Annie Lockwood Court

Performance Report

7 Newton Street
WHYALLA SA 5600
Phone number: 08 8644 9894

**Commission ID:** 6131

**Provider name:** Kindred Living (Formally Whyalla Aged Care Inc)

**Site Audit date:** 7 December 2020 to 11 December 2020

**Date of Performance Report:** 11 March 2021

# Publication of report

This Performance Report **may 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) | Non-compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Non-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) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-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) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-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) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | 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 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 5 January 2021
* The Assessment Team’s report and Performance Assessment Report for the Assessment Contact conducted on 17 to 23 November 2020.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team recommended Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(f) in this Standard as not met. The Assessment Team found the service was unable to demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued, care and services are provided in a culturally safe manner, consumers are supported to exercise choice and independence and to take risks to enable them to live the best life they can, and each consumer’s privacy is respected and personal information is kept confidential.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(f) in this Standard Non-compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to Requirement (3)(e) in this Standard, the Assessment Team found that consumers and representatives interviewed consider they have sufficient information to help them make choices and decisions. Staff and management interviewed confirmed processes they use to communicate with consumers and representatives. The Assessment Team observed several noticeboards with various information to support consumers and representatives to be informed to make decisions.

## 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 the service was unable to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Specifically, in relation to interactions between staff and consumers which did not support consumers’ dignity or show them respect, and written communication did not support that staff understand consumers’ diverse needs. The Assessment Team provided the following information and evidence relevant to my finding:

* The Assessment Team observed the provision of care for a consumer did not demonstrate the consumer is treated with dignity and respect. These observations included the consumer not being appropriately dressed, a staff member did not provide appropriate assistance with a meal, staff spoke to and about the consumer in a demeaning and inappropriate manner. The consumer’s progress notes also demonstrated staff do not always show respect or support the consumer’s dignity.
* One consumer interviewed is not satisfied staff always treat them with respect because staff make comments which indicate they do not understand their health conditions.
* Management’s response to feedback provided by the Assessment Team in relation to issues raised by consumers indicated a dismissive attitude in response to consumers’ concerns.
* Staff were observed to not support several consumers’ dignity or respect during meal service, by placing large terry towelling clothing protectors around consumers’ necks without seeking permission, with one staff member calling these items “bibs”.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* Training for staff in relation to respecting privacy and dignity, culture and diversity, cultural safety and customer service has been planned.
* A consumer survey was conducted to seek further feedback in relation to how staff treat them.
* All staff have been required to read and sign the organisation’s code of conduct policy and clinical staff have been given the responsibility to increase monitoring of staff practices.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit staff practices and interactions with consumers did not ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued. I have considered observations by the Assessment Team and information obtained from interviews with consumers which did not demonstrate respectful and dignified interactions between staff and consumers, including staff not recognising or valuing consumers as individuals.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 1 Requirement (3)(a).

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

*Care and services are culturally safe.*

The Assessment Team found the service was unable to demonstrate care and services are culturally safe, specifically in relation to recognising and supporting consumers’ cultural preferences, mostly associated with the dining experience. The Assessment Team provided the following information and evidence relevant to my finding:

* A consumer’s care plan and representative confirmed this consumer is very sociable and likes to be surrounded by people. However, the Assessment Team observed this consumer on the first two days of the Site Audit to be eating alone in their room. The consumer appeared agitated and calling out at times. On the third day of the Site Audit, the consumer was seated at the dining table during meal service and joking with staff as they passed by.
* A consumer’s representative indicated the consumer’s family and eating meals together was an important part of the consumer’s life, including that the consumer is very sociable, and their preference would be to not eat alone. However, the Assessment Team observed this consumer on the first two days of the Site Audit to be provided assistance with their meal by a staff member but was seated away from other consumers, facing the television. Staff provided minimal communication with the consumer during the meal service. On the third day of the Site Audit the consumer was seated at the dining table with their chair tilted so they could see people in the vicinity and appeared calm and was not calling out.
* Staff and management interviewed were unable to articulate specific strategies used to support consumers’ varied backgrounds, with two staff indicating there are number of consumers from one specific cultural background but strategies used to communicate with these consumers in their language is limited.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* Training for staff in relation to respecting privacy and dignity, culture and diversity, cultural safety and customer service has been planned.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit consumers were not always provided culturally safe care and services. I have considered two consumers’ preferences in relation to their dining experience, in the context of their cultural preferences, have not been supported. Additionally, staff did not demonstrate a broader understanding of cultural safety, with several staff and management being unable to describe specific strategies used for individuals to support culturally safe care and services.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 1 Requirement (3)(b).

### Requirement 1(3)(c) Non-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 the service was unable to demonstrate each consumer is supported to make decisions about their own care and the way care and services are delivered or to communicate these decisions. The Assessment Team provided the following information and evidence relevant to my finding:

* Two staff interviewed indicated consumers are not provided a choice in relation to the time they would like to wake-up and get ready for the day. These staff reported three consumers in one area of the service are woken and provided assistance with activities of daily living to meet the current staffing roster rather than the consumers’ preferences.
* Observations and staff interviews indicate not all consumers are provided with meals at a time consistent with their preference or which align with Australian cultural norms. Meals are provided to meet the current staff roster rather than consumer choice, which was not known by staff.
* One consumer was observed to be excluded from decision-making associated with their care.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* All consumers are to be consulted and involved in goal setting in relation to care and service delivery with relevant care documents to be updated.
* The roster is to be reviewed to identify appropriate staff structure, and staff levels and mixture to meet consumers’ needs.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit consumers have not been supported or provided with an opportunity to express their preferences in relation to the delivery of all aspects of their care. I have considered staff support some consumers with activities of daily in accordance with staffing schedules rather than being directed by consumers’ preferences and choices.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 1 Requirement (3)(c).

### 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 found the service was unable to demonstrate each consumer is supported to take risks to enable them to live the best life they can, specifically in relation to supporting three consumers to undertaken activities of their choosing. The Assessment Team provided the following information and evidence relevant to my finding:

* Two consumers who choose to use equipment to support their independence and mobility when in the community, have not had risk assessments completed to ensure risks associated with using this equipment have been identified and subsequent interventions implemented if required. Allied health assessments for these two consumers indicate potential safety issues when consumers are using this equipment.
* While one consumer who chooses to engage in an activity within the service has had a risk assessment completed, this assessment did not consider all risks associated with the consumer maintaining their independence in relation to their chosen activity.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* Training for management in relation to supporting consumers to live the best life they can has been planned.
* All consumers identified in the Assessment Team’s report are to be reviewed initially and on an ongoing basis to ensure they are supported to take risks to live the best life they can, including engaging allied health support during these assessment and review processes.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, while the service respects consumers to engage in activities of their choosing, the service has not supported the consumers to understand the risks associated with the activities of their choosing or considered strategies to minimise harm associated with potential risks.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 1 Requirement (3)(d).

### 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 the service was unable to demonstrate each consumer’s privacy is respected and personal information is kept confidential. The Assessment Team provided the following information and evidence relevant to my finding:

* Consumers’ personal health information is displayed in consumers’ bathrooms and can be viewed by unauthorised persons and visitors.
* Consumers’ care plans have minimal information in relation to consumers’ privacy preferences and requirements.
* One consumer stated staff enter their room without announcing themselves which they do not like.
* Staff were observed to not actively promote consumers’ privacy and dignity by not assisting them to be appropriately dressed in communal areas.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* Training for staff in relation to customer service, including respecting privacy and dignity has been planned.
* All consumers’ personal health information has been removed from bathrooms and is now stored securely.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, staff practices did not support consumers’ privacy to be respected and maintained. I have considered that staff did not recognise that personal information displayed in bathrooms could be viewed by people who are not authorised, and staff failed to recognise consumers requiring assistance to maintain their privacy and dignity, which indicates that overall consumers’ privacy and confidentiality of personal information is not maintained.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 1 Requirement (3)(f).

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team recommended Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in this Standard as not met. The Assessment Team found the service was unable to demonstrate that assessment processes identify or consider risks associated with consumers’ health and wellbeing, assessment and planning reflects consumers’ needs, goals and preferences and are based on going partnership with consumers and/or representatives, and consumers’ care is reviewed when changes occur.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in this Standard Non-compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to Requirement (3)(d) in this Standard, the Assessment Team found the service demonstrated the outcomes of assessment and planning are effectively communicated to consumers and/or representatives. Consumers and representatives interviewed confirmed regular communication in relation to care. Staff interviewed confirmed consumers and/or representatives can request to view care plans. The Assessment Team found care plans appeared to be in a format which consumers/representatives could understand.

## Assessment of Standard 2 Requirements

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

The Assessment Team found the service was unable to demonstrate assessment processes effectively identify or consider risks associated with consumers’ health and well-being, specifically in relation to three consumers. While the service has risk assessment tools to assist in care plan development, these tools do not inform the delivery of safe and effective care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* Several progress notes indicate a consumer’s continence is not effectively managed, however, this aspect of care has not been effectively assessed or planned. Additionally, progress notes indicate the consumer has ongoing sleep disturbances, behaviours, and weight loss which have not been effectively assessed or planned. Clinical staff and management recently implemented a pain assessment tool which has not ensured effective assessment of the consumer’s pain.
* The service was unable to demonstrate ongoing risk assessment and associated strategies for a consumer who had unintentional weight loss.
* A consumer who has sustained several falls did not have these incidents effectively reviewed to minimise risk of injury or further incidents. The consumer also had unintentional weight loss and identified swallowing difficulties which were not effectively planned to support staff to provide appropriate care.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* All consumers will be profiled and reviewed to identify any risk associated with their health and wellbeing. Any deficiencies identified will be logged onto an action plan.
* Clinical staff to be provided with training in relation to assessment and care planning processes.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service’s assessment and planning processes have not been effective in identifying risks to consumers’ health and well-being to inform the delivery of safe and effective care and services. I have considered several consumers have been identified and presented with signs and symptoms of unmanaged clinical conditions which have not been effectively assessed to support effective care plan development and minimisation of risks associated with care.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 2 Requirement (3)(a).

### Requirement 2(3)(b) Non-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 the service was unable to demonstrate that consumers’ needs, goals and preferences are always considered during assessment and planning processes. The Assessment Team provided the following information and evidence relevant to my finding:

* Consumer feedback indicated consumers had not been asked if they had any goals.
* Management indicated that staff determine appropriate goals for consumers but would consider asking consumers at future annual care consultations about their goals.
* Five consumer care plans viewed did not appear to contain consumer-focused goals.
* A consumer interviewed said their wishes and goals in relation to rehabilitation following a significant medical event were expressly made known to the service, but these were not included in their plan of care.
* The service was unable to demonstrate a consumer’s anticipatory directive has been adequately considered to ensure the consumer’s needs, goals and preferences are met, in the context of the consumers’ capacity to make decisions and the appointed decision-maker’s decisions.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* Review the consumers identified in the Assessment Team’s report to ensure their needs and goals are appropriately identified and actioned.
* Clinical staff are to be provided training in relation to partnering with consumers and representatives in relation to care and lifestyle goal setting.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service’s assessment and planning processes were not sufficient to identify and understand consumers’ goals and preferences. I have considered consumer feedback indicating they have not had discussions with staff in relation to goals and are not included in routine assessment and planning practices. I have also considered that a consumer’s express goal was not supported or included in assessment and planning.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 2 Requirement (3)(b).

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

The Assessment Team found the service was unable to demonstrate that consumers and/or representatives are included in the planning of consumers’ care and services or that consumers and/or representatives are regularly consulted outside the scheduled annual review. The Assessment Team provided the following information and evidence relevant to my finding:

* Observations and staff interviews confirmed that initial assessments, annual reviews and feedback is not used to inform assessment and planning to identify consumers’ preferences in relation to the time of activities of daily living and meals for consumers who require assistance.
* Three consumers/representatives interviewed indicated some services and care are delivered outside their preferences in favour of a time convenient for staff.
* A consumer’s representative considered their suggestion to support their consumer’s care was not fully considered or supported during assessment and planning processes.
* Progress notes for two consumers indicated that consumers are not always consulted when changes to consumers’ health conditions are identified.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* Clinical staff are to be provided with training in relation to partnering with consumers and representatives in relation to care and lifestyle goal settings.
* Review and update care plan review processes to ensure it includes partnering with consumers and/or representatives.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service was unable to demonstrate that consumers and/or representatives are actively involved in the assessment and planning of all aspects of their care and services and the evidence collected by the Assessment Team indicates decisions about consumers’ care at times is directed by the staff roster, rather than based on consumers’ needs and preferences.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 2 Requirement (3)(c).

### 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 found the service was unable to demonstrate effective review of consumers’ care when there are changes to consumers’ needs, goals or preferences, including the service’s monthly ‘resident of the day’ process not being effective in identifying changes to consumers’ needs and preferences to initiate review of care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* A ‘resident of the day’ entry for a consumer demonstrated this process did not effectively identify or review changes in the consumer’s health and needs which were documented in progress notes relating to unintentional weight loss, continence and behaviours.
* A ‘resident of the day’ entry for a consumer demonstrated this process did not effectively identify or review changes in relation to the consumer’s unintentional weight loss.
* A ‘resident of the day’ entry for a consumer demonstrated this process did not effectively identify several incidents of falls.
* Three consumers’ ‘resident of the day’ entries in relation to consumers’ satisfaction questions were recorded as not answered due to the consumers’ impaired cognition/intellectual disability.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* All consumers will be profiled and reviewed to identify any risk associated with their health and wellbeing. Any deficiencies identified will be logged onto an action plan.
* A review of weight management processes will be conducted to ensure an effective system for monitoring and actioning unintentional weight loss.
* A review of falls management processes will be conducted to ensure an effective system for monitoring and actioning consumer falls.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service’s review processes have not been effective in identifying changes to consumers’ health to support appropriate reassessment and ensure consumers’ care plans are up-to-date to meet consumers’ needs, goals and preferences. I have considered that three consumers’ ‘resident of the day’ review processes were not effective in identifying changes to consumers’ needs which were indicated in other clinical documentation including progress notes and incident forms, which required reassessment.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 2 Requirement (3)(e).

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team recommended Requirements (3)(a), (3)(b), (3)(d) and (3)(g) in this Standard as not met. The Assessment Team found the service was unable to demonstrate all consumers received safe and effective clinical which is tailored to their needs or consistently reflects best practice, effective management of high impact or high prevalence risks associated with the care of each consumer, changes in consumers’ conditions are responded to in a timely manner, and effective standard and transmission-based precautions were used to prevent and control infection related risks for consumers with infections or ongoing skin rashes/irritation.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirements (3)(a), (3)(b), (3)(d) and (3)(g) in this Standard Non-compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to the other Requirements (3)(c), 3(e) and 3(f) in this Standard, the Assessment Team found the service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed through assessment and planning processes, with end-of-life care plans for two consumers indicating their needs and preferences were considered and planned. Staff were able to describe practical ways consumers’ comfort and care is maximised during the end-of-life. Information about consumers’ condition, needs and preferences is documented and communicated to relevant staff and health professionals and staff interviewed indicate they mostly receive information to support them in the provision of care. The Assessment Team found three consumers’ files demonstrated referrals are made to relevant specialists in a timely manner and consumers/representatives interviewed are satisfied they have access to medical officers and other health professionals when they require it.

### 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 found the service was unable to demonstrate each consumer receives safe and effective clinical care which is best practice and tailored to their needs, specifically in relation the care of four consumers. The Assessment Team provided the following information and evidence relevant to my finding:

* Several progress notes indicate a consumer’s continence is not effectively managed with progress notes in an approximate two-month period noting the consumer was found wet in bed, attempting to unsuccessfully independently go to the toilet and cleaning up the bathroom following unsuccessful attempts. Additionally, the service did not implement recommendations from the dietitian in response to the consumer’s unintentional weight loss.
* A consumer identified as having swallowing difficulties by allied health professionals did not have their care plan updated to guide staff when supporting the consumer to eat or drink. Staff interviewed indicated they do not have enough information to safely support the consumer.
* A consumer’s unintentional weight loss and efficacy of dietitian directives were not effectively monitored by staff.
* A consumer has not been supported to access rehabilitation services in accordance with their goals or preferences following a medical event. While the consumer’s wishes and goals were expressing made known to the service, the service did not support the consumer to access these services because they were of the view the consumer would not gain much from rehabilitation.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* All consumers will be profiled and reviewed to identify any risk associated with their health and wellbeing. Any deficiencies identified will be logged onto an action plan.
* All consumers identified in the Assessment Team’s report will be reviewed and changes made to ensure they are receiving safe and effective clinical care.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit consumers were not always receiving safe and effective care which was best practice, tailored to their needs or which optimised their health and wellbeing. I have considered a consumer had several progress note entries which indicated they required further or alternative strategies associated with continence and toileting which were not acted upon, two consumers were reviewed by allied health professionals in relation to unintentional weight loss but the recommendations were not always implemented or effectively monitored by staff and a consumer was not supported to access services to support their health and wellbeing following a significant medical event.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 3 Requirement (3)(a).

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

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

### This Requirement was found to be Non-compliant on 11 March 2021 following an Assessment Contact on 17 to 23 November 2020 where it was found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to risks associated with pressure injuries, wound care and falls. While the service implemented an action plan to address the issues identified at the Assessment Contact, the Assessment Team conducting the Site Audit found the service was unable to demonstrates effective management of high impact of high prevalence risks associated with the care of each consumer, specifically in relation to one consumer’s risk of falls, choking and malnutrition associated with their chronic health conditions, and the inappropriate use of restrictive practices. The Assessment Team provided the following information and evidence relevant to my finding:

**In relation to one consumer (Consumer A):**

* Progress notes, incidents and interviews with staff indicates Consumer A has a significant chronic health condition causing the consumer to have several falls in the month preceding the Site Audit. Some falls resulted in repeated injury to the same part of the consumer’s body and there were also repeated falls on the same day. However, the service was unable to demonstrate effective review of falls prevention strategies to minimise the risk of ongoing falls or minimise injury associated with falls.
	+ Staff are not recording all the consumer’s falls into the incident reporting system.
	+ Staff are concerned about the fragility of the consumer’s body part which continues to be injured during falls.
	+ Two days prior to the Site Audit, a medical officer note recognises the consumer has had multiple falls with the most recent fall resulting in significant injuries.
	+ The Assessment Team observed a sensor mat taped to the floor of the consumer’s room but not a position that would alert staff to the consumer getting out of bed to initiate the alarm to staff to render assistance.
	+ The consumer wears safety equipment to protect a part of their body but the Assessment Team observed the consumer not wearing this equipment and the consumer’s body was at risk of injury due to the positioning and movement of the consumer.
	+ A health specialist associated with the consumer’s chronic health condition reviewed the consumer three days prior to the site audit and made a recommendation in relation the consumer’s falls/safety. However, the recommendation was not implemented by the service.
	+ Several staff interviewed indicated they did not have sufficient knowledge in relation to the consumer’s chronic condition which is associated with their ongoing falls. Staff indicated the ongoing falls related to attention-seeking behaviours rather than their chronic health condition. Clinical and care staff interviewed indicated they are concerned for this consumer’s welfare and feel they do not have the skills to provide appropriate care.
* Progress notes, interviews with staff and observations indicate Consumer A’s risk of malnourishment or choking has not been effectively managed.
	+ The consumer had an unintentional weight loss in the four months prior to the Site Audit and requires assistance with eating and drinking. The Assessment Team observed staff having difficulty assisting the consumer to eat and drink and found the consumer to appear to be hungry, grabbing staff member hands towards their mouth and grabbing at cups of fluid. Staff interviewed indicate the consumer regularly goes to the kitchen to eat and has experienced falls trying to do so. Staff interviewed indicate the consumer is often hungry.
	+ On the fourth day of the Site Audit the Assessment Team observed the consumer’s evening meal sitting in the sink with about 10 percent of the main meal and most of the dessert consumed. Staff interviewed indicated the consumer was gulping and gagging on the main meal and was unable to swallow it.
	+ Staff were observed to be assisting the consumer with eating and drinking but not using the required technique as directed by the speech pathologist. The consumer was observed to be regularly coughing when being assisted. Staff interviewed indicated they are not familiar with strategies to manage the consumer’s risk of choking.
* Observations and staff interviews confirmed staff are using physical restraint for Consumer A which has not been risk assessed or authorised in accordance with the *Quality of Care Principles 2014* and these practices are not in accordance with the consumer’s care plan. Staff interviewed demonstrated an understanding that staff practices constituted restraint for this consumer but were of the view that its use was for the consumer’s safety.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider has provided evidence that relevant staff have participated in training in relation to choking as part of Basic Life Support training. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* The service will review the care being provided to Consumer A to ensure all high impact or high prevalence risks associated with their care are identified and effectively managed.
* The service will review restraint management practices for all consumers.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service was unable to demonstrate effective management of high impact or high prevalence risks associated with Consumer A’s care related to their chronic health condition. I have considered the consumer has had ongoing falls and repeated injuries without the service evaluating or reviewing the efficacy of falls prevention strategies to reduce the incidence of falls or minimise injury. While I acknowledge staff have participated in training for managing choking, I have considered Consumer A’s risk of choking has not been effectively managed because staff are not providing the appropriate assistance specifically directed by a health specialist to minimise choking incidents. Staff are also using restrictive practices for Consumer A which have not been appropriately risk-assessed to ensure risks have been identified and appropriate management strategies implemented.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 3 Requirement (3)(b).

### 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) Non-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.*

The Assessment Team found the service was unable to demonstrate changes in consumers’ conditions are responded to in a timely manner, specifically in relation to three consumers’ health. The Assessment Team provided the following information and evidence relevant to my finding:

* Progress notes and incident reports for three consumers indicate changes to the consumers’ health, however, staff have not responded to these changes effectively. As a result, these consumers’ care strategies have not reviewed to ensure the consumers receive safe and effective care to meet their needs and preferences.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* All consumers will be profiled and reviewed to identify any risk associated with their health and wellbeing. Any deficiencies identified will be logged onto an action plan.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit that changes to consumers’ health, capacity or condition had not been appropriately responded to or actioned. While staff are identifying changes to consumers’ health, capacity or condition and documenting the changes in progress notes and on incident forms, clinical staff have not reviewed the consumers’ care in response to these changes to ensure the consumers are receiving appropriate care.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 3 Requirement (3)(d).

### 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) Non-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.*

This Requirement was found to be Non-compliant on 11 March 2021 following an Assessment Contact on 17 to 23 November 2020 where it was found the service did not implement effective actions to minimise infection related risks. While the service implemented an action plan to address the issues identified at the Assessment Contact, the Assessment Team conducting the Site Audit found the service was unable to demonstrate effective standard and transmission-based precautions to prevent and control infection for consumers with infections or ongoing skin rashes/irritations. The Assessment Team provided the following information and evidence relevant to my finding:

* The service had been advised by a consultant to swab all wounds which were slow to heal and found seven consumers to have the same infection in their wounds.
	+ The service indicated the spread of the infection to consumers’ wound was due to poor staff practices during wound care.
	+ Clinical staff practices in relation to aseptic technique associated with wound management were identified as being inadequate and all registered nursing staff were required to participate in wound care competency, including aseptic technique.
* The Assessment Team observed several staff not using appropriate hand hygiene or appropriately wear face masks in accordance with relevant infection control and personal protective equipment use guidelines.
* Consumer and staff interviewed reported consumers have had reoccurring and unresolved skins rashes/irritations for several months. The Assessment Team found through a review of progress notes, assessment, pathology reports and monitoring records these reoccurring skin rashes/irritations have not always been effectively identified to assess the risk of and take steps to prevent the spread of infection.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* Wound specialists have been contracted to review all wounds and skin rashes and provide training to clinical staff in relation to best practice wound management processes.
* A review of infection reporting processes is to be undertaken.
* Staff are to be provided with infection control training.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service did not minimise infection related risks associated with wound care practices or adequately respond to reoccurring and unresolved skin rashes. I have considered several staff practices have not support the minimisation of wound infections and timely or adequate follow-up of potential signs of skin infections have not been undertaken.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 3 Requirement (3)(g).

# STANDARD 4 NON-COMPLIANTServices 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

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

The Assessment Team recommended Requirements (3)(a), (3)(b), (3)(c) and (3)(f) in this Standard as not met. The Assessment Team found the service was unable to demonstrate consumers receive safe and effective services and supports for daily living, supports for daily living promote each consumer’s emotional, spiritual and psychological well-being, consumers are supported to do things of interest to them, and meals provided are varied or of suitable quality.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirements (3)(a), (3)(b), (3)(c) and (3)(f) in this Standard Non-compliant. I have provided reasons for my finding in the respective Requirements below.

## In relation to the other Requirements (3)(d), 3(e) and 3(g) in this Standard, the Assessment Team found the service was able to demonstrate information about consumers’ condition, needs and preferences are communicated within the organisation, and with other others where responsibility of care is shared. Lifestyle plans viewed include information to support appropriate provision of care and staff confirmed they are updated about consumers through handover processes. The Assessment Team also found referral processes are effective and staff interviewed, and documentation viewed provided examples of referrals to other health professionals and organisations to support consumers’ needs. Additionally, where equipment is provided, it is safe, clean and well-maintained. Staff interviewed indicated they are provided with appropriate training to use equipment to support consumers.

### 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 the service was unable to demonstrate consumers receive safe and effective services and supports for daily living which meets consumers’ needs, goals and preferences to optimise their independence, health, well-being and quality of life. The Assessment Team provided the following information and evidence relevant to my finding:

* Lifestyle care plans viewed indicate consumers’ individual goals are not identified and while lifestyle staff review care plans annually and discuss activity preferences, discussion of consumers’ goals is not included.
* The Assessment Team observed consumers living with a cognitive impairment are not always support to engage in meaningful activities.
* A consumer has not been provided with equipment which would support the consumer’s safety in relation to personal hygiene, meals and attending activities.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* Training to be provided to clinical and lifestyle staff in relation to partnering with consumers and representatives in setting lifestyle goals.
* A review of the lifestyle assessment, planning and review process will be undertaken to ensure it includes partnering with consumers and representatives.
* Ensure all consumers have appropriate equipment to support their independence, health, well-being and quality of life.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit consumers were not always supported with their daily living to ensure their independence, health, well-being and quality of life is maintained. I have considered the service has not identified consumers’ goals to understand their needs and staff were observed to not be engaging consumers who required support.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 4 Requirement (3)(a).

### 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 the service was unable to demonstrate services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being, specifically in relation to one consumer. The Assessment Team provided the following information and evidence relevant to my finding:

* One consumer indicated they have been experiencing anxiety following two significant incidents, however, the service has not considered or supported the consumer’s psychological well-being.
* One consumer indicated they like to be visited by a representative from their religious denomination, however, this has not occurred for over a year.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* All consumers’ will be reviewed to identify if emotional support needs have been identified and planned for to meet consumers’ goals, needs and preferences. An action plan will be developed to address any gaps identified.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service has not considered the emotional and psychological needs of one consumer following two significant incidents in relation to the consumer’s care. I have considered the consumer indicated to the Assessment Team they are experiencing anxiety following these incidents.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 4 Requirement (3)(b).

### 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 the service was unable to demonstrate consumers are supported to do things of interest to them. The Assessment Team provided the following information and evidence relevant to my finding:

* The Assessment Team observed two consumers living with significant cognitive impairments were observed to be alone, calling out and agitated several times during the Site Audit. Staff were observed to not provide meaningful engagement or stimulation.
	+ One consumer was observed to not be included in a group activity and management indicated the consumer would most likely have enjoyed this activity. This consumer’s representative and documentation confirms the consumer does not like to be alone but was observed to be alone for significant periods during the Site Audit. One staff member interviewed who had worked at the service for several years had limited knowledge about the consumer’s lifestyle or preferred activities.
	+ One consumer was observed for the first two days of the Site Audit to spend all day in their room, alone and frequently calling out. There were no activities or engagement provided except for a television playing. After these observations were raised with management, the consumer was observed out in the communal area enjoying watching the events and chatting with staff. Two staff working the area only knew limited information about the consumers’ interests.
* Four consumers were observed on three days during the Site Audit in the lounge area of one area of the service to be sitting during the morning either watching a children’s’ movies/shows or not be have any other activities or engagement. Consumers were observed not be to be engaged with the children’s’ movies/shows.
* Relevant staff interviewed indicated not all staff are aware of consumers’ needs and did not know how to engage consumers in meaningful interactions.
* Two consumers interviewed indicated they do not participate in the activities program because the program does not interest them.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* Plans to gather life stories from consumers and communicate this information to staff.
* During the review of human resources, there will be consideration of implementing an engagement shift to ensure consumers living with cognitive deficits are appropriately monitored and engaged in meaningful activities.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service has not supported consumers to engage in things of interest to them. I have considered staff interviewed were unable to demonstrate they understand consumers’ interests and engagement interventions to support consumers living with a cognitive impairment. I have also considered the Assessment Team’s observations which indicate consumers are not always engaged in things of interest to them.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 4 Requirement (3)(c).

### 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 found the service was unable to demonstrate meals provided are varied or of suitable quality. The Assessment Team provided the following information and evidence relevant to my finding:

* Twelve consumers interviewed indicated there are no alternatives to the main meal except for sandwiches.
* Three consumers no longer raise complaints in relation to the meal because they feel nothing changes. Six consumers are not satisfied with the quality of the meals and indicated they are unable to eat some meals provided.
* Two consumers indicated they are not receiving adequate or appropriate meals to meet their needs and preferences.
* During one meal service, the Assessment Team observed a significant amount of food wastage, with six consumers indicating the meat was tough so you could not eat it. The consumers were not offered an alternative main meal but were offered dessert.
* During one meal service, three consumers were unable to identify the vegetables they were served, with two consumers indicating it tasted awful and would not be eating it.
* Management stated the service does not provide diabetic-friendly desserts.
* Meal service in one area of the home is served at a time convenient for the staff roster rather than based on consumers’ preferences. Three consumers who require assistance were observed to have not have appropriate assistance with their meal, resulting in the consumers only have a portion of their meals.
* Food safety practices are not always effectively implemented and used in relation to meal service and storage of food and drinks.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* Plans for the development of a new menu, with more fresh-cooked recipes and less processed food and to have dietitian approval for this menu. Seek consumer feedback at designated points following the implementation of the new menu.
* Implementation of consumer food focus group to discuss the new menu and seek consumer feedback.
* Provide relevant education to the catering, clinical and care staff, including in relation to texture modification, assisting consumers with swallowing difficulties and labelling of food and drinks.
* Improve the overall dining experience of consumers, including the use of coloured placemats and name cards.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit a significant number of consumers were not satisfied with various aspects of the meal service. I have also considered the Assessment Team’s observations indicating consumers are not provided with quality meals which meets consumers’ individual needs and preferences. Additionally, the service was unable to demonstrate effective consumer engagement processes to understand if meals are suitable and are of good quality to meet consumers’ needs and preferences.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 4 Requirement (3)(f).

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team recommended Requirements (3)(a), (3)(b) and (3)(c) in this Standard as not met. The Assessment Team found the service was unable to demonstrate the service environment optimises each consumer’s sense of belonging, interaction or function, enables consumers to move freely indoors, and ensure furniture and fittings are always safe, well maintained or suitable for consumers.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Requirements (3)(a), (3)(b) and (3)(c) in this Standard Non-compliant. I have provided reasons for my finding in the respective Requirements below.

## Assessment of Standard 5 Requirements

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

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

The Assessment Team found the service was unable to demonstrate the service environment optimises each consumer’s sense of belonging, interaction or function. The Assessment Team provided the following information and evidence relevant to my finding:

* The Assessment Team observed equipment stored in consumers’ rooms, hallways, lounge areas when not in use, the memory support unit doors to an outside area was not readily identifiable as doors and were closed during the Site Audit. The outdoor area from the memory support unit did not have adequate shade to enjoy this area. A lounge area of the service has mis-matched lounge chairs lined in a single row in front of a television.
* The Assessment Team observed the memory support unit dining area was not presented in a manner during meal service which was reflective of meal-time and consumers were not invited to sit at the table for their meals. They also observed breakfast and lunch service was provided to consumers who were able to eat independently while seated in the lounge area. Consumers who required assistance were assisted with their meals in the lounge area.
* Two consumers indicated they would like to sit outside at the rear of the service, however, due to poor seating and inadequate shade, only short durations of sitting in this area can be undertaken. One consumer was observed frequently standing near this area looking towards the ocean, however, there was nowhere appropriate for the consumer to sit.
* One consumer indicated they have not been supported to improve their living environment.
* Three staff interviewed were unable to describe features of the service environment that are designed to support functioning of people with cognitive impairment.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues, and actions related to this Requirement include:

* An environmental audit of the internal and external living environment, including equipment storage and a dementia specific audit in the memory support unit has been planned. Based on the results of these audits, an action plan to address the deficits will be developed.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service environment did not optimise consumers’ sense of belonging, interaction or function. In coming to my finding I have considered the service environment has not supported consumers to have outdoor spaces which allows consumers to sit and view the ocean for periods of time they wish. I have also considered equipment has not been appropriately stored to maintain to support the provision of a ‘home-like’ atmosphere.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 5 Requirement (3)(a).

### 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.*

### This Requirement was found to be Non-compliant on 11 March 2021 following an Assessment Contact on 17 to 23 November 2020 where it was found the service was unable to demonstrate the service environment is clean, well maintained and comfortable. While the service implemented an action plan to address the issues identified at the Assessment Contact, the Assessment Team conducting the Site Audit found the service was unable to demonstrate the service environment enables consumers to move freely indoors. The Assessment Team provided the following information and evidence relevant to my finding:

* The Assessment Team observed trolleys, sling lifters and other pieces of equipment left in corridors and communal areas including lounge areas and consumers’ rooms. The location of the equipment does always not allow consumers to freely and safely navigate the corridors.
* Two incident reports indicate a consumer had fallen near equipment stored in the area they were mobilising in.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues, and actions related to this Requirement include:

* An environmental audit of the internal and external living environment, including equipment storage and a dementia specific audit in the memory support unit has been planned. Based on the results of these audits, an action plan to address the deficits will be developed.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service environment did not allow all consumers to move freely within the indoor living environment. I have considered staff have not stored equipment in a manner to ensure corridors and consumer rooms are clutter-free to ensure consumers are able to move freely and safely.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 5 Requirement (3)(b).

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

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

The Assessment Team found the service was unable to demonstrate the service’s furniture and fittings are always safe, well maintained or suitable for consumers. The Assessment Team provided the following information and evidence relevant to my finding:

* The Assessment Team observed the shade cloth covering one courtyard area was torn and provided minimal protection from the sun. Staff indicated this shade cloth had been damaged for several months.
* Some outside benches and tables were observed to be in a poor state of repair. Staff indicated some of this furniture is in the outside area where consumers like to sit and watch the ocean.
* Two plastic outdoor chairs were observed to be dirty.
* A consumer who said they like to sit outside and watch the ocean was observed to be dragging a plastic chair from another area to sit on. They said they have mentioned to staff they would like more comfortable to chairs to sit on but were told due to budget constraints this was not possible.
* The service has not proactively sought equipment for a consumer with specific needs based on their chronic health condition.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues, and actions related to this Requirement include:

* An environmental audit of the internal and external living environment, including equipment storage and a dementia specific audit in the memory support unit has been planned. Based on the results of these audits, an action plan to address the deficits will be developed.
* Source appropriate equipment for the consumer identified this Requirement.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service did not ensure all furniture and fittings were safe, well maintained or suitable for consumers. I have considered the outside furniture and fittings have not been maintained to a suitable or safe standard and staff and consumer interviews indicate this area is regularly used and enjoyed by consumers. I have also considered one consumer who requires specialised equipment has not been provided with the most appropriate equipment to support their condition.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 5 Requirement (3)(c).

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team recommended Requirements (3)(a), (3)(c) and (3)(d) in this Standard as not met. The Assessment Team found the service was unable to demonstrate consumers and staff feel supported and encouraged to provide feedback and make complaints, complaints are appropriately actioned, and complaints and feedback are used to improve the quality of care and services.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirements (3)(a), (3)(c) and (3)(d) in this Standard Non-compliant. I have provided reasons for my findings in the respective Requirements below.

## In relation to the Requirement (3)(b) in this Standard, the Assessment Team found the service was able to demonstrate consumers have access to advocates, language services and other methods for raising and resolving complaints. The Assessment Team observed information in relation to advocacy services and complaints processes were displayed. Staff interviewed were aware of advocacy and language services and consumers interviewed indicated they were aware of complaints processes and right to access advocacy services. Documentation indicated consumers and representatives are aware of and utilise external complaints mechanisms.

## Assessment of Standard 6 Requirements

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

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

The Assessment Team found the service was unable to demonstrate consumers and staff feel supported and encouraged to provide feedback and make complaints. The Assessment Team provided the following information and evidence relevant to my finding:

* One consumer indicated an issue they have raised as a complaint on multiple occasions has never been resolved, initiated change or improvement.
* Eight staff interviewed indicated they do not feel able to provide feedback or complaints because they have previously raised concerns in relation to consumers’ care but found responses to be dismissive and they also feared retribution.
* Management’s response to feedback provided by the Assessment Team in relation to issues raised by consumers indicated a dismissive attitude.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* Arrange a consumer and representative meeting to discuss the Assessment Team’s findings from the Site Audit and encourage feedback and complaints.
* Promote feedback and complaints through meetings and newsletters.
* Implement a consumer advocate role, including providing training for this role.
* Invite an external advocacy service to present at the resident meeting.
* Management to be provided with guidance in relation to responding to complaints.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit consumers and staff have not always been encouraged or supported to provide feedback and make complaints. I have considered the significant number of staff interviewed who indicate they no longer feel able to provide feedback following previous attempts being dismissed and their fear of retribution. I have also considered management’s response to the Assessment Team’s feedback in relation consumers’ views which indicated a dismissive attitude and one consumer’s dissatisfaction with complaints processes which indicates a culture which does not foster encouragement of providing feedback and complaints.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 6 Requirement (3)(a).

### 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 found the service was unable to demonstrate appropriate action is taken in response to complaints. The Assessment Team provided the following information and evidence relevant to my finding:

* Six consumers interviewed indicated concerns they have raised in relation to meals, however, no action has been taken to resolve these concerns.
* Verbal complaints are not always captured in the service’s complaints system.
* Several staff interviewed described having made complaints in relation to concerns relating to the care of consumers, but these concerns were dismissed.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* Develop and implement a process to ensure all verbal complaints are documented and are included on the complaints log.
* Implement a consumer Food Focus Group to discuss a new menu and seek feedback from consumers.
* Management to be provided with training and tools in relation to open disclosure.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service was unable to demonstrate appropriate action to complaints is always undertaken. I have considered feedback from several staff and consumers indicates action to complaints raised are not always resolved.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 6 Requirement (3)(c).

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

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

The Assessment Team found the service was unable to demonstrate complaints are used to improve the quality of care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* Eight consumers are not satisfied their concerns and complaints are used to improve the quality of services, specifically in relation to meals.
* The continuous improvement plan for the 2019/2020 year did not reflect any improvements which were initiated because of complaints.
* Not all complaints are reflected on the complaints log.
* The complaints analysis data indicated a significant number of complaints had been identified in relation to meals and meal service. However, the continuous improvement plan does not reflect actions to address these complaints.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* Review complaints management processes to identify the root-cause in relation to feedback and complaints not always being used to improve care and service delivery.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service was unable to demonstrate feedback and complaints are used to improve care and services. I have considered the significant number of consumers who have raised issues in relation to one specific service, that is meals, and have not had these issues resolved. Additionally, the service’s continuous improvement plan did not reflect any improvements which were initiated by feedback or complaints.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 6 Requirement (3)(d).

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team recommended Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in this Standard as not met. The Assessment Team found the service was unable to demonstrate workforce planning ensures the workforce deployed enables the delivery of safe and quality care, staff interactions with consumers are kind, caring or respectful, the workforce is competent and has the appropriate skills and knowledge to perform their roles effectively, the workforce is trained or supported to deliver the outcomes required by the Quality Standards.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in this Standard Non-compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to the Requirement (3)(e) in this Standard, the Assessment Team found the service was able to demonstrate regular reviews of the performance of each staff member is undertaken. The service has a performance management framework which includes performance reviews, probation reviews, onboarding of new staff and management of poor staff performance. Staff interviewed indicated they attend annual performance appraisals.

## 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 the service was unable to demonstrate workforce planning ensures the workforce deployed enables the delivery of safe and quality care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* Two representatives indicate there are insufficient staff to meet consumers’ needs and preferences.
* Three staff indicated the staffing roster is insufficient and does not allow staff to be able to supervise consumers who require supervision.
* Call bell monitoring processes are not effective in identifying and monitoring staff responsiveness, with several call bells longer than the service’s key performance indicator not being followed up and investigated in the two months prior to the Site Audit.
* Observation of the evening meal service in one area of the service found the meal service to commence at 4pm. Staff indicated this is due to staffing convenience rather than to meet consumers’ preferences. On day three of the Site Audit the Assessment Team observed three consumers assisted with their meals from 4pm had only eaten a minimal amount of their meal.
* Two care staff interviewed indicated some consumers in one area of the service are not left to wake naturally in the morning and they are woken and assisted at a time convenient to suit the roster.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* A human resource and roster review are to be undertaken to identify the appropriate staff structure and roster to meet consumers’ needs. An action plan is to be developed in response to the review results.
* Clinical management will complete daily reviews of call response times and investigate any call bells not answered within 10 minutes.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service staffing levels and mix did not support effective monitoring/supervision of consumers or allow consumers’ preferences to be fully considered in the context of the provision of activities of daily living. I have also considered monitoring processes for call bell response times have been ineffective and did not support the service to understand the sufficiency of the workforce.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 7 Requirement (3)(a).

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

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

The Assessment Team found the service was unable to demonstrate staff interactions with consumers were kind, caring or respectful of each consumer’s identity, culture or diversity. The Assessment Team provided the following information and evidence relevant to my finding:

* Observations of interactions between staff and consumers demonstrated some interactions were not kind, caring or respectful, with staff observed to be disengaged when providing care or appeared to be condescending and inappropriate in relation to their actions and speech.
* Two consumers interviewed are not satisfied staff treat them with kindness or respect.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* A survey of at least 50 percent of consumers to be completed to seek further feedback from consumers in relation to their satisfaction with how staff treat them.
* Training for staff in relation to respecting privacy and dignity, culture and diversity, cultural safety and customer service has been planned.
* Clinical staff are to increase monitoring of staff practices.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit not all staff interactions demonstrated kind, caring or respectful behaviour by staff. I have considered the Assessment Team’s observations which indicate several staff practices did not treat consumers in a manner which recognised consumers as individuals and were neither kind, caring or respectful.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 7 Requirement (3)(b).

### 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 found the service was unable to demonstrate the workforce is competent or has the appropriate skills and knowledge to perform their roles effectively. The Assessment Team provided the following information and evidence relevant to my finding:

* Six staff interviewed indicated they do not feel supported by senior clinical staff who have recently graduated from university and have minimal experience in their field of practice, and find they are not always provided within sufficient direction and guidance. Staff also indicated senior clinical staff request assistance with clinical processes which is outside their scope of practice.
* A senior clinical staff member indicated they are not supported in their role to ensure they have the appropriate skills and knowledge.
* Outcomes for consumers in relation to Standard 2 and Standard 3 indicates staff do not have the skills and knowledge to effectively use assessment and planning processes or provide care which meets consumers’ needs.
* Clinical staff practices in relation to aseptic technique associated with wound management were identified as being inadequate and all registered nursing staff were required to participate in wound care competency, including aseptic technique.
* Two consumers interviewed are not satisfied new staff are adequately trained or skilled for their role.
* Several staff interviewed indicated they did not have sufficient knowledge in relation to how to provide appropriate care for one consumer living with a chronic health condition.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* A clinical and care staff skills audit and survey will be conducted by the human resources department. Results of the audit and survey will be used to develop training programs for individual staff.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit some staff were neither competent nor had the appropriate skills or knowledge to effectively perform their role. I have considered the significant number of deficiencies identified in other Requirements of the Quality Standards which indicate staff practices are not sufficient to ensure the safe and effective provision of care and services. Feedback from interviews also indicate that staff are not confident with the skills of the workforce and are subsequently not supported or staff are asked to assist with practices outside their scope of practice.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 7 Requirement (3)(c).

### 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 the service was unable to demonstrate the workforce is trained and supported to deliver the outcomes required by the Quality Standard. The Assessment Team provided the following information and evidence relevant to my finding:

* A consumer representative is not satisfied care staff are supported by senior staff to effectively perform their role, including recognising and considering care staff reports about the health condition of the consumer.
* Six staff interviewed indicated they did not always feel supported by senior staff or management and their reports of ongoing skin irritations for consumers residing in one area of the home were dismissed. Other staff indicated their concerns raised about the health conditions and needs of other consumers are not responded to and they are dismissed by senior staff and management.
* Several staff interviewed indicated they did not have sufficient knowledge in relation to how to provide appropriate care for one consumer living with a chronic health condition. This consumer has been identified as having several risks associated with their care not managed at this Site Audit.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* A training needs analysis will be completed in response to the risk profiling of consumers, results from consumer surveys, staff surveys and human resource audits. A training program will be developed based on this analysis.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit staff have not been supported to perform their roles on daily basis or have adequately ensured staff are prepared to undertake their role independently. I have considered there are several recently graduated clinical staff who have not been supported to ensure they are competent to perform their role independently. Additionally, several staff indicated they are not supported to achieve best outcomes for consumers, with their observations and reports of changes to consumers not always considered or acted upon by senior clinical staff or management.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 7 Requirement (3)(d).

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team recommended Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in this Standard as not met. The Assessment Team found the service was unable to demonstrate the consumers are engaged in the development or delivery of care and services, effective organisation wide governance systems relating to information management, continuous improvement, workforce governance and feedback and complaints, and effective risk management and clinical governance frameworks.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in this Standard Non-compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to the Requirement (3)(b) in this Standard, the Assessment Team found the service was able to demonstrate the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Board consistent of relevantly qualified members, with several committees, including an executive committee who is updated about the service’s operations from management. Accountability for the service has been designated through approved policies with the CEO and all levels of management assigned these accountabilities.

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found the service was unable to demonstrate consumers are engaged in the development or delivery of care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* The CEO and senior management were unable to describe ways in which the organisation engages with consumers in a manner consistent with this Requirement.
* The service’s strategic plan does not include engagement with consumers during development and planning processes.
* Resident meeting minutes do not demonstrate consumers are participating in the development of services.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* Opportunities for consumers to engage in activities which influence how care and services are developed and delivered will be considered.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service did not have processes to actively engage consumers in the development, delivery and evaluation of care and services. I have considered that key personnel were unable to articulate ways in which consumers are actively engaged to ensure a consumer-centred service. I have also considered evidence from Standard 6 which demonstrates that information which has been obtained from consumers, such as complaints and feedback as not been used to plan improvements.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 8 Requirement (3)(a).

### 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 effective organisation wide governance systems relating to financial governance and regulatory compliance but were unable to demonstrate effective governance systems in relation to information management, continuous improvement, workforce governance and feedback and complaints. The Assessment Team provided the following information and evidence relevant to my finding:

* In relation to information management, outcomes in Standard 2 indicate assessment processes have not been effective in identifying consumers’ needs and preferences, resulting in care plans not containing sufficient or appropriate information to guide staff when providing care to consumers. Additionally, outcomes in Standard 1 indicate staff have not ensured consumers’ personal information is kept confidential.
* In relation to continuous improvement, while the continuous improvement plan demonstrates improvements are reflective of the eight Standards, the plan did not reflect consumer input.
* In relation to workforce governance, outcomes in Standard 7 indicate the organisation has not ensured the workforce is appropriately skilled to deliver safe and effective quality care.
* In relation to feedback and complaints, outcomes in Standard 6 indicate the service does not use feedback and complaints processes to actively improve results for consumers.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* A review of systems relating to information management, continuous improvement, workforce governance, and feedback and complaints processes to identify opportunities for improvement to ensure ongoing effectiveness.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service did not have effective governance systems relating to information management, workforce governance and feedback and complaints. In coming to my finding I have considered the deficiencies and outcomes for consumers in relation to the other Non-compliant Requirements in all Standards. I consider that outcomes in these Requirements indicate staff are not provided with accurate and appropriate information to support the provision of care, the workforce is not appropriately skilled to meet the quality of care and services expected by the Quality Standards, and the service does not use feedback and complaints to implement improvements to better consumer outcomes. I have considered the service does a continuous improvement plan which reflects the eight Quality Standards, however, does not include opportunities for improvement through inputs from complaints, suggestions of feedback.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 8 Requirement (3)(c).

### 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.*

The Assessment Team found the service was unable to demonstrate the organisation’s risk management framework is effective in relation to managing high impact or high prevalence risks associated with the care of each consumer. The Assessment Team provided the following information and evidence relevant to my finding:

* While management review, trend and analyse clinical indicator data such as incidents of falls, behaviours, restraint, and infections and report results, the Assessment Team found this process has not resulted in changes to the delivery of care to improve consumer outcomes and minimise risks associated with several consumers’ ongoing incidents of either falls, skin irritations or nutritional risks.
* While the service has a policy and assessment to identify risks to support consumers to live the best life they can, these have not been effectively implemented for three consumers as outlined in Standard 1.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* Implement a process to ensure all consumers’ risks are identified, actioned and monitored daily.
* Provide training to management in relation to supporting consumers to take risks to enable consumers to live the best life they can and undertaking a review of all consumers identified in the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service’s risk management systems and staff practices did not ensure high impact or high prevalence risks associated with the care of consumers are effectively managed or that consumers are supported to live the best life they can through identification and minimisation of risks associated with consumers’ activities of their choosing. I have considered that repeated incidents and reports of risks to consumers’ health have not been recognised through the risk management system or acted upon by several clinical staff. I have also considered staff have not completed risk assessments in accordance with the service’s policy to ensure consumers are supported to participate in activities of their choosing while reducing possible risks associated with these activities.

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 8 Requirement (3)(d).

### 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 found the service was unable to demonstrate the service’s clinical governance framework is effective in ensuring appropriate infection control practices or effective practices in relation to minimisation the use of restraint The Assessment Team provided the following information and evidence relevant to my finding:

* the service’s clinical governance framework was not effective in identifying or managing spread of infections, to improve outcomes for consumers.
* staff practices have not been consistent with the service’s policies in relation to use of physical restraint in relation to one consumer.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan for continuous improvement and staff training plan to rectify the identified issues. Actions related to this Requirement include:

* The clinical governance framework is to be reviewed and developed further to ensure effective clinical governance.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service’s clinical governance framework was not effective in governing clinical care practices to provide safe and quality care. I have considered the service’s governance framework failed to consider and act upon information indicating infection transmission between staff and consumers, and that staff practices relating to physical restraint were not in accordance with the minimisation of the use of restraint as required by the *Quality of Care Principles 2014.*

For the reasons detailed above, I find Kindred Living (Formally Whyalla Aged Care Inc), in relation to Annie Lockwood Court, Non-compliant with Standard 8 Requirement (3)(e).

# 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.

* The service has implemented an action plan to address the deficiencies identified by the Assessment Team and have included improvements which directly address the issues identified by the Assessment Team.
* The service should seek to ensure the following:
* In relation to Standard 1 Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(f):
	+ All interactions between staff and consumers are respectful and supportive of consumers’ dignity.
	+ Care and services are delivered in a culturally safe manner for all consumers, including understanding consumers’ cultural needs and preferences.
	+ Consumers are engaged in decision-making about their care and services to the full extent they are able
	+ All consumers who engage in activities of their choosing which indicate risk, are assessed and supported with strategies to mitigate or minimise any identified risks.
	+ Consumers’ personal information is kept private and confidential.
* In relation to Standard 2 Requirements (3)(a), (3)(b), 3(c) and (3)(e):
	+ Risk assessment tools are effectively used in the assessment and planning of consumers’ care.
	+ Care planning and assessment processes include identifying, considering consumers’ goals, including taking specific action to meet these goals.
	+ Consumers and/or representatives are actively engaged with assessment and planning processes.
	+ Review processes are effectively identifying changes to consumers’ health which initiate clinical reassessment.
* In relation to Standard 3 Requirements (3)(a), (3)(b), (3)(d) and (3)(g):
	+ Consumers receive clinical care which is best practice, tailored to their needs and optimises their health and well-being, including staff actioning identified changes to needs.
	+ Consumers’ high impact or high prevalence risks associated with their care are effectively managed, including using health specialists’ recommendations to manage risks and effective review of incidents to ensure strategies are effective and appropriate.
	+ Consumers’ changes to their health or needs are actioned when identified through progress notes or incidents forms, including daily and at scheduled reviews.
	+ Signs and symptoms of infections are identified and actioned in a timely manner, including the implementation of appropriate precautions.
	+ Staff practices associated with infection control and wound care are adequate and in accordance with best practice to minimise the spread of infection.
* In relation to Standard 4 Requirements (3)(a), (3)(b), (3)(c) and (3)(f):
	+ Identify consumers’ goals and preferences, including those living with cognitive impairments, to implement strategies to support them to optimise their health, independence, well-being and quality of life.
	+ Respond to consumers’ emotional and psychological needs, including review of current strategies following significant events which may have exacerbated current conditions.
	+ Identify consumers’ interests and plan interventions to support consumers to engage in things of interest to them.
	+ Implement consumer engagement processes to understand consumers’ feedback and preferences in relation to meals.
* In relation to Standard 5 Requirements (3)(a), (3)(b) and (3)(c):
	+ The service environment engages consumers in a sense of belonging and optimises consumers’ independence, interaction and function.
	+ The indoor living environment always allows consumers to move freely indoors.
	+ Furniture and fittings are safe and well maintained, including those in the outdoor area with views of the ocean.
* In relation to Standard 6 Requirements (3)(a), (3)(c) and (3)(d):
	+ Support and encourage consumers and staff to raise complaints and feedback.
	+ Complaints are recognised and responded to with consultation and outcomes communicated to relevant parties.
	+ Regularly review, trend and analyse complaints to identify opportunities for improvements, including consideration of broad improvements following one complaint.
* In relation to Standard 7 Requirements (3)(a), (3)(b), (3)(c) and (3)(d):
	+ Staffing levels and skill mix are appropriate based on the needs of the current consumer cohort.
	+ Staff interactions with consumers are king, caring and respectful always, regardless of consumers’ cognitive capacity.
	+ Staff have the appropriate skills and knowledge required of their position, including implementing process to monitor competency for specific roles.
	+ Support staff to provide care to meet consumers’ needs, including considering and acting upon reports of changes or difficulties with care.
* In relation to Standard 8 Requirements (3)(a), (3)(c), (3)(d) and (3)(e):
	+ Support consumer engagement processes to ensure they have input into the development, planning and evaluation of care and services.
	+ Effective governance systems relating to information management, workforce governance and feedback and complaints.
	+ Effective management of high impact of high prevalence risks associated with care, and that consumers are supported to live the best life they can.
	+ Effective clinical governance framework which considers information provided through a variety of sources indicating improvement in clinical practices, including staff practices relating to the use of physical restraint.