s privacy is respected, and personal information is kept confidential.

I find that the approved provider is not compliant with this requirement.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Some sampled consumers and representatives considered they feel like partners in the ongoing assessment and planning of their care and services. Most consumers or representatives on their behalf said they can provide input about how their care and services are provided and request changes if needed. Consumers or representatives on their behalf said they are kept informed about the outcomes of assessment and planning and when incidents occur.

No consumers or representatives interviewed said they have been offered access to their care and services plans. Clinical care coordinators confirmed they have not offered access to care and services plans to consumers or representatives, only transcribed notes about case conferences. Assessment and planning are attended by registered nurses and clinical care coordinators at the service. Re-assessment is attended at a minimum of every three months or if triggered by incidents, change in condition or specific requests made by consumers or their representatives.

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.*

The Assessment Team found sampled care and services plans were observed to record individual consumer care needs however, assessment and care planning is not always individualised to reflect the consumers current needs, goals and preferences. Goals in care plans were found to be generic and management advised this is a limitation of the software and that staff speak with consumers and their representatives to ensure goals and preferences are reflected when provided. Consumers and representatives confirmed they let the staff know what they want, and staff provide the care they have requested.

The Assessment Team found that the care and service plan for a consumer who was palliative/end of life was not updated to record current needs and preferences. Although the care plan included information about the provision of medication and repositioning there was no record of pain assessment

The Assessment Team found evidence of completed advanced care directives and consumers who have commenced palliative care have a comprehensive end of life plan in place. All sampled consumers and representatives confirmed they had discussed advanced care directives with staff at the service. The Assessment Team interviewed staff who spoke of the importance of providing care to consumers consistent with their wishes and respecting their choices.

The approved provider responded to the Assessment Team’s report with additional information to support their compliance. I have reviewed the additional documentation including the final pain assessment and agree that the service has demonstrated that 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.

I find that the approved provider is compliant with this requirement.

### 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) Non-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.*

The Assessment Team found consumers and their representatives are not routinely offered copies of their plan. Although the care plans are readily available, consumers and representatives are not made aware they can gain access to them. Consumers and representatives interviewed were not familiar with their care and services plans or what was contained within them. Although consumers and representatives agreed they regularly speak with the registered nurses and clinical coordinators about their care needs they confirmed they had not been offered a copy of the care plan. However, while staff confirmed that care and services plans are not offered to consumers, they reported that outcomes of assessment and planning are communicated via case conferences, in person or representatives are call and informed of changes.

The approved provider responded to the Assessment Team’s report to support their compliance with this requirement, this included offering a copy of the care plan to consumers and representatives and documenting evidence, if they choose not to want or accept the plan. I have considered the additional information and have found that the service has not demonstrated 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.

I find that the approved provider is not compliant with this requirement.

### 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.*

The Assessment Team found representatives interviewed on behalf of consumers confirmed they are regularly contacted to review their consumers care including when circumstances and preferences change, and incidents occur. Clinical staff reported that care and services are routinely reviewed every three months at a minimum or if care needs change and as requested changes are received. Additionally, clinical staff said that each consumer who sustains a fall is reviewed by the nurse and physiotherapist and consumers who present with behavioural symptoms are reviewed to eliminate infection as a trigger for the behaviour. The service has a policy that directs care to be reviewed and all staff were familiar with this process.

However, upon review of consumer care plans, the Assessment Team found one consumers’ care and services plan was updated when they were in hospital. The notes entered while the consumer was in hospital were system generated and management were unable to advise why the care plan would be updated during a hospital admission except to enter previously assessed information. For a consumer receiving palliative care, as care needs increased, and health deteriorated there was no reflection of the change in care needs incorporated into the care plan.

The approved provider responded to the Assessment Team’s report to support their compliance with this requirement. I have considered the additional information that the provider has furnished and have found that although there have been delays in recording information in the system, the service has demonstrated that 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.

I find that the approved provider is compliant with this requirement.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Most sampled consumers and representatives considered they receive personal care and clinical care that is safe and right for them. Representatives interviewed said their consumers generally get the care they require at the service. Consumers or representatives on their behalf agreed consumers have access to a medical practitioner or other health professionals and that they are consulted regarding their consumers medications. Care staff provide care to consumers under the supervision registered nurses. All staff interviewed were familiar with the consumers sampled including their individual preferences regarding their care and services.

While the service was able to show they have systems in place to provide care and services for consumers, deficits were identified in staff practices. Staff adherence to organisation policies and processes and best practice recommendations is not always monitored. Deficits were identified in wound photography and the storage of medications.

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) 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 found consumers or representatives on their behalf generally said they get the care they need and provided examples of care staff knowing how consumers like their personal care provided. Care staff were able to describe the process undertaken if they have concerns relating to a consumers personal or clinical care and said they follow the advice in each consumers’ care plan to ensure the care provided is effective for them. Registered nurses said they follow the policies of the organisation to ensure the care they provide is safe and clinical coordinators said they regularly monitor staff to ensure they are following set policies and procedures.

However, the Assessment Team found that review of clinical documentation demonstrated that consumer care is not consistently tailored to their specific needs to optimise health and well-being. For one consumer where a slide sheet is recommended to assist with transfers from lying to sitting, staff clarified that that the slide sheet is used in conjunction with the electric bed. For another consumer, the Assessment Team found staff did not consistently follow strategies in the behaviour support plan or complete pain charts despite pain being a potential trigger for behavioural symptoms.

The Assessment Team found that overall the psychotropic restraint authorisations are in place along with physical and environmental restraint authorisations, however there were some instances where medical authorisations did not include an appropriate supporting diagnosis for the use of psychotropic medication. Wound care was generally attended according to the prescribed plan of care, although wound photography and dimensions were not always consistent with best practice, however no immediate impact to consumers were identified. Pain management was found to include assessment tools and pharmacological and non-pharmacological strategies although one consumer who was end of life did not have a completed pain assessment despite being administered opioid medication.

The approved provider responded to the Assessment Team’s report with additional information to support their compliance with this requirement. I have considered the additional comprehensive information that the provider has furnished and have found that despite some administrative deficiencies, the service has demonstrated that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; is tailored to their needs; and optimises their health and well-being.

I have found that the approved provider is compliant with this requirement.

### 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 found some registered nurses and senior staff demonstrated they are not familiar with documented policies and processes in relation to post falls management. Additionally, deficiencies were identified in relation to medication management and the effective management of behavioural symptoms with regards to strategies to mitigate the reoccurrence of incidents. The Assessment Team identified a number of medication errors related to dispensing errors, dose omissions and some occurrences of medications being left with the consumer to take and the medication later being found un-administered. Additionally, the Assessment Team observed medication trolleys in the treatment rooms in two areas of the service to be unlocked along with one unlocked cupboard containing schedule four medications.

The approved provider responded to the Assessment Team’s report with additional information to support their compliance with this requirement. I have reviewed the additional information provided, however, I find that the storage of medication was not identified as a priority prior to the Site Audit and believe that there is further education required in relation to date recording of opened medications, in addition, I do not find that the senior staff demonstrated their familiarity with processes following falls despite the provider refuting this in their response. I have found that the service has not effectively managed high impact or high prevalence risks associated with the care of each consumer.

I find that the approved provider is not compliant with this requirement.

### 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) Non-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.*

The Assessment Team found most consumers and representatives interviewed expressed that communication at the service is adequate. However, one representative said they repeatedly have to inform staff of their consumer’s preferences. Clinical staff advised changes to consumer care and services plans are communicated to care staff directly via handover and there is an electronic care planning system and a communication diary in each nurse’s station. Additionally, medical practitioners record assessments in paper files and the registered nurse transcribes these notes into the electronic file.

The Assessment Team found although staff have access to clinical documentation systems key information in handover sheets is not kept up to date in order to accurately reflect the care needs of each consumer. This inaccurate information for new or agency staff working at the service has the potential for incorrect care to be provided. Inaccurate information identified by the Assessment Team included, consumers who are hospitalised not being indicated, wounds remaining listed which are resolved and consumers who have had recent falls are consistently not indicated. Additionally, information in progress notes was recorded retrospectively for a deceased consumer, indicating that care delivery had occurred during a night shift some two weeks following the consumers passing.

### The approved provider responded to the Assessment Team’s report with additional information to support their compliance with this requirement. I have reviewed the additional information provided, however agree that the information that was provided to the Assessment Team was not current and if it is to be updated nightly into the electronic system, much of this should have taken place, therefore it could be misleading to agency staff or new staff not knowing the consumer’s current situation. I have found that the service has not demonstrated that 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.

I find that the approved provider is not compliant with this requirement.

### 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 support 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

The Assessment Team found that consumers said they are supported to keep in touch with family, friends and people who are important to them and representatives are encouraged to visit consumers at the service. Most consumers interviewed confirmed they like the meals, the variety and the amount of food provided. However, some sampled consumers and their representatives did not consider that consumers get the services and supports for daily living that are important for their health and wellbeing and that enable consumers to do the things they want to do.

There are limited group activities and low participation rates. There is no system to ensure consumers are participating in activities of choice and there are not enough activities to meet consumers needs and preferences. There are limited supports and services to meet consumers emotional, psychological and spiritual needs.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

The Assessment Team found that consumer representatives interviewed said there are not enough activities to provided quality services and supports for daily living that promote meaningful engagement and quality of life. Additionally, care and services planning documents did not always include information about the services and supports consumers need to help them do things they to do or information was not current. For one consumer the services plan did not include current activities of interest nor did it include all consumers preference to eat their meals in their room as opposed to the dining area. The Assessment Team reviewed the activities schedule and noted that this was limited in its scope and some activities were exclusive for extra service consumers.

The approved provider responded to the Assessment Team’s report. I have reviewed the additional information provided, and acknowledge that the service has been impacted by restrictions, however I have considered the feedback from consumers and representatives and do not find that the service has demonstrated that 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.

I find that the approved provider is not compliant with this requirement.

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

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

The Assessment Team found consumer representatives sampled provided feedback that services and supports for daily living do not always promote consumers’ emotional, spiritual and psychological well-being. One representative commented that their consumer did not receive any emotional support subsequent to a fellow consumer who was palliating and passed away. Additionally, the Assessment Team noted that care and services documents do not include a specific emotional domain or how to deliver spiritual and psychological well-being care to consumers. Staff were unable to describe the nature of emotional support provided to consumers and review of policies were not inclusive of services and supports for daily living to promote psychological wellbeing.

The approved provider responded to the Assessment Team’s report. I acknowledge some support that has been provided to some consumers, however overall, I do not find that the service has demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

I find that the approved provider is not compliant with this requirement.

### Requirement 4(3)(c) Non-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.*

The Assessment Team found consumers and representatives interviewed provided feedback that consumers are not supported to participate in their community within and outside the service and do things of interest to them. One representative said that staff do not engage their consumer and that generally the consumer is left in their room with a colouring book and pens on a table in front of them. One representative said that their consumer previously enjoyed outings to shopping centres and a consumer said that they would like to go on bust trips however these services are no longer provided.

The Assessment Team found services and planning documents did not always include current information about how consumers participate in the community and maintain relationships with people who are important to them. Specifically, review of three consumers care and services plan demonstrated insufficient information to inform and guide staff about people in consumers lives who are of importance to them or how to support consumers to maintain these relationships.

The approved provider responded to the Assessment Team’s report. I have considered this additional information however find that the service has not demonstrated provision of services and supports for daily living to assist each consumer to participate in their community within and outside the organisation’s service environment; and have social and personal relationships; and do the things of interest to them.

I find that the approved provider is not compliant with this requirement.

### 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.*

The Assessment Team found staff interviewed said they are updated on consumers changing needs or preferences at the beginning of each shift from staff handover. However, care and services information are not always current for dietary requirements and one representative said they have repeatedly told staff about food and beverage preferences for their consumer and despite this the consumer is provided with food and beverages that are inconsistent with their preference. Additionally, review of this consumer’s care and services plan contained conflicting information in relation to dietary needs and preferences.

The approved provider responded to the Assessment Team’s report to support compliance with this requirement’. I have considered the response and find that it is more likely than not that the representative was repeating consumers preferences to staff, however the service appears to have been following these dietary preferences, despite the consumers resistance to eating.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team found staff feedback confirmed consumers are not being referred to individuals, other organisations and providers of other care and services such as cultural and spiritual organisations. There have been no referrals for consumers with linguistic requirements to language translation services and there are limited external providers on the service’s directory for services and supports for consumers. Additionally, consumers and representatives could not provide any examples of referrals to external organisations and providers of other care and services and the service did not have policies in place to support this.

The approved provider responded to the Assessment Team’s report. I have reviewed the additional information that has been provided however find there are limited external providers on the service’s directory for referral for psychological and emotional support, I therefore do not find that the service has demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services.

I find that the approved provider is not compliant with this requirement.

### Requirement 4(3)(f) Compliant

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

### 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed said their visitors feel welcome and there are nice areas to entertain their visitors, COVID-19 restrictions permitting. Most consumers and representatives expressed high level satisfaction with the cleanliness of the environment and the suitability of equipment provided to them.

The service has spacious single and shared rooms with modern furniture and fittings. There are several lounge and dining areas, a large activities area on level one, a small gym, furnished winter garden areas, a café and a large landscaped outdoor area with water features. Most doors to the outdoor areas were locked and needed to be opened by a light switch type button which is located high up the door frames and out of reach of consumers in wheelchairs and who use four-wheel walkers. However, the Assessment Team did not observe consumers having difficulty moving thorough the service, and consumers sampled did not express difficulty freely moving within the service.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives interviewed said they know how to raise concerns, make a complaint or give feedback and felt comfortable and safe in doing so.

Consumers and representatives gave examples of where changes or improvements had been made to consumer care and services because of feedback or complaints being made to the management team and the organisation.

The service uses an open disclosure approach and staff are educated about what this means and how to manage complaints. Of the consumers and representatives interviewed, most stated they felt the management team had addressed complaints to satisfactory resolution. Additionally, consumers felt management considered their suggestions or feedback within a timely manner and were open and transparent.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as 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) Compliant

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

### 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Overall consumers confirm most staff are kind and caring. They stated they are treated with respect and are satisfied with the level of personal knowledge staff have to ensure their needs and preferences are met. However, most consumers and representatives sampled said they feel there is not enough staff to provide adequate care and service. They said while they do not experience long call bell responses times, the lack of staff numbers impact on their quality of life.

Staff said they are provided with equipment and supports to carry out their roles. However, review of training records showed they are not consistently provided with training in areas identified as needing improvement to reach positive outcomes for consumers. While some consumers were satisfied with the staff and their delivery of care, the Assessment Team identified deficits in the training and knowledge of staff with regard to consumers with complex clinical care needs, mobility needs and challenging behaviours.

The Quality Standard is assessed as Non-compliant as two 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 found that consumers and representatives interviewed commented that there were not enough staff at the service to assist consumers with their care and services. One representative commented that their sibling attends the service to assist their consumer during meal times due to lack of available staff and a consumer commented that at times staff rush and are not available to spend time with consumers who want to talk to someone. Additionally, most staff interviewed said they do not have enough time to complete their work during their allocated shifts Although staff said they feel supported and work as a team to provide care and services they felt that were not enough staff to provide adequate care to consumers as their needs increased.

The approved provider responded to the Assessment Team report. I have reviewed the additional information where it appears that the provider has followed up with a number of the consumer representatives that were interviewed by the Assessment Team for alternative responses. I have weighed this information and the interviews with staff and consumer representatives at the time of the assessment, which consistently states that the service is unable to assist consumers with alternate care if a consumer requires two person assist and have found that the service has not demonstrated that 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 careand services.

I have found that the approved provider is not compliant with this requirement.

### 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) 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) Non-compliant

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

The Assessment Team found that most consumers interviewed said they were satisfied staff have the skills to meet their needs and staff are regularly assessed for competencies to carry out their roles. However, some representatives said expressed the views that staff could benefit from more manual handling training. Additionally, a consumer said staff need better training in medication administration and a representative commented about staff not managing behavioural symptoms in the memory support unit which negatively impacts fellow consumers. The Assessment Team found that all have staff have completed some necessary competencies, although not all designated staff have completed education in medication administration.

The approved provider responded to the Assessment Team report. I have reviewed the additional documentation and response and whilst the provider refutes the outcome of this requirement, as some areas were noted as ‘met’ in other requirements, holistically, there are deficiencies in staff practices with behaviour management, infection control procedures, falls management and medication storage, where the service has not demonstrated that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

I find that the approved provider is not compliant with this requirement.

### Requirement 7(3)(e) Compliant

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

# 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, consumers sampled confirmed they feel the service is well run and that management has an open-door policy and they can approach them at any time. Consumers were confident in their involvement in the development, delivery and evaluation of care and services at the service.

While the organisation was able to demonstrate it has effective governance systems to ensure they are meeting the Quality Standards, the service was not able to demonstrate it effectively uses these systems to provide adequate care and services in relation to information management, workforce governance and regulatory compliance.

The service has policies and processes for the effective management of high impact or high prevalence risks associated with the care of consumers. However, review of information management documentation showed some deficits in the management of regulatory responsibilities in relation to the reporting of serious incidents, updating consumer information and workforce deployment in response to consumer acuity.

The Quality Standard is assessed as Non-compliant as two 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) 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 Assessment Team found the service was able to demonstrate they have effective organisation wide systems which they can access to ensure continuous improvement, financial governance and feedback are adequately implemented to enable quality care and services for consumers with positive outcomes. Staff have sound knowledge of governance online systems and were able to provide examples of when they have been used to provide care and services. However, the service was not able to demonstrate effective systems to ensure they meet their regulatory compliance responsibility, appropriate information management and workforce governance to provide safe and effective care and services for consumers.

The approved provider responded to the Assessment Team report. I have reviewed the additional documentation, however I have found that the service has deficiencies with information management, with details of consumers current condition not accurately reported and communicated within the organisation, workforce governance including clinical care, staffing numbers not meeting consumers care requirements, staff training in medication management, behaviour management and infection management and I therefore find that the service does not demonstrate its effective organisation wide governance in relation to these issues.

I find that the approved provider is not compliant with this requirement.

### 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 found that the organisation has a risk management framework and associated policies in relation to the sub-sections of this requirement. Staff provided feedback that they had been educated about these policies and were able to provide examples of the relevance to their work. However, while the service has systems in place to manage, monitor and review risks associated with the care of consumers, deficits were identified in the timely reporting of incidents and managing high impact, high prevalence risks associated with the clinical delivery of care. Additionally, review and monitoring of risk activities is inconsistent and did not reflect a comprehensive understanding of this requirement.

The approved provider responded to the Assessment Teams report. I have reviewed the providers response and have found that the provider did not identify and respond appropriately to a SIRS incident within the prescribed timeframe and did not investigate the incident to determine cause.

I find that the approved provider is not compliant with this requirement.

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

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

The approved provider must demonstrate that:

* All consumers have their dignity, privacy and respect maintained and have their personal care needs attended to in a timely manner.
* Where possible palliating consumers at end of life are provided dignity, privacy and respect.
* Consumers doors are closed when receiving personal care.

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

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

The approved provider must demonstrate that:

* Staff should knock before entering room and acknowledge consumer on entry.
* Personal information about consumers should not be discussed or on display in common areas or areas that are visible to the public.

### Requirement 2(3)(d) Non-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.*

The approved provider must demonstrate that:

* Consumers and representatives are made aware of gaining access to care plans.
* Care plans are readily available to consumers and their representatives.

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

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

The approved provider must demonstrate that:

* All staff are familiar with documented policies and processes in relation to post falls management.
* All staff are familiar with medication management and the risks associated with this including storage.
* Staff are trained to effectively manage behavioural symptoms in regard to strategies to mitigate the reoccurrence of incidents.

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

The approved provider must demonstrate that:

* Consumers condition, needs and preferences is communicated effectively.
* Information on paper notes is transcribed into electronic notes in a timely manner.
* Progress notes are accurately documented and communicated.

### Requirement 4(3)(a) Non-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.*

The approved provider must demonstrate that:

* Care and services plan contain current information to support consumer.
* Activities are planned to support consumer’s goals, needs and preferences.

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

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

The approved provider must demonstrate that:

* Emotional and psychological services and support is available and accessible to consumers.

### Requirement 4(3)(c) Non-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.*

The approved provider must demonstrate that:

* The service supports consumers to engage and participate in the community.
* Consumers care, and services plan demonstrates sufficient information to inform and guide staff about people in consumers lives who are of importance to them and how to support consumers to maintain these relationships.

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

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

The approved provider must demonstrate that:

* Consumers are referred to individuals, other organisations and providers of other care and services.

### 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 approved provider must demonstrate that:

* The workforce is planned to enable staff to assist consumers with their care and support in a timely manner.

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

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

The approved provider must demonstrate that:

* Staff are regularly trained and supported and are able to demonstrate their knowledge of training.
* Regular training in behaviour management, infection control procedures, falls management and medication management is provided to staff.

### 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 approved provider must demonstrate that:

* Organisation wide governance is effective in information management, including communication of consumers current condition; workforce governance including clinical care, staffing numbers reflect consumer care requirements, staff training in medication management, behaviour management and infection management.

### 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*

*managing and preventing incidents, including the use of an incident management system.*

The approved provider must demonstrate that:

* Incidents are identified and responded to and reported within the prescribed time frames.
* Incidents are investigated to prevent reoccurrence of same.