Annie Lockwood Court

Performance Report

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

**Commission ID:** 6131

**Provider name:** Whyalla Aged Care Inc

**Assessment Contact - Site date:** 6 July 2021 to 8 July 2021

**Date of Performance Report:** 27 August 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 2 August 2021
* the Performance Report dated 11 March 2021 for the Site Audit conducted 7 December 2020 to 11 December 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 two of the five specific Requirements assessed have been found Non-compliant.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(f) in Standard 1 Consumer dignity and choice. These Requirements were found Non-compliant following a Site Audit conducted 7 December 2020 to 11 December 2020. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirements (3)(a), (3)(b) and (3)(d) as met. However, the Assessment Team were not satisfied the actions implemented sufficiently addressed the deficits identified in Requirements (3)(c) and (3)(f) and have recommended these Requirements not met. In relation to these Requirements, the Assessment Team were not satisfied the service demonstrated:

* each consumer is supported to exercise choice and independence in relation to making decisions about when their family should be involved in their care and to make decisions about the way care is provided.
* all consumer information is kept confidential and not accessible to visitors to the service.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Non-compliant with Requirements (3)(c) and (3)(f) and Compliant with Requirements (3)(a), (3)(b) and (3)(d) in Standard 1 Consumer dignity and choice. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 1 Requirements

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

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

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found staff practices and interactions with consumers did not ensure each consumer was treated with dignity and respect, with their identity, culture and diversity valued. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Training provided to staff in relation to cultural safety, dignity and risk and privacy and choice.
* Mobile stations have been provided in all Cottages to enable clinical staff to provide a higher level of monitoring of staff actions.
* Training provided to clinical staff relating to the nursing process and their role in monitoring staff practices.
* Conducting ‘daily rounds’ of the service to increase monitoring of staff and consumers.
* Implemented changes to medication rounds to enable the Registered nurses to undertake care evaluations and monitor staff providing care to consumers to ensure all interactions are respectful and dignified in nature.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

Most consumers were satisfied staff treat them with dignity and respect and value their identity, culture and diversity. Staff were generally observed interacting with consumers respectfully, greeting them first when approaching them and addressing them by name.

Care plans generally reflected what was important to consumers. Staff described consumers’ backgrounds and preferences and what was important to each consumer, including how they deliver care in a respectful and polite manner. Additionally, staff were able to provide examples of sampled consumers’ cultural needs.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(a) in Standard 1 Consumer dignity and choice.

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

*Care and services are culturally safe.*

The service was found Non-compliant with Requirement (3)(b) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found consumers were not always provided culturally safe care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Training provided to all staff relating to respecting privacy and dignity, culture and diversity, and cultural safety.
* Consumers are now encouraged to sit at tables in the dining rooms to consume meals.
* Replaced dining room chairs and flooring in one Cottage to create an improved dining room and living experience.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

All consumers described ways in which staff provide care which is respectful and kind and indicated staff are respectful of their life history and cultural needs.

Consumer care plans outline each consumer’s specific cultural needs and wishes. Staff described consumers’ backgrounds and preferences, what was important to each consumer and how they deliver care in a culturally safe manner. Additionally, Lifestyle staff described how they organise culturally appropriate activities which reflect the ethnic background of each consumer.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(b) in Standard 1 Consumer dignity and choice.

### 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 were not satisfied the service demonstrated each consumer is supported to exercise choice and independence in relation to making decisions about when their family should be involved in their care and about the way care is provided to them. The Assessment Team’s report provided the following evidence relevant to my finding:

* A representative was not satisfied the consumer was supported in their decision as to when their family should be involved following a deterioration of health which resulted in a transfer to hospital. The consumer was transferred to hospital at approximately 5.00am. The representative stated staff did not notify them of the transfer until 11.30am.
* The consumer stated they had asked to call their representative around 5.00am and staff had told them they couldn’t call at that time as the representative would not want to be woken up. The consumer said this upset them.
* The representative stated they had made it clear to staff they were to be contacted at any time, day or night if the consumer needed anything.
* Progress notes at 4.18am stated, ‘NOK notified of transfer – yes'. A subsequent progress note at 5.15am stated, ‘NOK informed in the morning by AM staff’. There is no documented time of when this actually occurred.
* Senior clinical staff said they do not capture information relating to if a consumer and/or representative wishes to be telephoned during an emergency overnight or whether this notification can wait until morning.
* Observations showed consumers with a cognitive deficit are not always supported to decide when they would like to go outside. Staff do not consistently unlock doors to enable consumers to do so.
* Two consumers with cognitive impairment were observed attempting to exit via a door leading to the gardens and were unable to do so. Staff did not identify these consumers already have reduced capacity to make decisions, and by not being able to express when they wished to go outside, have further reduced their ability to choose to do so.

The provider submitted a response to the Assessment Team’s report and indicated that based on the information included in the response, the organisation believes Requirement (3)(c) is met. The response included clarifying information and further documentation to support their stance as well as actions taken in relation to aspects of the Assessment Team’s report. The response included, but was not limited to:

* The Registered nurse who transferred the consumer was a novice with very little experience and did not follow the organisation’s policy relating to Deteriorating residents.
* Discussions have been held with the Registered nurse and procedure documents have been provided to them.
* Management met with the consumer and a formal apology has been provided to the representative.
* Information relating to the locked doors is not correct and does not clearly reflect the layout of the facility and where consumers have access to go outside.
* The doors that were locked did not prevent consumers from accessing an external courtyard garden area.
* All consumers and substitute decision makers were surveyed following the Assessment Contact. Thirty-five consumers stated yes to the question ‘can you access the outdoor garden areas easily if you want to go to them?’.
* There have never been any complaints about access to outdoor areas.

The service was found Non-compliant with Requirement (3)(c) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found consumers had not been supported or provided with an opportunity to express their preferences in relation to delivery of all aspects of their care. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Training provided to clinical staff in relation to partnering with consumers in care and goal setting and care plan evaluation processes.
* Additional food service staff have been employed.

I acknowledge the provider’s response and the associated documentation provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, each consumer was not supported to make decisions about when their family should be involved in their care.

In coming to my finding, I have placed weight on information indicating that while a consumer had asked staff to contact their representative prior to transfer to hospital, this request was not actioned despite the representative indicating to staff they were to be contacted at any time, day or night if the consumer needed anything. The provider’s response indicates the Registered nurse involved was a novice and did not follow organisational policy. However, I find clinical staff who commenced on the shift subsequent to the consumer’s transfer also failed to initiate the consumer’s request of contacting their representative in a timely manner. While information relating to the consumer’s transfer and requirement to notify the representative was passed onto morning shift staff, this was not actioned until approximately six and a half hours following the transfer.

In relation to consumers not being supported to access outdoor areas, I have considered information in the provider’s response indicating at the time of the Assessment Contact, external courtyard areas were accessible to consumers. I have also considered that 35 respondents to a survey conducted subsequent to the Assessment Contact were satisfied with access to outdoor areas and the service has not received any complaints relating to inability to access outdoor areas.

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

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

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

The service was found Non-compliant with Requirement (3)(d) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found the service had not supported consumers to understand risks associated with activities of their choosing or considered strategies to minimise harm associated with potential risks. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Training provided to management and Registered nurses relating to supporting consumers to take risks to enable them to live the best life they can.
* Reviewed consumers identified in the Site Audit report to ensure they are appropriately supported to take risks to enable them to live the best lives they can.
* Risk assessed all consumers with cooking equipment and implemented support strategies.
* Reviewed the care plan review process to ensure risk-taking activities are regularly identified and reviewed.
* Implemented Dignity of risk forms for all consumers who choose to take risks.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

All consumers were satisfied the service supports them to take risks to enable them to live the best life possible. Staff described processes initiated when consumers wish to undertake an activity which includes potential risk, including assessment of safety.

Files for two consumers who choose to undertake activities which include an element of risk demonstrated, in consultation with the consumers, potential risks had been identified and strategies to minimise risks implemented. Additionally, both consumers had been assessed by appropriate allied health specialists in relation to the activity.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

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

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

The Assessment Team were not satisfied the service demonstrated consumer information is kept confidential and is not accessible by visitors to the service. The Assessment Team’s report provided the following evidence relevant to my finding:

* The Assessment Team observed:
* Charts for three consumers and a Carer’s massage list left in a kitchenette areas, accessible by visitors and other consumers.
* An iPad left on the kitchen counter in a kitchenette. The iPad had a generic password and was accessed by the Assessment Team to view consumers’ wound photographs.
* A handover sheet left in a communal lounge.
* On all three days of the Assessment Contact, a mobile terminal located in a communal lounge was unlocked. The Assessment Team were able to access confidential consumer information from the terminal.
* Continence aids on chairs outside of two Cottages which were left for a period of six hours.
* Two consumers said their privacy is not always respected as staff do not knock on their door and wait to be invited in. One consumer said this had improved since they reported this to management.

The provider submitted a response to the Assessment Team’s report and indicated that based on the information included in the response, the organisation believes Requirement (3)(f) is met. The response included clarifying information and further documentation to support their stance as well as actions taken in relation to aspects of the Assessment Team’s report. The response included, but was not limited to:

* Staff have had training on privacy and dignity and are monitored by the senior clinical team.
* Management continue to undertake regular rounds of the service at different times during the day to monitor practice and provide one-on-one counselling where issues are identified.
* A memorandum was issued to staff in relation to deficits identified during the Assessment Contact to remind staff to not leave confidential material around.
* The IT department has set all electronic information storage devices to logout after 30 seconds without a key stroke.
* Forwarded a memorandum to staff to remind and reinforce issues relating to consumers’ privacy and confidentiality.
* Management currently meets weekly with two consumers who have raised issues with staff not knocking and entering rooms without announcing themselves.
* A survey conducted subsequent to the Assessment Contact indicated 29 of 38 consumers and substitute decision makers were satisfied staff knock on doors and announce themselves. A memorandum was sent to staff in relation to the survey outcomes.

The service was found Non-compliant with Requirement (3)(f) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found staff practices did not support consumers’ privacy to be respected and maintained. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Training provided to staff in relation to cultural safety, dignity and risk and privacy and choice.
* Removed care plans with sensitive consumer information from consumer bathrooms and placed them in a more secure location, accessible to staff.
* Training provided to clinical staff on the nursing process and their role in monitoring staff practices.
* Daily rounds of the service are being conducted to increase monitoring of staff and consumers.

I acknowledge the provider’s response and the associated documentation provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, each consumer’s personal information was not kept confidential.

In coming to my finding, I have placed weight on observations made by the Assessment Team indicating privacy and confidentiality of consumers’ information was not consistently protected. The provider’s response indicates staff have received training in relation to privacy and dignity and staff practice is monitored by senior clinical staff. However, I find these processes have not been effective in ensuring privacy and confidentiality of information is maintained. I have considered that during the three days of the Assessment Contact, confidential information relating to consumers was observed to be left unaccompanied and/or accessible to visitors and other consumers. Additionally, the Assessment Team were able view confidential consumer information, including wound photographs, handover sheets and assessment and authorisation forms from an electronic device located in a communal area.

In relation to consumers who indicated staff do not always respect their privacy, I have considered that information included in the provider’s response demonstrates the service are aware of these issues and have implemented actions to manage the issues raised.

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

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Assessment Team assessed Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 2. These Requirements were found Non-compliant following a Site Audit conducted 7 December 2020 to 11 December 2020. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirements (3)(a), (3)(b), (3)(c) and (3)(e) as met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 2 Requirements

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

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

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found assessment and planning processes had not been effective in identifying risks to consumers’ health and well-being to inform the delivery of safe and effective care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed and updated all consumer care plans. Assessments relating to falls risk, pain and skin were completed as part of this process.
* Developed a care plan spreadsheet to track when care plans are due.
* Training completed with clinical staff on assessment and care planning processes.
* Reviewed all consumers on psychotropic medications and physical restraints and implemented appropriate authority and monitoring processes.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

All consumers and representatives were satisfied all consumers are assessed for potential risks associated with their health and well-being to ensure they are provided with safe and effective care and services.

Care plans included details relating to consumers’ needs, goals and preferences, including potential risks to health and well-being. Additionally, care plans and relevant assessments are consistently updated when changes occur to consumers’ health and well-being. Staff described potential and actual risks associated with the care of consumers.

Staff are guided in care planning and evaluation process through procedure documents which include updating care plans where risks are identified, or in response to consumers’ changing needs. Procedures also guide staff on undertaking relevant risk assessments, authorisations and consents, where appropriate.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

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

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

The service was found Non-compliant with Requirement (3)(b) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found assessment and planning processes were not sufficient to identify and understand consumers’ goals and preferences. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Wishes have been documented and respected in relation to activities of daily living for two consumers.
* Regular pain assessments have been implemented for one consumer and the Medical officer has reviewed the consumer’s pain.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

Consumers and representatives were satisfied the service meets consumers’ current needs and indicated consumers’ advance care planning and end of life goals and requests had been discussed with them. Care files included information relating to consumers’ needs, goals and preferences and advance care planning and end of life planning.

Staff described sampled consumers’ needs and preference, including likes and dislikes and level of assistance needed, in line with consumers’ documented care plans. Clinical staff described how they approach discussions relating to end of life and advance care planning with consumers and/or representatives and indicated these discussions have taken place with most consumers.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers.

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found the service was unable to demonstrate that consumers and/or representatives were actively involved in the assessment and planning of all aspects of consumers’ care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Training provided to all clinical staff in relation to partnering with consumers and/or representatives to ensure care plans include goals.
* Updated and implemented a Care evaluation procedure and provided training to clinical staff on the new process.
* Reviewed and updated all consumers’ care plans.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

The service demonstrated processes to ensure consumers and their nominated representatives are involved in the assessment, planning and review of the consumers’ care and services. Care plans sampled demonstrated others are involved in assessment and planning processes, including allied health specialists, Medical officers and specialist services, and regular review of care and services occur.

Staff described how consumer care reviews involve consumers and/or their representatives to allow them to raise any concerns they have. Most consumers described how they and the people important to them were involved in assessment and planning of their care. However, one consumer was not satisfied the care plan was an accurate reflection of their needs. The consumer’s concerns were followed up by management during the Assessment Contact.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers.

### Requirement 2(3)(e) Compliant

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

The service was found Non-compliant with Requirement (3)(e) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found review processes had not been effective in identifying changes to consumers’ health to support appropriate reassessment and ensure consumers’ care plans were up-to-date to meet consumers’ needs, goals and preferences. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* New Speech pathology and Dietetics allied health personnel have commenced.
* Consumers identified in the Site Audit report have been profiled and reviewed for nutrition, hydration and weight management.
* Reviewed weight management processes and implemented a new weight management system to ensure unintentional weight loss is monitored and actioned.
* Reviewed and implemented a Nutrition and hydration policy which includes a nutrition risk management flowchart.
* Implemented a monthly Nutrition and hydration committee. Representation includes allied health specialists, management and clinical staff.
* All consumers at risk of malnutrition or are malnourished have been reviewed, and care plans updated with appropriate supplement strategies.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

The service has processes to ensure consumers’ needs are reviewed and reassessed in response to changed circumstances or when incidents occur which impact their needs, goals or preferences. Care plans demonstrated reviews occur on a regular basis and when circumstances change or incidents occur, for example, in response to weight loss and deterioration in health.

All consumers and representatives were satisfied review of consumers’ health and well-being occurs as required and risks associated with changes to their condition are identified. Staff described care plan review processes in line with the service’s processes and care staff indicated where changes to consumers’ needs are identified, they inform registered staff.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Assessment Team assessed Requirements (3)(a), (3)(d) and (3)(g) in Standard 3 Personal care and clinical care as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a), (3)(d) and (3)(g) in Standard 3 Personal care and clinical care. These Requirements were found Non-compliant following a Site Audit conducted 7 December 2020 to 11 December 2020. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(d) met. However, the Assessment Team were not satisfied the actions implemented sufficiently addressed the deficits identified in Requirements (3)(a) and (3)(g) and have recommended these Requirements not met. In relation to these Requirements, the Assessment Team were not satisfied the service demonstrated:

* all consumers get safe and effective personal and/or clinical care, which is best practice, tailored to their needs and optimises their health and well-being.
* an effective infection control system to minimise the risk of infection.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court Compliant with Requirements (3)(a), (3)(d) and (3)(g) in Standard 3 Personal care and clinical care. I have provided reasons for my findings in the specific Requirements below.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team were not satisfied the service demonstrated all consumers get safe and effective personal care and/or clinical care, which is best practice, tailored to their needs and optimises their health and well-being. The Assessment Team’s report provided the following evidence relevant to my finding:

* Consumer A indicated they have been incontinent as staff do not attend their call bell in a timely manner, with delays being worse in the early morning. The consumer stated this makes them feel degraded and humiliated.
* Staff do not always adhere to the documented continence schedule. Two staff were aware of the schedule and the consumer’s current incontinence issues.
* Call bell data for a 30 day period indicated 11 call bells were over the service’s key performance indicator of 10 minutes with four recorded over 15 minutes. Nine of these were recorded between 7.30am and 9.40am.
* Consumer B’s representative indicated they:
* were not satisfied safe and effective personal care is provided to Consumer B in line with their assessed needs.
* attends the service most days as staff do not assist Consumer B with assessed needs, with meals or wiping the consumer’s mouth.
* often find the consumer’s chin and clothing soiled and damp, resulting in a rash.
* do not believe Consumer B receives adequate continence care. This issue has been raised with management, however, they believe it is ongoing and has not been effectively managed.
* A Registered staff indicated a urinary chart had commenced for Consumer C who had recent episodes of incontinence.
* Only one entry was documented on the chart. No further entries had been recorded and no further assessment of Consumer C’s change in continence had occurred.
* There has been no change to Consumer C’s continence care following identification of changes to continence due to staff not completing the assessment.

The provider submitted a response to the Assessment Team’s report and indicated that based on the information included in the response, the organisation believes Requirement (3)(a) is met. The response included clarifying information and further documentation to support their stance as well as actions taken in relation to aspects of the Assessment Team’s report. The response included, but was not limited to:

* The provider indicates Consumer A, who was not named in the Assessment Teams report, and Consumer C are the same consumer and the evidence in the Assessment Team’s report is not correct.
* Consumer A experienced issues with continence relating to their medical condition. A review by a Continence support team occurred and changes in continence management strategies commenced. The provider indicates since July 2021, there have been no further issues with incontinence.
* Call bell times analysed by the Assessment Team do not relate to the time when incontinence was increased. Only two were in the morning at the time of arising. All others over 10 minutes were after 9.00am.
* A meeting was held with Consumer B’s representative relating to information in the Assessment Team’s report. The representative indicated:
* they have continuing concerns relating to one care issue. The service have implemented a formal process to address the issue.
* was not concerned about the rash, however, was concerned about serviettes not being used to protect Consumer C’s clothes. The service have agreed to having dignity scarves made to address the issue.
* In relation to continence, the representative indicated this did happen in the past, but over the last few months with new products being used this has not been a problem.

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found consumers were not always receiving safe and effective care which was best practice, tailored to their needs or which optimised their health and well-being. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed and updated all consumer care plans.
* Consumers on psychotropic medications and physical restraints have been reviewed and appropriate authority and monitoring processes are in place.
* Consumers at risk of choking and who require modified textured diets have been reviewed and assessed by a Speech pathologist.
* Reviewed governance reporting mechanisms and increased clinical governance monitoring. Monthly clinical key performance indicators and clinical indicator reports contain more details in relation to consumer falls, restraints, medication incidents, call bell response times, unplanned weight loss, infection, and feedback systems.
* Provided Medical officers with remote access to the service’s electronic reporting system to review wounds.
* Implemented a new risk identifying tool and a new seven-day handover sheet and process.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. In coming to my finding, I have considered that the evidence presented does not indicate systemic issues with the service’s processes relating to providing safe and effective personal and clinical care to consumers that is best practice, tailored to their needs and optimises their health and well-being.

As indicated in the provider’s response, I have considered information relating to Consumers A and C in the Assessment Team’s report relate to the same consumer and will refer to the consumer in my finding as Consumer A. In relation to Consumer A, I have considered that extracts from progress notes included in the provider’s response demonstrates issues with continence were known and additional monitoring and management strategies were implemented to address the issues from mid-May 2021. In relation call bell response, I have considered the evidence in other Requirements which reflect the core deficiency associated with the evidence. I find the evidence provided aligns with Standard 7 Human resources Requirement (3)(a) and, as such, I have considered it with my finding for that Requirement.

In relation to Consumer B, I have considered that while the representative indicated they were not satisfied personal care provided was safe and effective, the provider’s response indicates at a meeting with the representative following the Assessment Contact, the representative indicated comments in the report were not exactly what was told to the Assessment Team. The provider’s response indicates the representative raised concerns with two issues and, as a result, management strategies to address these issues have been implemented. I have also considered that the representative indicated continence issues have been successfully addressed with the management strategies implemented.

In coming to my finding for this Requirement, I have considered information in the Assessment Team’s report indicating appropriate management of consumers’ pain, wounds, diabetes, falls and specialised nursing care needs. Care files viewed demonstrated in response to falls and pain, actions were promptly initiated, including, but not limited to, additional monitoring processes, referral to allied health specialists and implementation of management strategies. Wound charting demonstrated monitoring is completed in line with the service’s processes, including reviews, photographs and documentation of measurements. All staff sampled described actions they would take where they identified changes to consumers’ personal or clinical care needs, indicating they would escalate their concerns to Registered staff. One consumer expressed satisfaction with management of their pain and diabetes.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The service was found Non-compliant with Requirement (3)(d) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found changes to consumers’ health, capacity or condition had not been appropriately responded to or actioned. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* All consumers identified in the Site Audit report have been risk profiled and action plans have been developed to manage identified risks.

Information provided to the Assessment Team by staff through interviews and documentation sampled demonstrated:

Deterioration or changes in consumers’ mental health, cognitive or physical function, capacity or condition are identified and generally responded to in a timely manner. Where changes in consumers’ condition are identified, staff stated they notify Registered staff.

Care files demonstrated where changes in consumers’ condition are identified this is actioned in a timely manner. Actions included implementation of additional monitoring processes, completion of assessments and referrals to Medical officers and/or allied health specialists. Examples of these processes were noted for three consumers in response to weight loss and deterioration and/or decline in health.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care.

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team were not satisfied the service demonstrated an effective infection control system to minimise risk of infection by using effective precautions to prevent and control infection. The Assessment Team’s report provided the following evidence relevant to my finding:

* Observed practices of a student worker not to be in line with the service’s consumer isolation precautions. This included donning and doffing of personal protective equipment.
* Management stated they had provided P2 masks for staff in line with the Department of Health guidelines. However, as the consumers’ lesions were “crusted and scabbed over with a dressing on, there was not need to do so”.
* Two staff members stated they had always used the ‘blue masks’ with one commenting they had not used the P2 mask.
* Management said the risk was minimal as the consumer no longer has any blisters or open wounds related to their infectious condition.
* The consumer’s bedroom door was noted to be open multiple times with two staff confirming the consumer does not like the door closed. The Department of Health guidelines notes doors to rooms are to be kept closed.
* Observed soiled linen in laundry bags left in an unlocked room. Consumers were walking through this area and the door to the room was unable to be locked.
* A cytotoxic waste bin was unlocked with the padlock sitting on top of the bin. The bin was located in an unlocked laundry. Management stated there were no consumers currently on cytotoxic medication.
* One Cottage was noted to be malodourous with carpet smelling heavily of urine.

The provider submitted a response to the Assessment Team’s report and indicated that based on the information included in the response, the organisation believes Requirement (3)(g) is met. The response included clarifying information and further documentation to support their stance as well as actions taken in relation to aspects of the Assessment Team’s report. The response included, but was not limited to:

* The consumer was no longer contagious when the incident occurred on day three of the Assessment Contact. Photographic evidence was included as part of the provider’s response.
* The only reason precautionary measures were still in place was the Medical officer was required to give clearance which was provided on the day following the Assessment Contact.
* It was the student’s first day at the service and they had attended training the day prior to commencement which included infection control and donning and doffing. The student was counselled as soon as the incident was brought to senior clinical staff’s attention.
* Acknowledge we were not aware of the requirement for staff to use a P2 mask as per the Department of Health guidelines when managing the infectious condition. The organisation’s procedure has been updated to reflect this requirement and masks have been ordered.
* The linen was in a covered walkway in a room that contains linen skips. The linen was not on the floor or corridor and was placed in sealed laundry bags. The door is open, but does not pose a risk to consumers with infection control.
* The door has a hook that can be closed on the door. There are no consumers with a cognitive impairment in the area that would classify this as a hazard.
* The carpet is cleaned regularly, however, the carpet is being replaced with another surface.

The service was found Non-compliant with Requirement (3)(g) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found the service did not minimise infection related risks associated with wound care practices or adequately respond to reoccurring and unresolved skin rashes. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a wound decolonisation program for all consumers with a history of methicillin-resistant staphylococcus aureus (MRSA). All consumers have been cleared.
* Implemented a Butterfly system to enable staff to easily identify if a consumer has MRSA.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. In coming to my finding, I have considered that the evidence presented does not indicate systemic issues with the service’s infection control practices. While staff practices observed were not in line with the service’s consumer isolation precautions, this observation related to one student worker which occurred on one occasion and was not indicative of staff infection control practices overall. Actions to address the student’s practices were initiated during the Assessment Contact. I have also considered that while Department of Health guidelines recommended the wearing of P2 masks in relation to the infectious condition, I consider that the consumer was not infectious at the time of the Assessment Contact, with the Medical officer providing clearance on the day following the Assessment Contact. The provider has recognised this oversight and have updated organisational procedures in line with the guidelines and an order for P2 masks has been placed.

In relation to storage of linen bags and the cytotoxic waste bin, I have considered that the evidence presented does not indicate the service’s infection control practices are not effective.

In coming to my finding for this Requirement, I have considered information in the Assessment Team’s report indicating an effective system which promotes appropriate antibiotic prescribing and supports optimal care to reduce the risk of increasing resistance to antibiotics is in place. Staff provided examples of practices they implement to minimise the need for or use of antibiotics and ensure they are used appropriately. Consumer infections are monitored and analysed on a monthly basis and identified trends are acted on. A monthly Antimicrobial use audit has been implemented enabling review of antibiotic use for the previous month. Audits conducted in May and June 2021 showed a reduction in antibiotic use and an increase in pathology being attended prior to commencing the appropriate antibiotic. An annual consumer and staff vaccination program for influenza is in place and a COVID-19 vaccination program for both consumers and staff has been undertaken.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(g) in Standard 3 Personal care and clinical care.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Assessment Team assessed Requirements (3)(a), (3)(b), (3)(c) and (3)(f) in Standard 4 Services and supports for daily living as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a), (3)(b), (3)(c) and (3)(f) in Standard 4. These Requirements were found Non-compliant following a Site Audit conducted 7 December 2020 to 11 December 2020. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirements (3)(a), (3)(b), (3)(c) and (3)(f) as met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(f) in Standard 4 Services and supports for daily living. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 4 Requirements

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

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found consumers were not always supported with their daily living to ensure their independence, health, well-being and quality of life was maintained. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Training provided to registered staff in relation to partnering with consumers with their care and goal setting.
* Reviewed lifestyle activities provided, which included engagement of a Lifestyle consultant to assist the Lifestyle coordinator with partnering with consumers to identify established goals
* Completed lifestyle profiling for all consumers.
* Training provided to all staff in relation to Dementia and emotional support.
* In consultation with consumers and/or representatives, reviewed and revised all care plans to include goal setting and emotional support.
* Introduced a new float care staff shift to assist with meal services.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

Consumers receive safe and effective services and supports for daily living that meet their needs, goals and preferences and optimises their independence, health, well-being and quality of life.

Assessment processes assist the service to gather information relating to each consumer’s lifestyle activity preferences, history, religious practices, physical and emotional relationships and other areas of interest and importance. Information gathered is used to develop individualised care plans to guide staff in delivering care and services in line with consumers’ needs and preferences.

Consumers indicated they are supported to undertake activities, if they choose, and emotional and social support is provided if they prefer to remain in their own space. Care and lifestyle staff were familiar with what was important to consumers and described how they assist consumers to do as much as possible for themselves.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(a) in Standard 4 Services and supports for daily living.

### Requirement 4(3)(b) Compliant

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

The service was found Non-compliant with Requirement (3)(b) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found the service had not considered the emotional and psychological needs of one consumer following two significant incidents in relation to the consumer’s care. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Risk profiled all high-risk consumers and developed action plans to ensure emotional support is appropriately assessed and managed.
* Reviewed and/or revised all consumer care plans to ensure lifestyle, leisure, emotional, spiritual, and psychological needs are assessed and managed.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

Consumers receive services and supports for daily living to promote their emotional, spiritual, and psychological well-being. Care plans include information on consumers’ life history, including family structure and religious/spiritual needs, and outline strategies for staff to manage emotional behaviours.

On entry, the Resident officer supports and provides information to assist consumers and their representatives transition into the facility and agree on the consumer's and the service’s expectations. Consumers indicated they are provided emotional support if required, including pastoral or counselling support. Care staff described what was important to consumers and how they provide emotional and psychological support to consumers, including reminiscing with about past experiences and encouraging consumers to attend activities that may lift their spirits.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(b) in Standard 4 Services and supports for daily living.

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

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

The service was found Non-compliant with Requirement (3)(c) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found the service had not supported consumers to engage in things of interest to them. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed the leisure and lifestyle programs and assessment process used to identify consumers’ needs and preferences.
* Implemented a Resident officer position to ensure partnership with consumers and their representatives occurs.
* Engaged a Dementia consultant who provided training and advice to lifestyle and care staff on consumer behaviours, cognitive decline issues and emotional support strategies.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

Consumers receive services and supports for daily living that aids them to take part in their community within and outside the service’s environment, have social and personal relationships and do the things of interest to them. Consumers indicated they have control in the day-to-day activities they choose to participate in, there are plenty of activities offered and they are supported to do activities of interest to them. Some stated they attend family gatherings, attend appointments and go to church outside of the service’s environment.

Lifestyle staff described how the initial consumers’ life story assessment is obtained on entry and reviewed in line with consumers’ changing needs and at regular care plan reviews. Information gathered assists in development of the monthly lifestyle activity calendar and identifies what level of social connection and interaction the consumer needs and prefers. The activities schedule is regularly reviewed and revised in line with consumer feedback.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(c) in Standard 4 Services and supports for daily living.

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

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

The service was found Non-compliant with Requirement (3)(f) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found a significant number of consumers were not satisfied with various aspects of the meal service. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Purchased a new bain-marie to enable serving of meals in the dining rooms.
* Purchased new dining room furniture, cutlery and crockery, placemats, and tea trolleys to improve consumers’ dining experience.
* Purchased a new food processor to improve the texture of modified foods.
* Engaged allied health specialists to review and advise on the new menu.
* Conducted pre and post menu food focus group meetings with consumers and representatives.
* Implemented a Nutrition and hydration policy.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

Consumers and representatives expressed satisfaction with the quality, variety and choice of meals. Consumers are consulted about food preferences on entry and through profiling of consumer care plans, which includes inclusion of dietary needs, likes, dislikes and preferences. Consumer dietary care plans include information relating to specialised dietary needs and are available to catering staff to ensure meals provided are in line with consumers’ dietary needs and preferences.

Meal service documentation demonstrated the service has a varied option of food choices and changes have been made to the menu in response to consumer feedback. A lunch service observed by the Assessment Team demonstrated food was nicely presented and delivered to each area using hot boxes to maintain temperature.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(f) in Standard 4 Services and supports for daily living.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Assessment Team assessed Requirements (3)(a) and (3)(c) in Standard 5 Organisation’s service environment as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a) and (3)(c) in Standard 5. These Requirements were found Non-compliant following a Site Audit conducted 7 December 2020 to 11 December 2020. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirements (3)(a) and (3)(c) as met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirements (3)(a) and (3)(c) in Standard 5 Organisation’s service environment. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 5 Requirements

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

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

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found the service environment did not optimise consumers’ sense of belonging, interaction or function. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Completed an environmental audit of all internal and external areas and implemented an action plan to address deficits identified.
* Inspected and repaired windows and doors in two Units.
* Cleaned all external windows and implemented regular cleaning for some windows.
* Installed new flooring and cleaned dirt vents in one Cottage and patched and painted damaged walls in three Cottages.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

Consumers said they feel safe living in the service, their family and visitors are made to feel welcome, and they have personalised their rooms to make it more homelike. Reception staff were observed welcoming visitors and interacting with consumers and their visitors in a familiar and friendly manner.

Consumers’ rooms were observed to have a personal character and feel, including family photos, artwork, indoor plants and furniture. All consumers’ rooms have ensuites, air-conditioning and access to an outside sitting area. The Cottage used mostly for consumers with cognitive impairments, was noted to be spacious with large windows to allow for natural light and comfortable lounge areas with a view of the ocean.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(a) in Standard 5 Organisation’s service environment.

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

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

The service was found Non-compliant with Requirement (3)(c) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found the service did not ensure all furniture and fittings were safe, well maintained or suitable for consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Removed old garden furniture and purchased new outdoor settings.
* Upgraded bathrooms in three rooms.
* Installed new external fence panels in a garden area in one cottage.
* Purchased new dining chairs and tables for four Cottages.
* Steam cleaned lounge chairs and couches.
* Reorganised furniture in one Cottage to provide a bigger dining room space.
* Installed an external tap installed in a courtyard facing allow consumers to water the gardens.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

Furniture, fittings, and equipment were noted to be safe, clean, well maintained, and suitable for the consumer. Consumers confirmed they feel safe at the service and furniture, fittings and equipment are well maintained. Additionally, consumers indicated they had no concerns with the equipment and furniture fittings and if they have a concern, they feel comfortable reporting the issue to the service and matters are generally addressed promptly.

The service has reactive and preventative maintenance programs to ensure furniture, fittings and equipment are safe, clean and well-maintained. Care staff stated equipment used for consumers is stored safely, cleaned, and regularly inspected for faults. Staff also described processes they implement where issues with equipment are identified.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(c) in Standard 5 Organisation’s service environment.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The Assessment Team assessed Requirements (3)(a), (3)(c) and (3)(d) in Standard 6 Feedback and complaints as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a), (3)(c) and (3)(d) in Standard 6. These Requirements were found Non-compliant following a Site Audit conducted 7 December 2020 to 11 December 2020. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirements (3)(a), (3)(c) and (3)(d) as met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirements (3)(a), (3)(c) and (3)(d) in Standard 6 Feedback and complaints. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 6 Requirements

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

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

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found consumers and staff had not always been encouraged or supported to provide feedback and make complaints. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* A meeting was held with all consumers and their representatives to discuss the Non-compliance identified at the Site Audit and the appointment of Nurse advisor and Consultants.
* Consumers and representatives were encouraged to provide both verbal and written feedback.
* Aged Rights Advocacy Service attended the service to meet with consumers and discuss any concerns.
* Counselled clinical leadership staff in relation to their response to complaints.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

Consumers described how they can make a complaint or provide feedback and stated they will raise items for comment through consumer meeting forums. All consumers indicated they felt comfortable raising any concerns with management and generally felt listened to. Posters and leaflets describing how to raise concerns were observed at different locations throughout the service, accessible to consumers. Additionally, management described how the various committee meetings are designed to encourage and facilitate feedback or concerns.

Where consumers raise concerns, staff described how they assist consumers by acknowledging their concern and offering to help to rectify the issue or provide them with a feedback form. Staff indicated that where they are unable to assist the consumer with their concern, they raise it through the appropriate management channels.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(a) in Standard 6 Feedback and complaints.

### Requirement 6(3)(c) Compliant

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

The service was found Non-compliant with Requirement (3)(c) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found the service was unable to demonstrate appropriate action to complaints was always undertaken. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Developed and implemented a process to ensure all verbal complaints are documented and included on the complaints log for action and analysed to identify opportunities for improvements.
* Implemented a Food focus group to discuss the new menu and seek feedback from consumers in relation to meal services.
* Reminders to staff to register verbal feedback into the feedback system.
* Training provided to management and senior clinical staff in relation to open disclosure process.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

The service demonstrated appropriate actions are taken in response to complaints and an open disclosure process is generally used when things go wrong. While open disclosure discussions were not consistently documented, two consumers and/or representatives were satisfied with the way the service had dealt with clinical incidents. Additionally, consumers were satisfied appropriate action is taken in response to any concerns raised.

Staff described open disclosure processes and stated they receive training on an annual basis. A Complaints register is maintained and demonstrated complaints raised are responded to appropriately.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

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

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

The service was found Non-compliant with Requirement (3)(d) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found the service was unable to demonstrate feedback and complaints were used to improve care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Complaints are discussed at consumer and representative meetings to assist to identify improvements to the quality of care and services.
* Staff have an understanding of how the feedback process functions.
* Feedback is now actively reviewed and actioned.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

The service has processes to monitor feedback and complaints. A Complaints register is maintained and includes actions taken in response and how this has been used to improve the quality of care and services. Consumers participate in continuous improvement initiatives through consumer meeting forums. One consumer stated they had raised concerns about call bell response times; this led to a review of staffing levels in the area and an additional float shift being implemented.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(d) in Standard 6 Feedback and complaints.

# 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 two of the four specific Requirements assessed have been found Non-compliant.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 7 Human resources. These Requirements were found Non-compliant following a Site Audit conducted 7 December 2020 to 11 December 2020. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirements (3)(c) and (3)(d) met. However, the Assessment Team were not satisfied the actions implemented sufficiently addressed the deficits identified in Requirements (3)(a) and (3)(b) and have recommended these Requirements not met. In relation to these Requirements, the Assessment Team were not satisfied the service demonstrated:

* the workforce is planned to enable, and the number and mix of members of the workforce enables, the delivery and management of safe and quality care and services.
* each consumer is treated with dignity and respect.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Non-compliant with Requirements (3)(a) and (3)(b) and Compliant with Requirements (3)(c) and (3)(d) in Standard 7 Human resources. I have provided reasons for my findings in the specific Requirements below.

## 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 were not satisfied the service demonstrated the workforce is planned to enable, and the number and mix of members of the workforce enables, the delivery and management of safe and quality care and services. The Assessment Team’s report provided the following evidence relevant to my finding:

Six of 16 consumers and representatives were not satisfied with adequacy or mix of staff and described impacts on the quality of care and services provided. Comments from a consumer and a representative were included in the Assessment Team’s report:

* One consumer stated they have been incontinent due to staff not attending to their call bell in a timely manner which makes them feel “degraded and humiliated”. The consumer indicated call bell response is worse in the early morning.
* Call bell data for a 30 day period indicated 11 call bells were over the service’s key performance indicator of 10 minutes with four recorded over 15 minutes. Nine of these were recorded between 7.30am and 9.40am.
* A representative stated the service does not have adequate staff as they are unable to provide adequate care to the consumer and they attend the service to carry out the consumer’s care needs themselves.
* Staff confirmed they leave the consumer until last when attending continence rounds as they attend consumers more likely to complain about waiting first. Staff confirmed the consumer would be soiled as a result of this practice.
* One consumer has ongoing episodes of aggressive behaviours towards other consumers and one staff is rostered each shift to solely to care for the consumer.
* The staff member was observed to leave the consumer unaccompanied on two occasions. On each occasion, the staff member did not have line of sight of the consumer. The Assessment Team noted there were no other staff visible in the Cottage on one of these occasions.
* Three care staff stated there was insufficient staff at times to attend to all consumers’ care needs in a timely manner resulting in consumers’ care, services and preferences often not being met.
* Three care staff said there are inadequate night staff rostered to attend to consumer needs in a timely manner which impacts consumers who require assistance with toileting.
* Call bell data for a three month period showed an increase in the average call bell response time.

The provider submitted a response to the Assessment Team’s report which included information to clarify the service’s processes relating to rostering, DECT phones and staff allocations. The provider’s response also outlined actions taken in response to the deficits identified, including, but not limited to:

* Call bell times analysed by the Assessment Team do not relate to the time when incontinence was increased. Only two were in the morning at the time of arising. All others over 10 minutes were after 9.00am.
* In response to feedback from the Assessment Team, the staff member, responsible for supervising the consumer, was spoken to. The staff member has not been rostered to attend to the consumer since the incident was reported.
* A Duty statement/responsibilities list has been created to support one-on-one shifts, specific to the consumer’s needs providing clear directions on what is required of them and activities they can undertake.
* DECT phones are to be carried by staff at all times. A reminder of this will be provided to staff at the next staff meeting.

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found 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. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Recruited nursing staff.
* Reviewed nursing and care staff rosters to identify an appropriate care staff structure to meet consumers’ needs. Reviewed and revised care and services staff rosters.
* Implemented an engagement shift each day.
* Daily/weekly/monthly call bell reports are generated to assess call bell response times. Call bells over the service’s 10 minute key performance indicator response time are followed up.
* DECT phones have been purchased to enable an escalation process of calls.

I acknowledge actions and improvements taken in response to the Non-compliant finding following the Site Audit and to the Assessment Team’s report for the Assessment Contact. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, the number and mix of members of the workforce deployed did not enable the delivery and management of safe and quality care and services to consumers.

In coming to my finding, I have placed weight on feedback provided by consumers, representatives and staff and observations made by the Assessment Team. The Assessment Team’s report highlighted feedback from two of 16 consumers and/or representatives who were not satisfied with staffing, and feedback provided described impacts to consumers resulting from insufficient staffing. Impacts included incontinent episodes resulting from delayed call bell responses and a representative attending to a consumer’s personal care needs. Additionally, call bell response data supported the consumer’s feedback that call bell response times were worse in the early morning. I have also considered feedback provided by three of six care staff indicating there is insufficient staff to attend to consumers’ care needs in a timely manner which has resulted in impacts to the care and services provided to consumers.

I have also considered that one consumer was not sufficiently supervised in line with their assessed needs. While the consumer required one-on-one supervision daily in response to ongoing episodes of aggressive behaviours towards of the consumers, this was observed not to occur on two occasions during the Assessment Contact.

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

### 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 were not satisfied the service demonstrated each consumer is treated with dignity and respect. The Assessment Team’s report provided the following evidence relevant to my finding:

* Two consumers stated staff do not always treat them with dignity and respect and staff enter their rooms without waiting to be invited inside.
* One consumer said often staff do not knock and wait for permission to enter their room, they just walk in. They also stated staff remove the sheet and leave them lying naked on the bed whilst they get the shower ready. The consumer stated they feel very demoralised by this process.
* Interactions observed between staff and consumers were not reflective of maintaining consumers’ dignity. The Assessment Team observed:
* A staff member calling out to another staff member, standing approximately 10 to 15 metres away, “are you taking (them) to the toilet”. The carer responded with “yes” and then spoke to the consumer loudly saying three times “do you need the toilet.”
* A staff member calling out loudly to a consumer saying “do you want to go to the toilet” as they approached their room to answer the call bell.
* During these interactions, other consumers and/or visitors were noted to be in the communal lounge and kitchen areas of the Cottage.
* Two staff using the term “feeds” repeatedly when describing assisting consumers with their meals.
* One staff member stated the Cottage was very busy as they have to “do all the feeds first and then when they’re done, go and do the bed feeds”.
* A consumer’s stomach was visible as their jumper had ridden up exposing their stomach. The consumer was observed to be sliding down their chair at the time.
* A consumer with a tea-towel around their neck, with staff using this to wipe food from the consumer’s mouth. The tea-towel was heavily soiled with the food.

The provider submitted a response to the Assessment Team’s report and has not disputed the Assessment Team’s recommendation of not met. The provider’s response outlined actions taken in response to deficits identified, including, but not limited to:

* Further and continual training and education relating to dignity and respect to be undertaken with care staff. This is planned to be completed by the end of September 2021.
* Ordered 400 napkins.

The service was found Non-compliant with Requirement (3)(b) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found not all staff interactions demonstrated kind, caring or respectful behaviours. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Completed a survey, which included 16 consumers and 10 representatives, to identify consumer satisfaction with the way staff treat them.
* Engaged an external consultant to provide training to staff relating to Cultural safety, dignity and choice.
* Purchased mobile workstations and laptops to enable documentation to be accessed in the Cottages instead of the nurse's stations allowing a higher level of monitoring of consumers and staff by registered staff.

I acknowledge actions and improvements taken in response to the Non-compliant finding following the Site Audit. I also acknowledge the provider’s response to the Assessment Team’s recommendation and the additional information provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, staff interactions with consumers were not consistently kind, caring and respectful.

In coming to my finding, I have placed weight on feedback provided by consumers and observations made by the Assessment Team. I have considered that observations of delivery of care and services demonstrated staff interactions with consumers were not consistently kind, caring or respectful. Staff were observed in communal areas talking loudly and using inappropriate language in relation to consumers’ care needs and using undignified terms when referring to assisting consumers with mealtime activities. I have also considered that while improved monitoring processes of consumers and staff have been implemented these processes have not been effective in ensuring staff interactions with consumers are kind, caring and respectful.

I have also considered feedback provided by three consumers indicating staff had not treated them with respect indicating staff will enter their rooms without waiting to be invited. Additionally, one consumer described staff practices which leaves them feeling demoralised.

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

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

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

The service was found Non-compliant with Requirement (3)(c) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found some staff were neither competent nor had the appropriate skills or knowledge to effectively perform their role. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Completed a nursing and care staff skills audit with the results used to develop a training program. Issues identified included care plan review processes, lack of consultation with consumers relating to goal setting and inappropriate use of assessments.
* Developed and implemented a comprehensive training plan.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

Overall, consumers and representatives stated they thought staff know what they are doing when providing personal and clinical care, and hospitality and lifestyle staff perform their roles well.

A training schedule is maintained and identifies a range of mandatory training on a set schedule, based on job roles/tasks. Allocated training has been reviewed to address the deficits identified at the Site Audit and is now better tailored to the care and service needs of consumers. All staff confirmed they had been provided significant training following the Site Audit and care staff confirmed they regularly undergo competency assessments. Personnel files for two staff demonstrated staff competency is regularly monitored.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(c) in Standard 7 Human resources.

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

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

The service was found Non-compliant with Requirement (3)(d) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found staff had not been supported to perform their roles on daily basis or had adequately ensured staff were prepared to undertake their role independently. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Developed and implemented a comprehensive training plan. Main areas of concern included presentation of meal services, nutrition and hydration requirements and call bell response.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

All consumers and representatives were satisfied with the level of knowledge, skills, and training of the workforce.

The service demonstrated it recruits, trains, equips, and supports the workforce to deliver the outcomes required by these Standards. This included recruiting qualified and competent staff, identifying the knowledge necessary for staff to undertake their roles, undertaking training and skill analysis, providing relevant training opportunities to staff, and maintaining records of completed training and other competencies.

Staff felt supported by the service to maintain a contemporary knowledge to undertake their role and stated they have access to ongoing training, relevant to their roles. All staff stated they had completed mandatory training and are reminded by the service when training is due to be completed.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(d) in Standard 7 Human resources.

# STANDARD 8 Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Assessment Team assessed Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in Standard 8 Organisational governance as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in Standard 8. These Requirements were found Non-compliant following a Site Audit conducted 7 December 2020 to 11 December 2020. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirements (3)(a), (3)(c), (3)(d) and (3)(e) as met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in Standard 8 Organisational governance. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 8 Requirements

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

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

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found the service did not have processes to actively engage consumers in the development, delivery and evaluation of care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Invited and encouraged consumer involvement in the delivery and evaluation of care and services by organising a Food focus group meeting to review, assess and revise the menu.
* Provided training to consumers on the Serious Incident Reporting Scheme and the Quality Standards.
* Consulted consumers to provide feedback into the service’s Serious Incident Reporting Scheme policy.
* Board members attended the service’s themed Italian lunch event to meet and chat with consumers and staff.
* All consumer complaints and suggestions are logged into the service’s information system and tabled at monthly meeting forums.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

The organisation has processes to engage consumers in the development, delivery and evaluation of care and services and support them in that engagement. Consumers have input into the service through a range mechanisms, including surveys, care plan review processes, feedback processes, Food focus group and regular consumer meeting forums.

Three consumers and two representatives confirmed they have recently participated in the care plan review process and stated they can raise any issues and provide feedback on care and services through this forum. Additionally, consumers now attend monthly lifestyle meetings to assist in the development and planning of the lifestyle activity calendar.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(a) in Standard 8 Organisational governance.

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The service was found Non-compliant with Requirement (3)(c) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found the service did not have effective governance systems relating to information management, workforce governance and feedback and complaints. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Updated handover processes to improve communication and consistency in care.
* Streamlined reporting mechanisms to improve consistency in information sharing, specifically in relation to consumers’ nutrition and hydration requirements.
* Reviewed and revised quality management systems, including continuous improvement, incident management and feedback and complaint processes.
* Conducted an audit on physical restraints usage; identified consumers with physical restraints, completed assessments to ensure the least restrictive device is used and risk assessed in consultation with consumers and/or their representatives.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

The organisation demonstrated effective organisation wide governance systems, including in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints and there are clear assignment of responsibilities and accountabilities.

Information management systems and processes ensure staff have access to information to perform their roles and provide consumers and/or representatives with information about care and services. Staff have ready access to corporate policies, procedures and other documentation through the service’s intranet.

A continuous improvement framework is in place. Data, including complaints and incident data, is analysed on a monthly basis to identify trends and improvement opportunities at both a service and organisational level.

Financial delegations are in place and Board meeting minutes demonstrated evaluation and review of annual general purpose finance reports. There are processes to monitor and review the workforce to ensure sufficient and qualified members to provide care and services.

There are processes to monitor changes to aged care requirements and how this impacts the way care and services are delivered. Staff have received training in relation to the Serious Incident Response Scheme and a sample of incident reports demonstrated staff are aware of their legislative responsibilities relating to the Scheme.

An effective feedback and complaints system is in place. A complaints register is maintained and consumers confirmed the service acts on complaints in a timely manner using an open disclosure approach. Additionally, consumers confirmed the service ensures they are satisfied with the outcome of the complaints process.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

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

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The service was found Non-compliant with Requirement (3)(d) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found the service’s risk management systems and staff practices did not ensure high impact or high prevalence risks associated with the care of consumers were effectively managed or that consumers were supported to live the best life they can through identification and minimisation of risks associated with activities of consumers’ choosing. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a risk profiling system. Each consumer is risk profiled to identify high-impact or high-prevalence risk that are not being effectively managed. Consumer risks are included in an action plan and assigned to staff to action.
* Reviewed consumers’ psychotropic medications and physical restraints and appropriate authority and monitoring processes are in place.
* Revised the psychotropic medication review sheet to include a section for Medical officers to confirm consultation with consumers and representatives prior to prescribing medication.

Information provided to the Assessment Team by staff through interviews and documentation sampled demonstrated:

There are effective risk management systems and practices in place, including in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

Clinical indicators are used as a measure, process, or outcome to assess clinical situations and identify if care delivery is appropriate and/or can be improved. A range of high-risk clinical data is monitored and the information benchmarked within the organisation. Analysis demonstrated consumers who are at risk are identified and actions to manage the risk are implemented. Risk profiling of high-risk consumers, corrective action plans to manage risks and clinical indicators are discussed at service and organisational meeting forums.

Incidents of abuse and neglect are managed and documented through the Serious Incident Reporting Scheme incident management system. There are processes to guide staff in identifying and responding to consumer abuse and monitoring of incidents results in appropriate action, including reporting of assaults. An incident management system is in place to record, review and analyse incidents.

There are policies and procedures in relation to facilitating consumers wishing to take risks. Where consumers wish to take risks, a risk assessment is completed and risk mitigation strategies developed to ensure the safety of the consumer.

An Incident management system guideline and Risk management framework is underpinned by policy and procedure documents. These documents describe how incidents are reported, types of reportable incidents and processes for reporting incidents, including unreasonable use of force, psychological or emotional abuse, neglect, and unexplained absence from care.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(d) in Standard 8 Organisational governance.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The service was found Non-compliant with Requirement (3)(e) following a Site Audit conducted 7 December 2020 to 11 December 2020 where it was found the service’s clinical governance framework was not effective in governing clinical care practices to provide safe and quality care. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Developed a Clinical governance framework.
* Identified consumers with MRSA and commenced a decolonisation program.
* Provided training to staff in relation to infection control and donning and doffing.
* Provided information relating to antimicrobial stewardship to clinical staff.
* Implemented new processes for suspected urinary tract infections.
* Reviewed all consumers on psychotropic medication and physical restraints.
* Provided training on open disclosure processes.

Information provided to the Assessment Team by staff through interviews and documentation sampled demonstrated:

A clinical governance framework is in place, and includes antimicrobial stewardship, minimising the use of restraint and open disclosure. There are policy and procedure documents in relation to these areas to guide staff practice.

Clinical staff said they use an open disclosure approach when responding to consumer concerns or if they make a mistake and will apologise and seek to rectify the mistake and/or escalate concerns to senior management. Staff stated they have received training in relation to open disclosure.

Clinical and care staff described antimicrobial stewardship and the need to ensure antibiotics are not the first response to possible infections. Clinical staff work closely with Medical officers to ensure antibiotics are prescribed appropriately.

A current record of consumers prescribed psychotropic medication is maintained and use of psychotropic medication is reviewed. Clinical staff work with Medical officers, consumers and/or representatives in order to minimise the use of psychotropic medication at the service. Staff explained the use of restraint, and the requirement to not use psychotropic medication. Documentation demonstrated consent forms have been completed in relation to use of bedrails and poles.

For the reasons detailed above, I find Whyalla Aged Care Inc (t/a Kindred Living), in relation to Annie Lockwood Court, Compliant with Requirement (3)(e) in Standard 8 Organisational governance.

# 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.

**Standard 1 Requirements (3)(c) and (3)(f)**

* Ensure consumers are:
* supported to exercise choice and independence, including to make decisions about their own care and the way care and services are delivered; and make decisions about when family, friends, carers or others should be involved in their care.
* Ensure staff practices protect privacy and confidentiality of consumers’ information.

**Standard 7 Requirements (3)(a) and (3)(b)**

* Ensure appropriate and adequate staffing levels and skill mix are maintained to deliver care and services in line with consumers’ needs and preferences.
* Review monitoring processes to ensure staff interactions with consumers are kind, caring and respectful. Provide care and services to consumers in a way which ensures they are treated with dignity and respect and values their culture and diversity.

# Other relevant matters

Standard 3 Personal and clinical care Requirement (3)(b) and Standard 5 Organisation’s service environment Requirement (3)(b) were found Non-compliant following a Site Audit conducted 7 December 2020 to 11 December 2020. However, these Requirements were not assessed as part of the Assessment Contact conducted 6 July 2021 to 8 July 2021.