HammondCare - Leighton Lodge

Performance Report

10 Murrua Road
NORTH TURRAMURRA NSW 2074
Phone number: 02 9488 1000

**Commission ID:** 0498

**Provider name:** HammondCare

**Site Audit date:** 6 January 2020 to 10 January 2020

# Overall assessment of this Service

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 25 February 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

Representatives of sampled consumers did not always confirm each consumers is treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Evidence provided by the service did not consistently demonstrate each consumer’s identity and culture are valued and care and services are culturally safe. Care plans reviewed did not consistently include consumer goals for engaging the person, spiritual and emotional wellbeing and partnering with family and friends or enabling actions to ensure care and services are culturally safe.

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

Representative and staff feedback confirmed some staff understood what cultural safety is and that some consumers are supported to take risks to enable them to live the best life they can.

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

## Assessment of Standard 1 Requirements

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

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

The assessment team found that evidence obtained did not demonstrate each consumer was treated with dignity and respect and their identity and culture are valued. Representatives feedback was mostly negative which suggests each consumer is not treated with dignity and respect. Care plans reviewed did not include consumer goals for engaging the person, spiritual and emotional wellbeing and partnering with family and friends to ensure consumers’ identity and culture are valued.

In the care plans provided in the approved providers response, there was limited information about enabling actions which recognised consumers identity, culture and diversity. The enabling actions were generic and while on occasions they stated consumers ancestral heritage, they did not show how care should be adjusted to show their identity, culture and diversity is valued. The approved provider stated in their response that all care plans have been updated following the assessment of performance and now reflect consumers identity, culture and diversity.

While the approved provider challenged in their response that the staff’s lack of knowledge of consumers doesn’t relate to their identity or culture, they did not provide any examples which support that staff do understand the background of sampled consumers and adjust their care in line with their identity.

The approved provider does not comply with this requirement as the organisation did not show how they treat each consumer with dignity and respect and value their identity, culture and diversity.

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

Care and services are culturally safe.

The assessment team found that evidence obtained did not demonstrate care and services are culturally safe. Representatives feedback was negative. Assessment Team observations indicated lack of positive engagement of staff with consumers. Staff interactions are not always positive. Care plans reviewed did not include consumer goals for engaging the person, spiritual and emotional wellbeing and partnering with family and friends to ensure consumers’ care and services are culturally safe.

While the approved provider disagrees with the assessment team in their response about staff being able to describe what it means to provide culturally safe care to sampled consumers, they did not provide any information to confirm that staff do know how to adjust care in line with consumers identity and background.

The approved provider did not provide any information to support that their staff have received training and understand what culturally safe care is.

The approved provider does not comply with this requirement as the organisation did not show that they understand in a practical way how to deliver culturally safe care and services or have training in cultural safety.

### 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 make connections with others and maintain relationships of choice, including intimate

The assessment team found that the service does not consistently demonstrate each consumer and/or their representative are supported to make decision about how care and services are delivered to the consumer. It also does not consistently demonstrate that each consumer is supported to establish and/or to maintain relationships.

In their response the approved provider submitted information which confirmed that the Service is aware of choices that are important to consumers and enabling actions are identified to assist consumers to exercise these choices.

The approved provider complies with this requirement as it was evident that they demonstrate consumers are support to make decisions about their care.

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

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

The assessment team found that the service did not consistently demonstrate that each consumer is supported to live the best life they could. Staff have received limited training in relation to this requirement.

In their response, the approved provider submitted information relating to a validated suite of assessments which identifies risks to consumers. While the approved provider showed a screenshot of the validated tool, no completed examples were provided to the Decision Maker relating to the sampled consumers. There was no examples provided by the approved provider of actions taken by staff for sampled consumers which demonstrates how they’re supported to take risks., however there was no detail about what the risk.

I am not persuaded that the approved provider demonstrated that consumers at the Service are supported to take risk.

The approved provider does not comply with this requirement as the organisation did not show for the sampled consumers how they are 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-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Most sampled consumers/representatives confirmed that they feel like partners in the ongoing assessment and planning of their care and services however some consumers and representatives said they are not always consulted prior to changes being made to consumer’s clinical care.

For example:

* Most consumers and representatives interviewed confirmed that they are involved in consumer’s care planning to some extent. Some of them indicated medical reviews and physiotherapy assessments are not always conducted when required.
* While most consumers and representatives interviewed confirmed that they are informed about the outcomes of assessment and planning, they said they do not have ready access to consumers care and services plan if they wish.

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

While information about risks to consumers are generally considered in care planning documentation and assessment it does not always inform the delivery of effective and/or safe care. Changes to consumer’s care are not always reflected in care planning and assessment documentation.

The Assessment Team identified deficiencies in care planning and assessment documentation including: Risks to consumers health and wellbeing are not always mitigated or minimised. Input from external support services, medical and physiotherapy reviews are not promptly undertaken when required

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

## Assessment of Standard 2 Requirements

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

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

The assessment team found that assessment and planning, including consideration of risks to the consumer’s health and well-being, does not always inform the delivery of safe and effective care and services. Assessments are not always completed or updated as needs change and do not always reflect consumer needs. While risk to consumers are generally identified, they are not consistently managed to ensure each consumer’s safety and wellbeing.

In their response the approved provider acknowledges that care planning documents reviewed at the performance assessment do not meet organisational expectations.

As referred to in standard 1(3)d, there was no examples of completed suite of assessments provided to the decision maker by the approved provider in their response for sampled consumers to substantiate that comprehensive assessment and planning took place. The approved provider acknowledged that some of the care plans reviewed by the Assessment Team did not contain detailed information to address a consumer’s health and wellbeing.

The approved provider does not comply with this requirement as the organisation did not demonstrate that assessment and planning includes consideration of risks to sampled consumers health and well-being and 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 that While general including interim assessment and planning are undertaken, review and reassessments are not generally undertaken when incidents occur. Care plans are not always updated or evaluated when incidents or changes are recorded*.*

The approved provider submitted information in their response relating to the sampled consumers which confirms that care and services was regularly reviewed for effectiveness when circumstances change, however they also acknowledged that care planning documentation did not always reflect accurately when reviews had taken place.

The approved provider does not comply with this requirement as it doesn’t demonstrate that it reviews care and services regularly for effectiveness when circumstances changed.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Some of the sampled consumers and their representatives for this standard, said they did consider that consumers generally receive personal care and clinical care that is safe and right for them. However, some of them said care and services delivery is not consistently delivered in accordance with consumers needs and preferences and does not always optimise consumer’s health and wellbeing.

For example:

* Some of the consumers and their representatives interviewed confirmed that consumers get the care they need most of the time. Most of them also commented that staff are usually busy and are not always available to provide care when required, comments include:
* A representative said staff are “all sympathetic, kind” but “so much work” for staff. The representative said they spend time constantly waiting for staff, to hand over care to staff and at the same time trying not to interfere.
* Most consumers and the representatives interviewed confirmed that they generally have access to a doctor or other health professional when they need it. However, the doctors don’t always consult them about care interventions and medical and allied health reviews do not always occur in a timely manner.

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

* The organisation’s approach to assessment and planning does not consistently reflect individualised care that is safe, effective and tailored to the specific needs and preferences*.*

Risks to consumers have not been consistently managed to provide prompt and effective personal care or clinical care that: is best practice; is tailored to their needs; and optimises their health and well-being. While management said the service is seeking to reduce their use, records show the use of psychotropic medications is high particularly in the dementia specific unit. Records also show high incidents of falls, pressure injury and behaviour related issues. Infection related risks are also not effectively managed.

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

### Assessment of Standard 3 Requirements

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

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

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

The assessment team found that risks to consumers have not been consistently managed to provide prompt and effective personal care or clinical care that: is best practice; is tailored to their needs; and optimises their health and well-being. While management said the service is seeking to reduce their use, records show the use of psychotropic medications is high in the dementia specific unit.

I accept the Approved Providers information in their response which demonstrates an overall trend of reduction in use of psychotropic medication. While the explanation by the approved provider for the discrepancy between consultation with representatives and confirming consent and signing the authority form is plausible, there’s no evidence that the ongoing use of psychotropic medication has been consistently reviewed for correct dose, with the intention to reduce, and representatives consulted at each point. While the Approved Provider excused this practice for a number of sampled consumers as being legitimate because it occurred prior to 1 July 2019 when the new Rules came into effect, there is still no evidence of changed practice in the seven months between the date of effect of the Rules and the assessment of performance.

While I acknowledge the Approved Provider has commenced engaging with GPs about appropriate use of psychotropic medication and minimising chemical restraint, it is not evident from their response that the prescribing practice by GPs at the Service currently meets expectations of the Rules

While the wound management guide does not refer to pain assessment the Approved Provider has confirmed that the relevant form does. The Approved Provider acknowledges the guidance needs to be updated to reflect the new forms.

Despite providing data about the origin of pressure injuries for sampled consumers and stating that the Service provides best practice skin care and wound management, no verifiable information was provided to support this claim.

While the approved provider submitted information showing the effect of prn pain medication, it did not submit information that demonstrated they monitored pain between each occasion that medication was administered. There was also no information provided which supported that strategies identified by Dementia specialist services to address pain as a possible factor in challenging behaviours for a consumer had been implemented by the service.

The approved provider does not comply with this requirement as the organisation did not have an effective process for to ensure each consumer gets safe and effective clinical care that is best practice and optimises their health and well-being.

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

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

The assessment team found that high impact high prevalence risks including behaviour and falls for the consumers sampled are not consistently addressed or properly managed; consumer’s comfort and wellbeing not consistently enhanced or maximised.

In their response, the approved provider could articulate which high impact high prevalence risks were present at the service and what trends were associated with these. They described appropriate management systems to review and evaluate falls & behavioural risks at the service.

The Approved Provider submitted information in their response which was contrary to that of the assessment team concerning actions implemented with sampled consumers to manage high impact high prevalence risks. While it was only partially substantiated, on balance, I consider there is sufficient evidence to demonstrate it is more likely than not, that for the consumers sampled the management of high impact and high prevalence risks of falls and behaviours of concern have been effectively managed. The Approved Provider submitted information that they are seeking input from specialist behaviour experts in developing care plans to address behaviours of concern and are involving the consumers representatives

The weekly multi-disciplinary review meetings where consumers at risk of falls or behaviours of concern are discussed, reflects active monitoring and review of high impact and high prevalence risks at the service, and provides examples of how they adjust their practice for the consumers sampled.

The approved provider complies with this requirement as the organisation did demonstrate an effective process for the management of risks to consumers associated with falls and managing challenging behaviours.

### 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.

The assessment team found that while the service has in place processes and guidelines for palliative and end of life care, pain is not consistently managed, and comfort not consistently maximised for each consumer receiving palliative and/or end of life care.

Information provided by the approved provider in their response confirms that the needs goals and preferences of consumers nearing the end of life were addressed and the sampled consumer’s comfort was maximised and dignity preserved. This was undertaken in a timely manner.

The approved provider complies with this requirement as it demonstrated it ensured comfort was maximised for consumers for whom deterioration was identified.

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

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

The assessment team found that change and or deterioration in each consumer’s condition is not always identified or responded to in a timely manner.

In their response, the approved provider submitted information to describe their actions concerning a consumer who deteriorated and died at the service. While there were some appropriate strategies implemented – referral to a psychogeriatrician, referral to Dementia specialist services, referral to dietician; it was apparent that there was a failure to escalate for earlier attention, the deterioration of her symptoms when these referrals and reports took longer than expected to occur and her behaviour continued to deteriorate. It was also evident that there was no information to support appropriate pain monitoring had taken place, which may have identified whether pain was a contributing factor between doses of prn analgesia. Pain was identified as a possible factor when she was eventually reviewed by a Dementia specialist service. Earlier transfer to hospital may also have identified her infection, which was diagnosed after the second month of escalating challenging behaviours.

The approved provider does not comply with this requirement as they did not demonstrate that they recognised decline in the condition of consumers and responded in a timely manner.

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

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

The assessment team found that information about the consumer’s condition, needs and preferences is adequately documented and communicated within the organisation, and with others where responsibility for care is shared.

The response from the approved provider confirms that there were occasions where critical information such as signature on care plan and time of nursing review on the day of death of a consumer has not been documented and communicated within the service. They also acknowledge that there was an improvement required with care planning documentation and has undertaken reviews and updated all care plans following the assessment of performance.

The approved provider does not comply with this requirement as the organisation did not evidence contemporaneous and accurate care plans.

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

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

The assessment team found that reviews and reassessments including medical and physiotherapy are not consistently carried or undertaken in a timely manner when incidents occur. Referrals to external support services are also not consistently or promptly made for consumers living with dementia and who exhibit challenging behaviours

There is information provided by the approved provider in their response which supports timely and appropriate referrals to physiotherapy, specialist Dementia services, GPs, psychogeriatricians.

The approved provider complies with this requirement as the organisation did make 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.

The assessment team found that information indicates a high prescription of antimicrobial medications to treat “infections and infestations”. Risk to consumers including infection risks are not consistently minimise or mitigated to enhance consumer’s wellbeing.

In their response, the approved provider submitted information to confirm that there was an isolated suspected case of scabies. This was confirmed to not be positive after testing. All consumers were treated prophylactically and all were entered into the incident management system in case further treatment was needed. I am persuaded that the service took appropriate actions to minimise infection related risks.

The approved provider complies with this requirement as it demonstrated minimisation of infection related risks.

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Most sampled consumers did not confirm that they 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.

For example:

The consumers and their representatives sampled confirmed their services are safe but do not assist consumers to live the best life they can.

Consumers and representatives confirmed services and supports assist them to participate in their community within the service and have social and personal relationships.

Consumers and representatives said meals were varied and there was plenty of it.

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

Consumers and their representatives said there are not enough staff and staff do not provide stimulation for the consumers. Consumers are left in water chairs in the common area and often there are no staff around to interact with consumers. Representatives expressed concern there was no lifestyle program.

Consumers and representatives said services and supports that meet the consumer’s goals to optimise their independence, health, well-being and quality of life ae not always provided. Care plans reviewed did not include goals for each domain or enabling actions. Goals are not discussed with consumers or representatives and recorded in their care plans. Care staff know some things that are important to consumers and what they did in the past but were unable to describe how this was relevant to consumers living the best life they can. Relevant policies have not been updated to reflect requirements in the Quality Standards.

For the consumers sampled, each consumer’s emotional, spiritual and psychological wellbeing is not always promoted. Representatives said that staff are kind and gentle but do not always recognise or respond to consumer’s emotional needs. They said staff do not promote psychological wellbeing because there is no stimulation for consumers, they are left in water chairs, and they are not engaged in meaningful interactions.

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

## Assessment of Standard 4 Requirements

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

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

The assessment team found that consumers and representatives said services and supports that meet the consumer’s goals to optimise their independence, health, well-being and quality of life ae not always provided. Care plans reviewed did not include goals for each domain or enabling actions. Goals are not discussed with consumers or representatives and recorded in their care plans. Care staff know some things that are important to consumers and what they did in the past but were unable to describe how this was relevant to consumers living the best life they can. Relevant policies have not been updated to reflect requirements in the Quality Standards.

While the approved provider submitted information from a consumer and representative meeting in November 2019 confirming a request for the TV to be turned on for consumers, the Approved Provider’s response did not provide specific examples for how else it supports the sampled consumers to participate in activities that are of interest to them. The approved provider acknowledged that progress notes did not adequately document engagement with consumers.

The approved provider does not comply with this requirement as the organisation did not show how consumers receive effective services and supports for daily living which meet consumers needs, goals and preferences and optimises their independence, well-being and quality of life.

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

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

The assessment team found that some consumers and representatives said services and supports do not always promote each consumer’s emotional, spiritual and psychological wellbeing. Some care plans reviewed did not include goals for each domain including the spiritual and emotional wellbeing domain or enabling actions to achieve consumers goals. These goals are not discussed with consumers or representatives and recorded in their care plans. Relevant policies have not been updated to reflect requirements in the Quality Standards.

While the approved providers response demonstrated engagement with pastoral care to conduct a HOPE assessment and to visit consumers, this information did not describe how the consumers have been supported when they’re feeling low, especially at times when the pastoral care staff are not available. The predominant theme from progress note entries of the pastoral care staff was ‘chatting’ or ‘emotional/spiritual support given’. These generic statements don’t describe what was done specifically when consumers are feeling low. It is not evident for example that that assessments are conducted to identify whether consumers are depressed.

The approved provider does not comply with this requirement as the organisation did not show how they provide services and supports for daily living which 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) Non-compliant

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

The assessment team found that Care plans, progress notes and handover documents do not always provide adequate information to support effective and safe sharing of consumers’ care. Care plans did not always reflect current information and/or information that was individualised for each consumers’ preferences in relations to services and supports.

The approved provider confirmed in their response that it was not documented in a care plan that a sampled consumer has an NDIS case worker. The approved provider stated that this has been corrected following the assessment of performance.

The approved provider does not comply with this requirement as the organisation did not have contemporaneous and accurate documentation of consumers daily living support needs and preferences, nor is this communicated 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 COMPLIANTOrganisation’s services 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

Most sampled consumers indicated that they feel they belong in the service, and feel safe and comfortable in the service environment.

For example:

Consumers and their representatives confirmed they feel safe in the environment, enjoy access to the garden areas, and they are able to personalise their rooms. Consumers and their representatives were welcomed to the home and feel free to come and go. Hospitality is extended to family members and visitors. The service has planned renovations for areas such as bathrooms that are hard to maintain and keep clean.

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

The Assessment Team observed the service environment to be welcoming. The reception foyer is spacious and has a lounge area. There is an attempt to make the environment home like and there are garden areas specifically designed for people with dementia. All staff were observed to be welcoming to visitors. They offered help to consumers and visitors as they passed and as they went about their work.

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

## Assessment of Standard 5 Requirements

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

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

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

The service environment:

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

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

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

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Some sampled consumers did consider that they are encouraged and supported to give feedback and make complaints.

For example:

* Consumers interviewed reported that if they had any concerns or complaints they would speak to the manager, the pastoral carer or raise them at the consumer and representative meetings.
* Care staff interviewed stated that if a consumer raised any concern, they would assist them if they could, or report the matter to the registered nurse.
* Team leaders and management interviewed stated they would create a log in their electronic system when a complaint had been made by a consumer, a representative or reported to them by staff.

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

Consumers’ complaints are not always responded to in a timely manner. The elements of open disclosure to resolve complaints and confirm the resolution is satisfactory to the consumer does not always take place. Staff have not received effective training about open disclosure.

Feedback and complaints are not always reviewed and used to improve the quality of care and services. Survey information has not been used to implement improvements since 2018.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The assessment team found that Management, workplace training officers and staff have limited or no understanding about all the elements of open disclosure. Staff have not received effective training about open disclosure. Some complaints are not resolved in a timely manner and sometimes consumers and/or their representatives are not consulted about their complaint or asked if they are satisfied with the outcome.

In their response the Approved Provider acknowledged consumers dissatisfaction with time taken to resolve complaints. They also provided data showing that the average time to close complaints is 49.2 days.

The Approved Provider did not provide any examples to the decision maker of changes that resulted from consumers complaints.

While the Approved Provider described distribution to managers of information relating to Open Disclosure, the Approved Provider’s response did not address the assessment teams finding that staff do not know what open disclosure is or what it means for their day to day practice. No examples were provided by the Approved Provider about occasions where an open disclosure approach was used as part of resolving a complaint or when something went wrong.

The approved provider does not comply with this requirement as the organisation did not show a practical understanding of open disclosure or that it has taken appropriate action in response to complaints.

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

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

The assessment team found that Feedback and complaints are not always reviewed and used to improve the quality of care and services. Survey information has not been used to implement improvements since 2018.

The Approved Provider did not provide any details concerning the outcome of specific complaints that had occurred prior to the assessment performance and how these complaints have been reviewed, nor were they able to provide details of what has changed as a result of reviewing feedback.

The approved provider does not comply with this requirement as there is not evidence to show feedback and complaints are being used to improve the quality of care and services.

# 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

Some sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Other consumers expressed concern that not all staff recognise the identity and culture of consumers and support them to live the best life they can.

For example:

Consumers and their representatives confirmed staff are kind, caring, and know the consumers well.Consumers and their representatives provided feedback about staff generally knowing what they are doing. Consumers and their representatives thought there was not sufficient staff to meet the needs of consumers, expressing concern consumers are missing out on having their needs met as a result of staff attending to increasing numbers of consumers with higher care needs. The lack of regular lifestyle staff results in a lack of stimulation for consumers during the day.

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

Many of the consumers in Leighton Lodge are living with dementia and rely on care staff to provide a range of daily support including assistance with meals and snacks and ensuring a safe environment to live in. Staff said they are very busy and are not always able to complete their tasks. Management was able to demonstrate how they can increase or decrease staffing in the service to meet short term increases in consumer needs.

Some care staff have not completed mandatory training, including dementia essentials training, where they are expected to provide all care and services for consumers, including lifestyle activities. Staff do not demonstrate adequate knowledge and skills to effectively investigate consumer incidents and falls and to develop preventative strategies. Staff do not adequately assess and monitor consumers wellbeing and identify clinical risks. For example, changes in emotional health, pain, continence management and the impacts on consumer’s behaviour and falls risk. Some staff do not demonstrate an understanding of cultural awareness.

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

## 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 found that the service was not able to demonstrate the number and mix of staff employed were able to deliver safe and quality care and services for the consumers living in the community.

The Approved Provider was able to provide benchmarking figures to support that it has an above industry average of staff hours per resident per day. They also demonstrated that there is 24/7 access to a Registered Nurse at the site. It was acknowledged by the Approved Provider that they are not able to satisfy all consumers all the time with respect to their expectations of staffing levels.

The approved provider complies with this requirement as there is evidence to show that they have the number and mix of staff employed and are able to deliver safe and quality care and services for the consumers living in the service.

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

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

The assessment team found that staff are kind and caring towards consumers, however, they were unable to demonstrate an understating of the background, identity and culture of consumers and how this is shown in their interactions with consumers.

Issues relating to cultural safety and diversity have been addressed in the context of Standard 1, requirement (3)b. The Approved Provider did not provide any contrary information to that of the assessment team relating to this requirement to substantiate that workforce interactions with consumers are kind, caring and respectful. I am persuaded that they have provided insufficient evidence to find them compliant.

The approved provider does not comply with this requirement as there is insufficient evidence to show that 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.

The assessment team found that the workforce is not competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles

The assessment team confirm that care staff at the service are supervised by clinical care managers, registered nurses and workplace trainers. The assessment team also found that position descriptions have identified core competencies for roles at the service and that workplace trainers monitor performance and training of staff. I am satisfied that this is adequate evidence that the requirement is met

The approved provider complies with this requirement as there is evidence to show that the workforce is competent to undertake their roles.

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

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

The assessment team found that the service has systems and processes in place to recruit staff to provide care and services to consumers. However, the service was unable to demonstrate staff are provided with training to support them to deliver the outcomes required by these standards.

While some staff have not attended mandatory training and were not able to describe what the Quality Standards meant for the care of consumers, the service was able to describe how training needs are identified and whether staff receive training that they have identified as requiring. The service manager described the process of recruiting competent and capable staff, whose values align with the mission of HammondCare, through interviewing, induction, buddying new staff with experienced staff, consultative processes for feedback, and completion of competency assessments specific to the role and supervision.

The approved provider complies with this requirement as there is evidence to show that 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 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Some sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Some consumers and their representatives gave examples of how the organisation is well run. However, some representatives expressed concerns about the delivery of care and services including staffing, high falls risks and consumer to consumer incidents.

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

The governing body meets regularly and has skilled representation. The board sets clear expectations in its strategic plan for the organisation to follow and regularly reviews organisational and consumer risks including outcomes.

There are organisation wide governance systems that support the workforce and effective information management. Financial governance at the organisation includes budgeting processes, financial statements, delegations of authority and publishing accommodation pricing and key features information.

There is a continuous improvement program in place which identifies areas for improvement and these activities are documented in the organisations plan for continuous improvement.

There is a clinical governance framework in place in the form of a care governance committee, a clinical governance subcommittee and a dedicated clinical practice unit, with defined reporting structures. Management uses a range of monitoring processes such as internal and external audits, including benchmarking, quality indicators and incidents to monitor consumer outcomes and identify and manage clinical risks.

Antimicrobial stewardship has been addressed by the organisation the care governance committees with the support of appropriately qualified professionals, with continued monitoring and oversight.

The high number of falls, behaviour related incidents, high use of psychotropic medications, and lack of engagement in activities, indicate that the service’s systems and processes are not effective in providing an environment where consumers can live the best life they can.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) 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.

### 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.

The assessment team found that although staff receive training on reporting incidents the Assessment Team found not all incidents are reported. The high number of falls, behaviour related incidents and high use of psychotropic medications the systems and practices are not effective in providing an environment where consumers can live the best life they can.

The failures relating to this requirement have been addressed in the compliance decision relating to Standard 3 Requirement (3)b. The Approved Provider’s response and assessment team’s findings support that an effective system exists to manage risks to consumer’s, identify and respond to abuse and support consumers to live the best life they can. I am satisfied that this requirement is met.

The approved provider complies with this requirement as there is evidence to show that the organisation operates an effective risk management system and has sound practices in managing risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supports them to live the best life they can.

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

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

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

# Areas for improvement

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

 **Requirement 1(3)(a)** *Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

* The service must demonstrate that staff know about the background and interests of consumers.
* The service must demonstrate that individual consumer goals are discussed with them.
* Care plans must include individualised details of consumers’ identity and culture.

**Requirement 1(3)(b)** *Care and services are culturally safe.*

* The service must demonstrate that each consumer’s identity and culture are valued and that care and services are culturally safe.
* The service must demonstrate that staff know about consumers’ culture, background and interests and adjust their care and services in line with this.
* The service must demonstrate that consumer goals associated with maintaining their identity are discussed with them.
* Care plans must include individualised details of consumers’ identity and culture and enabling actions to ensure culturally safe care and services.
* The service must demonstrate that Staff have received training in relation to this requirement and the Quality Standards.

**Requirement 1(3)(d)** *Each consumer is supported to take risks to enable them to live the best life they can.*

* The service must demonstrate that each consumer is supported to take risks to enable them to live the best life they can.
* The service must demonstrate that Staff have received training in relation to this requirement and the Quality Standards.
* The service must demonstrate that they are using their validated suite of assessments which identifies risks to consumers and that this is documented in care planning documents.

**Requirement 2(3)(a)** *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 must demonstrate that 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 must demonstrate that assessments are completed, updated as needs change and reflect consumer needs.
* Care planning documents must meet organisational expectations and that of the Quality Standards and reflect comprehensive assessment with consideration of risks and include goals of care.

**Requirement 2(3)(e)** *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 must demonstrate that review and reassessments are undertaken when incidents occur.
* The service must demonstrate that care plans are updated or evaluated when incidents or changes occur.

**Requirement 3(3)(a)** *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 service must demonstrate that the ongoing use of psychotropic medication has been consistently reviewed for correct dose, with the intention to reduce, and representatives consulted at each point.
* The service must demonstrate appropriate use of psychotropic medication and minimising chemical restraint and show an improvement in prescribing practice of GPs at the Service to meet the expectations of the Rules.
* The service must update their wound management guidance reflect the new forms inclusion of the consideration of pain as a factor.
* The service must demonstrate appropriate wound management.
* The service must demonstrate appropriate pain assessment and monitoring.

**Requirement 3(3)(d)** *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 must demonstrate that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is identified.
* The service must demonstrate that changes to consumer’s condition or decline is consistently responded to in a timely manner.
* The provider must undertake relevant comprehensive reassessment and monitoring observations as required by the service’s policy when deterioration is identified.
* The service must demonstrate that they escalate in a timely manner where deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is identified.

**Requirement 3(3)(e)** *Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

* The service must demonstrate that information about the consumers condition, needs and preferences is documented within the organisation, and with others where responsibility for care is shared.
* The service must demonstrate that they have contemporaneous and accurate care plans.

**Requirement 4(3)(a)** *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 must demonstrate that consumers receive services and supports that meet their goals to optimise their independence, health, well-being and quality of life.
* The service must demonstrate that care plans include goals for supports for daily living and include enabling actions to achieve consumers goals
* The service must demonstrate that goals are discussed with consumers or representatives and recorded in their care plans.
* The service must demonstrate that care staff know things that are important to consumers and what they liked to do and that this aligns with consumer’s care plans.

**Requirement 4(3)(b)** *Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

* The service must demonstrate that services and supports do not always promote each consumer’s emotional, spiritual and psychological wellbeing.
* The service must demonstrate that care plans include goals including the spiritual and emotional wellbeing domain and enabling actions to achieve consumers goals.
* The service must demonstrate that these goals are discussed with consumers or representatives and recorded in their care plans.
* The service must update relevant policies to reflect requirements in the Quality Standards.
* The service must demonstrate that staff know how to support the individual needs of consumers emotionally and psychologically, when they’re feeling low.

**Requirement 4(3)(d)** *Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

* The service must demonstrate that care plans, progress notes and handover documents provide adequate information and provide effective sharing of consumers’ care information.
* Care plans must reflect current information and/or information that was individualised for each consumers’ preferences in relation to services and supports.

**Requirement 6(3)(c)** *Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

* The service must demonstrate that Management, workplace training officers and staff have a practical understanding about all the elements of open disclosure.
* Staff must have received effective training about open disclosure.
* The service must demonstrate that complaints are resolved in a timely manner and consumers and/or their representatives are consulted about their complaint or asked if they are satisfied with the outcome.
* The service must demonstrate changes that resulted from consumers complaints or feedback.
* The service must demonstrate occasions where an open disclosure approach is used as part of resolving a complaint or when something goes wrong.

**Requirement 6(3)(d)** *Feedback and complaints are reviewed and used to improve the quality of care and services.*

* The service must demonstrate feedback and complaints are being used to improve the quality of care and services.

**Requirement 7(3)(b)** *Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

* The service must demonstrate that interactions between staff and consumers shows a knowledge of consumers identity, culture and diversity and care is adjusted to reflect this.