Boandik Crouch Street

Performance Report

26 Crouch Street South   
MOUNT GAMBIER SA 5290  
Phone number: 08 8725 4911

**Commission ID:** 6150

**Provider name:** Boandik Lodge Inc

**Site Audit date:** 14 April 2021 to 16 April 2021

**Date of Performance Report:** 16 June 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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | 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 Approved Provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and Requirements are assessed as either Compliant or Non-compliant at the Standard and Requirement level where applicable.

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider’s response to the Site Audit report received 12 May 2021
* the Assessment Contact – site performance report 3 December 2019 to 4 December 2019
* the Approved Provider’s response to the Assessment Contact 3 December 2019 to 4 December 2019.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found most consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* All consumers and representatives were complimentary on how consumers are treated and described staff as “respectful, very friendly, nice and marvellous”.
* Consumers said the service supports them to celebrate their culture.
* One consumer said they are supported to decorate their room, put up photos of choice and can paint their front door.
* Another consumer said the service had been ‘’very accommodating” in allowing the dog to stay.
* One consumer was pleased staff allowed them to exercise choice in leaving the service. The consumer advised staff had spoken about the risks and strategies to increase their safety.
* Two consumers said they attend resident meetings and are given the opportunity to discuss things, such as lifestyle activities and food.

The service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. The Assessment Team observed interactions with consumers to be consistently respectful, kind and caring. Care planning documentation noted what was important to consumers, including their background, hobbies and life experiences. Staff interviewed could demonstrate familiarity with consumers’ background and could identify strategies to maintain consumers’ identity and culture. They showed compassion for consumers’ personal circumstances and life journey.

The Assessment Team found the service provides culturally safe care and services. Consumer files provide details on consumers’ specific cultural needs, preferences and background. The service has a Diversity Action Plan 2021 outlining what it means to provide care in a culturally safe way, including strategies to support care delivery and staff training. Staff demonstrated an understanding of consumers’ culture and preferences, such as gender preference when receiving care and others liked to be up early to attend church services.

Care staff were able to demonstrate they understand and provided examples of how they support each consumer to exercise choice and independence, including how care and services are delivered, who should be involved and how consumers maintain relationships of choice. The Assessment Team viewed consumer agreements which are introduced when the service is unable to meet consumers’ choice, due to safety concerns. The agreement contains strategies implemented to ensure consumers’ choice is recognised and a compromised is reached.

Management were able to describe how they use problem-solving solutions to minimise risk, and tailor solutions to support consumers to live the life they choose. The Assessment Team viewed documentation demonstrating how the service manages risks to support consumers to live the best life. These included, but were not limited to, the consumption of alcohol, allowing consumers to have pets at the service and leaving the service with a friend.

The service demonstrated each consumer receives current, accurate and easy to understand information that enables them to exercise choice and make decisions on care and service delivery. On entry, consumers are provided with the Resident Information Handbook, containing current and relevant information relating to care and services, security of tenure, Charter of Aged Care Rights, feedback processes and the Privacy Policy. Lifestyle staff said information is shared verbally one-on-one, through resident meetings, via emails, through newsletters and displayed on noticeboards. Written information, including menus and activity schedules, consider consumers who are visually impaired, and are translated, where required, for those where English is not their first language.

The Assessment Team found through observations, and speaking with consumers, representatives and staff, the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. The delivery of care and services was observed to be respectful of consumers’ privacy and the nurses station was secure enabling private conversations. In addition, the service has a privacy policy.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure a culture of inclusion and respect for consumers; supports for consumers’ to exercise choice and independence and consumers’ privacy is respected.

Based on the evidence documented above, I find Boandik Lodge Inc, in relation to Boandik Crouch Street, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

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

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team recommended Requirement (3)(e) in this Standard as not met. The Assessment Team found, although the service has assessment and planning processes implemented, they were unable to demonstrate care and services for consumers sampled were reviewed regularly for effectiveness, when circumstances change or when incidents impact on consumers’ needs, goals and preferences.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirement (3)(e) in this Standard not met. I have provided reasons for my finding in the respective Requirement below.

In reference to the other Requirements in this Standard, I provide the following information. The Assessment Team found overall, consumers confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Two consumers and representatives said Allied Health Professionals and Medical Officers are involved in consumers’ care assessment and, where required, changes are communicated and documented in care plans.
* One representative and two consumers said on entry they were involved in discussing consumers’ wishes for end of life planning and they feel confident staff will do what is right when needed.
* One consumer said they have advance care directives in place and staff know their wishes.
* Overall, consumers and representatives were satisfied with the consultation process in developing and reviewing consumer care plans. They said care plans are made available to them and/or others, where care and services are shared.

The service could demonstrate assessment and planning, including consideration of risk, informs consumer care delivery. On review of consumers’ files, the Assessment Team found the service uses a range of assessments and validated tools to determine consumers’ needs and associated risks. In addition, strategies were documented to manage and minimise the impact of risks for each consumer. Staff were competent in describing the service’s assessment and planning process and how this information is used to inform care delivery that is tailored for each consumer.

Consumers’ files sampled included comprehensive care plans containing information on consumers’ needs, goals and preferences. In addition, palliative care assessments are completed and consumers’ end of life wishes and advance care directives documented. Clinical staff could describe how they approach end of life and advance care planning with consumers and representatives. This aligned with the service’s policies and procedures which are available to guide staff in best practice.

Consumers and representatives are involved in consumer assessment and care planning on entry, six monthly scheduled reviews and on a needs basis, and the information is reflected in consumer care plans. Staff interviewed indicated consumer care needs and care plans are reviewed as part of the care evaluation process and other organisations, individuals and providers may be involved. This aligns with comments from both consumers and representatives who advised assessment and planning outcomes are effectively communicated and documented.

Based on the evidence documented above, I find Boandik Lodge Inc, in relation to Boandik Crouch Street, to be Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 2 Ongoing assessment and care planning with consumers.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Non-compliant

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

The Assessment Team found the service was unable to demonstrate consumers’ care and services are reviewed regularly for effectiveness, and when circumstances change, or incidents impact consumers’ needs, goals or preferences. The Assessment Team provided the following information and evidence relevant to my finding:

In relation to Consumer A

* On two recent occasions, only a few days apart, the service was unaware a consumer had left the service grounds unaccompanied. Incident forms were completed, however, incorrectly indicated there was no impairment to the consumer’s cognitive function, which did not align with the consumer’s care file. Instructions were provided to staff to commence visual observations every 30 minutes and document. Although, on review of the consumer’s care plan, no strategies to manage and mitigate the risk were documented. The Assessment Team observed unlocked doors allowing ease of access to the external perimeter of the service.
* Management confirmed visual observations continued immediately following the two incidents and until the consumer was settled, however, nothing continued the following days or was ongoing. The Mental Health plan indicates a cognitive deficit; however, no behaviours are documented in the consumer’s care plan. Management confirmed no behaviour assessment or charting was implemented to assist the development of suitable strategies and reduce risk to the consumer. This aligns with staff comments.

In relation to Consumer B

* On 10 separate occasions, a consumer had unwitnessed falls and incident documentation indicates six of the falls occurred either in the bathroom, or as the consumer was attempting to go to the bathroom. After the first incident, a directive was given to staff to encourage the consumer to use the call bell for assistance. In addition, a Physiotherapy review was completed and documented ‘high falls risk and condition likely to deteriorate over the short period’. However, no documentation was provided to indicate a mobility care plan was reviewed.
* The Physiotherapist completed a falls risk assessment after the sixth incident and recommended ‘bed moved to against the wall’ to minimise falls incidents and create safe mobility and transfer area. Following the assessment, another fall occurred and at this time additional strategies were implemented to enable staff to monitor the consumer’s movements.
* Following the incidents, although the service had implemented strategies over a period of time to reduce the impact of falls, they could not demonstrate they had reviewed the consumer’s toileting and continence needs and/or consider if the mitigation strategies were effective.

The Assessment Team reviewed sampled consumer risk assessments and care plans and noted reviews have not been completed by the scheduled review date. Management acknowledged there where approximately six yet to be reviewed and delays were due to time constraints.

The Approved Provider submitted a response to the Assessment Team’s report. The response has provided additional clarity around some of the Assessment Team’s findings and a commitment to respond quickly to the deficiencies identified. Actions to related to this Requirement include:

Approved Provider’s response in relation to Consumer A

* Identified the service’s incident management system does not trigger an alert for staff to complete a behaviour assessment for consumers after an incident. Assessment procedures will be changed to reflect the need for a behaviour assessment after an incident. All ongoing mitigation strategies to manage the behaviour will be documented in care plans and progress notes and staff trained to reflect the new process.
* To manage incorrect diagnosis information entered by staff, the service will formalise the use of ‘sight charts’ to record when a consumer is at risk of absconding from the service without staff’s knowledge.

Approved Provider’s response in relation to Consumer B

* Further clarity on incident reporting noted the number of falls as eight not 10. One incident was completed twice and another was incorrectly documented as a fall incident rather than a behavioural response.
* The changes to the assessment procedure and additional staff training, noted under Consumer A, will support care outcomes for Consumer B.
* Review procedure for nursing staff to ensure all relevant domains are listed, reviewed and updated in consumer care plans after an incident.

In reference to the Assessment Teams findings related to delays in review of consumers’ risk assessments and care plans, the Approved Provider has allocated additional nursing hours to manage the backlog, with an anticipated completion date a month after the Site Audit.

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

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service was unable to demonstrate consumer care and services are reviewed regularly for effectiveness and when circumstances change, or incidents impact consumers’ needs, goals or preferences.

The Assessment Team’s report highlighted the service’s procedures do not guide staff in review of consumer assessments and care plans after an incident. Particularly when considering if an assessment/reassessment is required and/or to consider the effectiveness of strategies implemented to reduce risk and improve outcomes for consumers. This is having an impact on consumer health and well-being.

The Approved Provider’s response indicated procedural changes and staff training would occur, however, the response identified the service is reliant on a system generated alert to identify a behavioural assessment/reassessment, rather than providing evidence to support the staff have skills and qualifications to perform the task.

In addition, although the service has a procedure outlining when consumer assessments and care plans are reviewed and the review dates are clearly documented, the delays in finalising the reviews are impacting consumer care.

Based on the evidence documented above, I find Boandik Lodge Inc, in relation to Boandik Crouch Street, to be Non-compliant with Requirement 3(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Following an Assessment Contact conducted 3 December 2019 to 4 December 2019, the service was found Non-complaint with Requirement (3)(b). At the time, the service was unable to demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer. In response, the service submitted a plan outlining a number of improvements to address the deficiencies.

However, at the Site Audit, the Assessment Team were not satisfied the service had demonstrated the improvements implemented were effective, as on review of consumer care files and interviews with staff and management it was found some of the same deficiencies remained.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirement (3)(b) in this Standard not met. I have provided reasons for my finding in the respective Requirement below.

In reference to the other Requirements in this Standard, I provide the following information. The Assessment Team found that overall, consumers consider they get personal care and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers and representatives believe consumers are receiving the care they need that is right for them. Two consumers were pleased with recent referral processes to Allied Health Professionals and one is now able to use their mobility equipment.
* A consumer and their representative said they were satisfied with the way staff are managing the consumer’s pressure wound, that occurred while in hospital.
* A representative was satisfied with the care provided for the consumer when in palliation. They went onto say pain was managed and the consumer was made comfortable.
* Two consumers and their representatives said they have discussed consumers’ end of life wishes with staff and it is documented.
* Consumers sampled said staff are aware of minimising infection, they wear gloves, rooms are cleaned daily and consumers are assisted to sanitise hands prior to any activities or meals.

The Assessment Team found the service was able to demonstrate each consumer receives safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being. Review of consumer care files indicated information gathered from assessments and consultation with consumers and representatives informs care delivery strategies that are best practice and tailored to consumers’ needs and preferences.

The service has palliative care policies and procedures to guide staff in meeting consumers’ needs, goals and preferences when nearing end of life and support staff to deliver care to ensure consumers’ comfort is addressed and dignity preserved. The Assessment Team reviewed consumer files and noted information relating to advance care directives and end of life planning has been documented with an intended review date, unless where circumstances change. Staff were competent in describing the emotional, spiritual and clinical care and services required when a consumer is nearing end of life.

### The Assessment Team found the service has guidelines – Recognising and Responding to Clinical Deterioration, to support staff to manage changes to consumers’ mental health, cognitive or physical function and changes are recognised and responded to in a timely manner. Staff advised training had been provided and they demonstrated an understanding of their roles and responsibilities in identifying and reporting signs of deterioration in consumers’ health. Additionally, staff could describe the service’s referral process to Allied Health Professionals and how outcomes are shared amongst all staff and noted in consumer care plans.

Staff demonstrated an awareness of antimicrobial stewardship principles and could describe strategies implemented to minimise consumers’ use of antibiotics. The service has infection control and antimicrobial guidelines to support staff in infection control and infection data is collated and analysed to inform best practice.

Based on the evidence documented above, I find Boandik Lodge Inc, in relation to Boandik Crouch Street, to be Compliant with Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

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

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

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

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

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

The Assessment Contact conducted 3 December 2019 to 4 December 2019 found the service was unable to demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer, specifically in relation to monitoring consumers’ fluid retention, use and monitoring of restraints, diabetes management, monitoring consumers’ self-administered medication, and completion of neurological observations post falls.

The service appeared to be managing high-impact or high-prevalence risks associated with restraint and self-administration of medication. Improvements in response to the last Assessment Contact did include consumer care reviews, system updates, procedure changes and staff training. However, the Assessment Team found there still remains deficiencies which are impacting each consumer’s care.

The Assessment Team found some of the improvements implemented have proven to be ineffective and has impacted consumers. They found the same deficiencies in the management of high-impact or high-prevalence risks, specifically in relation to monitoring fluid retention, diabetes management and neurological observations post falls still remained. In addition, during the Site Audit it was found for one consumer, staff did not follow specialist’s dietary recommendations to prevent risk of choking. The findings are provided below:

In relation to Consumer C

* A consumer was provided with meals of inappropriate texture which resulted in a critical choking incident. Additional information provided includes, but is not limited to:
* The consumer had been assessed as requiring modified textured foods, cut to one-centimetre portions, however, food was provided that did not align with the specialist’s recommendation.
* The Nutrition and Hydration Assessment 11 months earlier refers to the Speech Pathologist notes from an earlier assessment ‘risk of aspiration on incorrectly prepared foods and fluids’ ‘Textured A soft breakfast, lunch and snacks serviced with gravy and sauces. Textured B minced and moist for evening meals’.
* Documented nutrition notes entered by the Registered Nurse align with the specialist recommendations and noted staff were to observe the consumer when eating, however, it is unclear if this occurred on all occasions. Also noted, if assisting with meals, feed slowly with teaspoon size mouthfuls. The Nutrition and Hydration Plan lists suitable foods for the consumer and was available to guide staff.
* The service was aware of the consumer’s preference to consume foods outside the recommendations. However, the Assessment Team did not observe a risk assessment or notes indicating consultation with the consumer and/or representative to highlight the risk of consumer choice had occurred.
* Progress notes indicate a few days prior to the Site Audit, the consumer was experiencing an increase in difficulty to swallow medications. An additional specialist referral was placed just prior to the Site Audit. Around the same time, during a group lunch, the consumer had consumed food that had obstructed the airway and resulted in the Ambulance called.
* Ambulance Officer advised due to the nature of the food it had obstructed the airway and was approximately four-centimetre portion.
* Management commenced an investigation into the incident.

Other consumers

* Four consumers who require fluid intake monitoring as recommended by the Medical Officer are not being consistently managed. Staff seem to show an awareness of the process, however, any reduction in fluid intake is not reported to the Clinical Nurse, monitoring and recording of daily fluid intake and restrictive intake is not consistent and guidance for staff is not documented in consumer care plans.
* Two consumers do not have their diabetes effectively managed. On review of consumer files, it noted for one consumer, three recent incidents where staff did not follow the Diabetic Management Plan and failed to contact the Medical Officer. For the other consumer, the Diabetes Management Plan does not document information to guide staff in the event of a hypoglycaemic episode.
* Neurological observations for two consumers demonstrated they were not consistently completed.

The Approved Provider submitted a response to the Assessment Team’s report. The response has provided additional clarity around some of the Assessment Team’s findings and a commitment to respond quickly to the deficiencies identified. Actions related to this Requirement include:

Approved Provider’s response in relation to Consumer C

* The nutrition and hydration procedures will be reviewed to ensure they provide guidance to staff on the modification of food and reasons for modification.
* Specialist recommendations will be documented in the progress notes rather than on the assessment form. In addition, a new assessment form will be developed to ensure information is easily assessible when consumer care plans are due for review.
* Training on dysphagia was conducted for most staff and more is scheduled to ensure all staff have participated.

The Approved Provider provided further clarity around when a risk assessment had occurred, and progress notes indicate both consumer and representative were consulted and made aware of the risks in consuming foods outside the recommended list. Information noted the initial consultation occurred 20 months prior to the critical incident and the risk assessment and further consultation occurred six months prior, although the scheduled review four months later did not occur.

Other consumers

* Fluid intake monitoring procedures will be reviewed and will also include additional processes to capture and action recommendations made by Medical Officers, on consumers’ discharge from hospital. In addition, training will be provided on changes.
* Consumers’ Diabetes Management Plans are to be reviewed with the treating Medical Officers.
* The service’s Falls Assessment and Management Procedure outlines neurological observations will occur when consumers advise they have hit their head. The Approved Provider said on these occasions, the procedure has been followed. However, included in the response the Approved Provider has acknowledged the procedure needs to be reviewed to ensure it guides staff on the correct process following a fall incident.

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

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service was unable to demonstrate effective management of high-impact or high-prevalence risks. In regard to Consumer C, I find staff did not follow specialist recommendations which were noted in the consumer’s risk assessment and progress notes and this led to a critical choking incident.

I also considered some of the deficiencies identified at the Assessment Contact conducted 3 December 2019 to 4 December 2019 still remain. Monitoring of consumers’ fluid retention/restrictions and diabetes management appear to be ineffective and are impacting consumers. In addition, the Approved Provider advised neurological observations were aligned with the service’s procedure, however, they did acknowledge the procedure was not clear to guide staff in post fall management.

Based on the evidence documented above, I find Boandik Lodge Inc, in relation to Boandik Crouch Street, to be Non-compliant with Requirement 3(b) of Standard 3 Personal and clinical care.

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found overall, consumers considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* One consumer said they enjoy reading and the service has organised for a librarian to deliver books, based on preferences every fortnight.
* Most consumers said they like the food; quality is sufficient and they have choice.
* One consumer enjoys using the service’s hairdresser and is always getting compliments on their hair.
* A consumer had a friend who recently passed away and said the service provided counselling and support.
* Two consumers were pleased the service arranges for them to attend church services. Another consumer enjoys the garden and the Assessment Team observed fresh flowers in their room.
* A consumer said they like to use their four-wheeled walker to leave the service and walk around the block. Another was pleased the service supports them to use their car to get out and about.
* Consumers said care services and supports are consistent and felt they don’t have to repeat their care preferences to multiple people.
* A consumer felt supported, as Lifestyle staff recognised the difficulties in participating in strenuous activities and provided alternatives.

Staff interviewed described what was important to consumers and how they support and assist them to do things that optimise their health, well-being and independence. Lifestyle staff advised how they consider the information provided by consumers and use this information to tailor the activity schedule, whilst considering varied levels of functional ability. This aligns with care files, including consumer documented needs, goals and preferences to support staff in care and service delivery.

The service was able to demonstrate service delivery supports daily living and promotes consumers’ emotional, spiritual and psychological well-being. This included identifying consumers’ activities of interest, preferences for maintaining relationships within and outside the service and implementing strategies to provide emotional support. The Assessment Team viewed consumers’ life story book and care plan which provided information to guide staff on spiritual needs and wishes of each consumer. This aligns with the service’s Social and Spiritual Well-being Policy. During the Site Audit, Lifestyle staff were observed walking around the service, dressed up for International Laughter Day, handing out lollies and flowers.

The Assessment Team found the service was able to demonstrate services and supports provided to consumers to participate in community activities, maintain personal and social relationships and things that interest them. Lifestyle staff arrange bus trips, engage volunteers to sit with consumers to encourage one-on-one conversation time, the library visits were very popular and due to the numbers, the service arranged for a librarian to attend monthly. Consumers were observed participating in both individual and group activities.

The service has a range of care planning documentation systems to support communication between staff and others where responsibility for care is shared, to ensure continuity of services for consumers. For consumers sampled, staff could explain how they record and share any changes in consumers’ condition, needs and preferences and how this information is shared with others where care is shared. The Assessment Team noted care files included information on both clinical and non-clinical care and services.

The Assessment Team found the service was able to demonstrate meals were varied, suitable quality and quantity. Menus are reviewed by a Dietitian and all meals are prepared on site. Most consumers are happy with the food and felt comfortable to discuss meals directly with the kitchen staff. All consumer dietary requirements are recorded in care files and kitchen staff were able to identify those consumers.

The Assessment Team observed equipment, such as mobility aids, comfort chairs, call bell system and seating chairs to be clean and well maintained. In addition, food and cleaning trolleys were clean and well maintained. Staff advised they had access to equipment to provide care and services and where issues were identified, they demonstrated and understanding of maintenance process.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 4 to ensure safe and effective services and supports for daily living are provided that optimise consumers’ independence, health, well-being and quality of life.

Based on the evidence documented above, I find Boandik Lodge Inc, in relation to Boandik Crouch Street, to be Compliant with all Requirements in Standard 4 Services and support for daily living.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team found overall, consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers said they feel safe living at the service, they have personalised their rooms to make it feel like home and their family and visitors are made to feel welcome.
* Consumers said they can access the outdoor areas. Two consumers said they like gardening and both have garden beds in the courtyards outside their units.
* Consumers said furniture, fittings and equipment are safe, clean and well maintained.

The service environment is welcoming and easy to navigate independently, there is good lighting and wide corridors which optimises consumers’ independence and interaction with visitors and other consumers. The Assessment Team observed consumers’ rooms to have a personal character and feel, there were family photos, soft toys, religious ornaments and personal furniture.

The Assessment Team observed the environment and equipment, including soft furnishings, such as chairs and lounges, to be clean and well maintained. Consumers can move freely and navigate both indoors and outdoors. The service has a secure garden area with garden beds which included herbs and vegetables. The Maintenance Officer could describe how the service’s preventative and reactive maintenance schedule is managed and how external contractors are engaged to assist with plant and equipment. This aligns with the maintenance register.

Management advised the Work Health and Safety Team performs monthly environmental audits across the service to identify and report safety concerns. In addition, maintenance is scheduled for all lifting equipment, wheelchair hoists, medical equipment, mobility aids, gas appliances, air conditioners, fire and safety equipment and buses. The Assessment Team noted any maintenance matters raised by staff and/or consumers were actioned in a timely manner.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 5 to ensure a safe and comfortable service environment is provided that promotes consumers’ independence, function and enjoyment.

Based on the evidence documented above, I find Boandik Lodge Inc, in relation to Boandik Crouch Street, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, consumers and representatives consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* All consumers and representatives confirmed they were able to provide feedback without retribution and engage in the feedback process.
* Two representatives said they were aware of raising and resolving complaints through the Aged Care and Quality Safety Commission.
* Two representatives confirmed when they raise information the feedback is actioned.

Consumers are provided with information in relation to internal and external complaint avenues, language and advocacy services. Staff were able to describe how they support consumers and representatives to provide feedback and raise concerns. This aligned with the Assessment Team’s observation of Consumer Meeting Minutes.

Management described how complaints and feedback are reviewed and used to inform the service’s continuous improvement plan and improve the quality of care and services. This aligned with both consumer and representative comments.

The service has policies to support staff to identify and action feedback and outlines their role and responsibilities around open disclosure and reporting to the Board. The Chief Executive officer and Site Manager were aware of the open disclosure procedure, specifically on how they inform representatives of details surrounding an incident. Two nursing staff advised they had completed training on open disclosure, were aware of their roles and responsibilities and could provide examples of when an open disclosure approach was required.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure input and feedback from consumers, carers, the workforce and others is sought by the service and used to inform continuous improvements for individual consumers and the organisation.

Based on the evidence documented above, I find Boandik Lodge Inc, in relation to Boandik Crouch Street, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Following an Assessment Contact conducted 3 December 2019 to 4 December 2019, the service was found Non-complaint in Requirement (3)(a). At the time, the service was unable to demonstrate the workforce was sufficient to deliver safe quality care and services. Four consumers provided examples to support the workforce numbers and mix was having a negative impact on consumer care. In addition, care staff said there was insufficient time during a shift to meet their responsibilities and call bell times indicated delays in care delivery.

The service have implemented a range of improvements in response to the Non-compliance which are detailed in the specific Requirement below.

During this Site Audit, the Assessment Team found that overall, consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Three consumers indicated they were satisfied with the staffing levels and responsiveness.
* One consumer said there are times when they have to wait after initiating the call bell, however, it has had no impact on the services they require.
* Another consumer said staff are friendly when attending to their personal care.
* Three consumers and two representatives said they were satisfied with the level of staff training and competence.
* A representative for a consumer receiving palliative care, said they were satisfied with the level of training. They said staff made the consumer’s end of life peaceful and it was well delivered.

The feedback aligns with the recent Resident Survey, where, 95% of consumers said they get care and services when needed and from people who are knowledgeable.

Management described reporting processes and how they monitor unfilled shifts. On review of the reports, the Assessment Team found all nursing shifts had been backfilled. Management advised to reduce impact of unplanned leave on consumers, all catering and nursing staff shifts are backfilled. On review of rosters, it indicated where unplanned leave occurs, the service has a process to replace the unfilled shift as required. This aligns with staff comments as they indicated they have sufficient time to complete their work.

The Assessment Team observed workforce interactions with consumers to be kind, caring and respectful. Staff could provide an overview of consumers’ background and demonstrated an awareness of consumers’ cultural preferences. The service has a code of conduct to guide staff in providing respectful care and service delivery for all consumers.

The service was able to demonstrate the workforce is competent and they have the qualifications to effectively deliver quality care and services. Recruitment processes, staff onboarding and schedule training ensures the workforce has the knowledge and skills to perform their roles. The Human Resource Manager described how they monitor all training requirements, ongoing and through to completion. The Assessment Team viewed the 2021 training schedule which indicated a wide range of topics were considered.

The Assessment Team viewed duty and role statements used to guide the staff in understanding their role and accountabilities in care and service delivery. Staff advised on commencement they participated in “buddy shifts”, are supervised by nursing staff and training is based on their responsibilities. Management indicated they have increased the frequency of staff recruitment and expressed the difficulties due to the service’s regional location.

The service has implemented a Human Resource Management system that guides senior management to monitor and respond to staff performance reviews staff feedback and results of clinical indicators to identify training needs. Staff confirmed they are supported through the performance review process, provided training and additional supervision as required. This aligned with documents viewed by the Assessment Team.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 7 to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

Based on the evidence documented above, I find Boandik Lodge Inc, in relation to Boandik Crouch Street, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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’s report provided evidence of improvements and actions taken to address deficiencies identified at the Assessment Contact conducted 3 December 2019 to 4 December 2019. The deficiencies related to consumer continence management due to limited staffing numbers, diabetic management plans, neurological observations post falls and monitoring of call bell response times. The service has implemented a number of improvements to address the deficiencies identified and these include:

* Providing additional training to staff in relation to diabetes management and neurological observation post falls.
* The Assessment Team viewed call bell monitoring records indicating response times are monitored weekly. Delayed response times are addressed with individual staff and investigated to determine the impact for individual consumers.
* Staggered staff break times to ensure staff coverage at peak times.
* Rostered an additional care worker between midnight and 6.30am.

The Assessment Team found the service was able to demonstrate the workforce is planned, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. Overall, consumers and representatives were satisfied with the responsiveness and competency of staff. In addition, documentation viewed by the Assessment Team indicated improvements in call bell response times and any delayed responses are monitored, investigated and staff performance managed.

Based on the evidence documented above, I find Boandik Lodge Inc, in relation to Boandik Crouch Street, to be Compliant with Requirement 3(a) in Standard 7 Human resources.

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Following an Assessment Contact conducted 3 December 2019 to 4 December 2019, the service was found Non-complaint in Requirement (3)(c). At the time, the service was unable to demonstrate effective regulatory governance, specifically related to the storage of medication. The service have implemented a range of improvements in response to the Non-compliance which are detailed in the specific Requirement below.

The Assessment Team found that overall, consumers considered the organisation is well run, and they can partner in improving the delivery of care and services. Consumers and representatives interviewed said they were involved in the development, delivery and evaluation of consumers’ care and services and are encouraged to provide feedback and suggestions to improve the delivery.

The Assessment Team found the organisation was able to demonstrate it has a governance structure to support the organisation in information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The Assessment Team viewed the service’s continuous improvement register and noted a number of improvements were implemented as a result of consumer feedback. Management advised and noted in consumer care files was a six-monthly care plan reviews conducted in consultation with both consumers and representatives. This is a formal meeting with a multi-disciplinary approach involving the Physiotherapist, Lifestyle and Nursing staff.

The Assessment Team found the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for the delivery. The Board structure incorporates members with a variety of financial, business and clinical degrees and knowledge. On review of the Board minutes, it was noted the Chief Executive Officer is communicating a range of matters to the Board, including financial and staffing matters, risks and incident analyses, feedback and complaints analyses and other general service matters. All Board members are trained in the Aged Care Quality Standards. In addition, the organisation has implemented a range of reporting deliverables to ensure the Board is aware and accountable for the delivery of care and services.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and described how they implement these within the scope of their roles.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 8 to ensure the organisation’s governing body is accountable for the delivery of safe and quality care and services.

Based on the evidence documented above, I find Boandik Lodge Inc, in relation to Boandik Crouch Street, to be Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The Assessment Team’s report provided evidence of improvements and actions taken to address deficiencies identified at the Assessment Contact conducted 3 December 2019 to 4 December 2019. The deficiencies related to ineffective regulatory compliance, specifically storage of medications as it did not comply with the relevant legislation, codes of practice or the organisation’s medication policy.

To rectify the storage of medication deficiency, the service purchased a secure medication storage cabinet to be placed at the nurses station and additionally smaller, electronically coded individual medication storage units were purchased and placed in consumer rooms.

Based on the evidence documented above, I find Boandik Lodge Inc, in relation to Boandik Crouch Street, to be 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.*

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

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

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report. The service should seek to ensure the following:

* In relation to Standard 2 Requirement (3)(e)
  + Risk assessment tools are effectively used in the assessment and planning of consumer care.
  + Review processes are effectively identifying changes to consumers’ health which initiate reassessment.
* In relation to Standard 3 Requirement (3)(b):
  + Consumers’ high impact or high prevalence risks associated with their care are effectively managed, including using health specialists’ recommendations to manage risks and effective review of incidents to ensure strategies are effective and appropriate.