LHI Hope Valley

Performance Report

1217 Grand Junction Road   
HOPE VALLEY SA 5090  
Phone number: 08 8265 8000

**Commission ID:** 6134

**Provider name:** Lutheran Homes Inc

**Site Audit date:** 15 January 2020 to 17 January 2020

# 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** | **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) | 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) | Non-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 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 18 February 2020.

# 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 all consumers and representatives interviewed said they 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:

* they are treated with respect.
* they are encouraged to do things for themselves and that staff know what is important to them.
* that their personal privacy is respected and staff always knock on their door and wait for a response.
* most care staff were able to demonstrate that they are familiar with consumers’ backgrounds and are assisted by a memory picture book left in the consumer’s room which they use to reminisce with the consumers on a day to day basis.

The Assessment Team found through documentation viewed that the organisation demonstrated consumers are treated with dignity and respect. Consumer files viewed reflected profiles and information about consumers’ backgrounds, life stories, hobbies and interests and this information was used to develop the care plans.

Care staff interviewed by the Assessment Team were able to demonstrate that they are familiar with consumers’ backgrounds and are assisted by a memory picture book left in the consumer’s room which they use to reminisce with the consumers on a day to day basis.

The organisation demonstrated to the Assessment Team the service has policies and procedures to direct staff with managing risks, problem solving and supporting the decision-making process with information about benefits and risks to the consumer. Consumers are provided with an information booklet on admission which includes information in relation to decision making and supporting the consumers’ values, goals and preferences.

Most consumers feel comfortable with how the service balances risks and quality of life. Staff gave examples to the Assessment Team of respecting consumers’ wishes and how they have identified and reduced risks to support their independence as much as possible. Records show staff have had training to assess and evaluate risks to allow the consumer to live the best life they can.

## The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure the service has a culture of inclusion and respect for consumers whereby consumers are respected and enabled to exercise choice and independence.

## 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 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 Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed 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:

* they are involved in care planning conversations and if not familiar with their plans or when they were last addressed, were able to identify their personal printed copy located within their rooms.
* expressed their involvement and input with care and services planning including advance care planning and stated the service communicates effectively with them and has provided information including care plans for their records, as required and on request.

The Assessment Team found the organisation has clinical governance frameworks that provide guidance and ensure each consumer is supported in a safe environment to have consumer-centred conversations about their care with appropriately trained and qualified staff, internal and external to the service. The Assessment Team was provided templates and examples evidencing how they support consumers and staff to make advance care plans. These forms demonstrated consumers’ input and choice, as well as from family and other medical input from relevant health professionals.

Care planning documentation viewed by the Assessment Team demonstrated assessment and planning is conducted for each of the consumers sampled. However, two consumers who have cognitive impairment have not had their pain issues assessed effectively by staff because of inadequate education on how to use the service’s pain tool.

Care plan evaluations are done every six months and/or when changes occur with the consumer’s condition. Care plans are goal focussed and include risk management strategies for consumers who chose to take to risks and other risk related issues.

Care planning documents viewed by the Assessment Team include advance care planning and end of life planning if the consumer wishes. A series of electronic and paper-based files were observed for consumers including advance care planning which everyone is offered on admission and/or at care evaluations and Palliative planning consultation.

Staff could describe to the Assessment Team how they use assessment planning to inform how they deliver safe and effective care through referring to the consumer’s care plan, through their interactions with consumers and their representatives, medical officers, specialists and within internal multi-disciplinary team meetings. They assess risk through monitoring, observing, reporting and implementing strategies to minimise risk.

## The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning have a focus on optimising health and well-being in accordance with the consumers’ needs, goals and preferences.

## 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 is readily available to the consumer, and where care and services are provided.

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

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

# 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 two of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team recommended requirements (3) (b) and (f) in Standard 3 as not met. I have considered the Assessment Team’s findings, approved provider’s response and the totality of the evidence within the report to come to a view about compliance with Standard 3 and find requirements (3) (b) and (f) as Non-Compliant. I have provided my reasons for my decision in the respective requirements in the body of the report.

The Assessment Team found majority of the consumers sampled considered they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* all but two consumers interviewed confirmed the staff provide safe and effective care and they receive the care they require.
* two consumers interviewed stated staff have not responded promptly to their care.
* they are getting care that is safe and right for them.
* their care has been tailored to their needs with appropriate input from nurses, doctors and specialists.

The Assessment Team found the organisation could not demonstrate it understands and applies this requirement by effectively managing and monitoring consumers with high impact or high prevalence risks associated with weight, pain and medication management, in line with the organisation’s policies.

Care planning documentation considers best practice for full care evaluations which assess multiple domains of care including, but not limited to, sleep, nutrition, medication management, pain, toileting, as well as individual needs and preferences. These domains are reviewed on a regular basis and as required to maintain safety, to be tailored to the individual and to optimise health and wellbeing.

Staff stated to the Assessment Team they have been given training with care delivery for consumers nearing end of life and know practical ways in which consumers’ comfort is maximised near the end of life.

The organisation was able to demonstrate active monitoring of the influenza vaccinations for all consumers and staff members within the service.

### 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 Team found the service did not meet this requirement. The service could not demonstrate it understands and applies this requirement by effectively managing and monitoring consumers with high impact or high prevalence risks associated with weight, pain and medication management in line with the organisation’s policies. Two consumers had weight loss greater than six kilograms in two months, pain charts were not completed in sufficient detail and were not used effectively for three consumers to manage their pain effectively. There have been multiple episodes where medication has been administered late and one instance signed as given but not given.

The approved provider has refuted the information in the Assessment Team’s report and as well has provided further information in their response. The approved provider stated, regarding the two consumers with a weight loss, the clinical staff were aware and followed procedures in accordance with their Altered Nutrition Standard Operating Procedure (SOP). The approved provider indicated the two consumers were not referred to a Dietitian as per their policy due to substantial emotional and health reasons and both remain in their weight range. In relation to three consumers regarding their pain not being managed effectively, the service indicated pain has been managed effectively in accordance with Doctors’ orders. Whilst there were pain treatments identified within one consumer’s care plan, their pain assessment had not been saved. This has now been completed by the Care Coordinator. The approved provider acknowledges another consumer’s PRN risperidone prescription does not have an indication listed, however their regular order for risperidone states the indication as agitation. The PRN order has now been updated. The service’s computerised medication system does not allow for flexibility in administration times in line with service’s model of care and there are various reasons why the medication is administered late due to consumer preferences.

Based on my review of the Assessment Team’s report, and I acknowledge the approved provider’s response, I am satisfied the requirement is Non-compliant as at the time of the site performance audit two consumers did have weight loss and the service did not respond appropriately and promptly to the consumers’ changing needs. The two consumers with diet-controlled diabetes have lost 6.3kg and 6.5kg respectively within two months and in both instances have not been referred to a dietitian as per the policy and care directives. The Assessment Team’s report outlined consumers’ medication was administrated late. The approved provider response indicates improvement to late administration is being undertaken to optimise how this alert is used in future, including:

* implementation of a formal weekly review of their alerts to be undertaken by the Quality and Education Coordinator highlighting late administration of medications.
* all Registered and Enrolled Nurses have been reminded of the need to enter a comment into the medication chart where they have signed a medication later than the prescribed administration time.
* liaison with consumers and their General Practitioners to review medication administration times where consumers consistently prefer their medications outside the prescribed time.

I have reviewed the information concerning why medication may have been administered late and acknowledge the improvements the service will be implementing, however there are certain medications that are required to be administered at the correct time and, if not, may impact on the consumer’s condition.

### 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.

and preferences is documented and communicated within the organisation.

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

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

The Assessment Team found the service did not meet this requirement. The service did not refer two consumers with weight loss issues, to a dietitian as per the service’s policy until the last day of the site audit visit and following the Assessment Team’s line of inquiry. A review of two consumer care files showed referrals had not been made in a timely manner. The Assessment Team viewed the service’s policy for weight management that indicates consumers with a positive or negative weight change in a two-month period to be referred to their internal weekly multi-disciplinary care management meeting to discuss current situation, interventions and guidance on support strategies including monitoring and referring to appropriate health professionals.

The approved provider has refuted the information in the Assessment Team’s report as well providing further information in their response. The approved provider stated the weight loss for the two consumers was being managed effectively and appropriate referrals have been made as and when required. Over the last 12 months a total of 46 residents have been assessed by a Dietitian. The approved provider indicated that they have altered the Nutrition Standard Operating Procedure which has been updated to flag consumers for further intervention who have had weight loss of equal to or greater than 2 kilograms in 2 months or loss of any amount of weight every month, over three consecutive months.

Based on my review of the Assessment Team’s report, and I acknowledge the approved provider’s response, I am satisfied the requirement is Non-compliant as at the time of the site performance audit two consumers did have weight loss and the service did not respond appropriately and promptly to the consumers’ changing needs, as per their processes.

### 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 all consumers and representatives interviewed said consumers get the services and supports for daily living care important for their health and well-being and enable them to do the things they want to do. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* they are supported to keep in touch with the people who are important to them, including family, friends and the wider community.
* they are supported to do the things they like to do and the service provides a varied lifestyle program.
* described how the lifestyle program provides them interesting things to do.
* described how the service supports them in their relationship with each other by providing them privacy and private areas.
* they provided positive feedback in relation to the quality, quantity and experience that the food at the service offers.
* they are regularly engaged to provide feedback and contribute to the menu planning so that it best suits their needs and preferences.
* they are in support of the new Al a carte menu and how the choice has expanded again.

The Assessment Team found 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 through their policies and procedures that support staff to deliver care and treatment in accordance with the requirements detailed in the care and lifestyle plans.

Five consumer lifestyle assessments, lifestyle care plans and activity evaluations viewed by the Assessment Team demonstrated individual consumer’s preferences are documented in relation to their participation within the service and the wider outside community. Five consumer lifestyle care plans also showed their preferences for spiritual/religious choices and significant events that may impact their emotional or psychological well-being.

Lifestyle and care staff interviewed by the Assessment team could explain what is important to consumers, and what they like to do, this information was reflective of consumer feedback and lifestyle care plans.

The Assessment Team observed consumers participating in a range of activities throughout the site performance audit.

The hospitality staff interviewed by the Assessment Team said the menu is designed seasonally and is discussed with consumers for their input, in-person at meal times, during care plan reviews and at resident meetings. Feedback to date has been positive, noting a past history of complaints. Since October 2019 the service has refined the menu to simplify the food choices as consumers were reporting meal choice names were too complex or unfamiliar.

Hospitality staff and care staff were able to explain to the Assessment Team any specific dietary needs or preferences for consumers with the use of various mechanisms for the collection and notification of changes. Staff report the workflow processes are well defined and each member of the team knows when and how food services are to be run.

The Assessment Team found the service was able to demonstrate consumers and staff are supported by equipment which is safe, suitable, clean and well maintained by staff at the service and external contractors. Food services are monitored and meet legislative requirements. Consumer input into the menu is sought through various established mechanisms. Consumers and staff are excited about the new kitchen due to be commenced this year.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure the service provides safe and effective services and support for daily living to optimise the consumer’s impendence, health, well-being and quality of life.

## 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 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

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

The Assessment Team found all consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they feel safe living in the service.
* the service supports friends and family to visit and that they are welcomed.
* they feel at home and they can personalise their rooms.
* the gardens, landscaping and the general facilities of the service as being well-kept and “just like home”.

The Assessment Team found the organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment through their process to ensure the environment suits the consumers’ needs.

The Assessment Team observed consumers interacting in the outside areas, walking, sitting at tables, having a nap amongst shaded courtyard areas and gardens that are well kept.

Maintenance staff interviewed by the Assessment Team said they check the maintenance logs they have online for any maintenance requests. Maintenance staff indicated they have scheduled maintenance which is routinely undertaken to assist in maintaining the service environment and equipment. A review of the maintenance folder demonstrated maintenance is undertaken in a time manner.

Care and lifestyle staff interviewed by the Assessment team said they know how to identify and report on any safety issues they may identify, further adding they are aware of to whom and how to raise maintenance requests.

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

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

* they feel safe in raising concerns and are confident action will be taken.
* they feel safe to make complaints, and staff openly encourage feedback from them.
* they would speak with management if an issue was not addressed to their satisfaction and management respond quickly and actively address all issues.
* two consumers stated they had concerns with the management of their care needs which were addressed previously by management, however they have reoccurred and don’t have confidence their issues will be dealt with adequately.

The Assessment Team found management was able to demonstrate all feedback received is responded to verbally or in writing and actions taken are reviewed to ensure the complainant’s satisfaction. Complaints are escalated to management as necessary and an open disclosure process is used when things go wrong. Feedback and complaints are reviewed by management and result in continuous improvement activities.

Staff interviews by the Assessment Team demonstrated knowledge of how to enable consumers and representatives to access feedback processes and advocacy services as needed. They also demonstrated how verbal feedback is communicated so management can address it.

The Assessment Team found the service actively encourages feedback from consumers, representatives and staff. The service conducts regular consumer and relative meetings at which feedback and complaints are discussed. The service analyses feedback and identifies trends and includes improvements in the continuous improvement plan. A recent improvement has been the commencement of daily cooked A’ La Carte meals and a buffet breakfast service.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service 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 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.

The Assessment Team recommended requirement (3)(a) in Standard 7 as not met. I have considered the Assessment Team’s findings, approved provider’s response and the totality of the evidence within the report to come to a view about compliance with Standard 7 and find requirement (3)(a) as Compliant. I have provided my reasons for my decision in the respective requirements in the body of the report.

The Assessment Team found consumers interviewed indicated 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 the consumers and representatives during interviews with the Assessment Team:

* staff are kind and caring.
* staff know what they are doing.
* they think there are adequate staff.
* they get quality care and services when they need them and from people who are knowledgeable, capable and caring.
* they would like to see more regular permanent staff attending to their care needs.

The Assessment Team was advised by management, when calculating the numbers of staff required to deliver care, factors such as complexity of consumer needs, numbers of consumers in the home, mobility of consumers, and feedback from consumers and staff is used to formulate appropriate staffing numbers. The service was able to demonstrate that members of the workforce have skills and qualifications to perform their roles. There is an internal staff auditing program to identify staff who may need more training.

The Assessment Team observed most staff interactions to be kind, caring and respectful to the consumers. Most consumers and representatives sampled stated that they find that staff are kind, caring and gentle when providing care. However, one consumer stated that staff are not treating them with care and respect.

The Assessment Team noted that the service frequently uses a high volume of agency staff to cover staff gaps in their rostering system. Two consumers provided feedback that there are too many agency staff who do not know what they are doing. The Manager said they try and balance staff within the service so there aren’t too many agency staff in one area. They have an agency orientation check list and the Registered nurse from the outgoing shift orientates them.

Consumers provided feedback to the Assessment team about staff for good and bad work by staff through feedback forms and meetings with management. The Care manager will conduct on the floor observations of staff interactions towards consumers and will meet with the individual consumer and their representative to get their feedback.

## 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 the service did not meet this requirement. The service was unable to demonstrate that adequate staff have been recruited to cover shifts on an ongoing basis and have supplemented uncovered shifts with a high volume of agency staff. The service frequently uses a high volume of agency staff to cover staff gaps in their rostering system; consumers and their representatives are not satisfied with the care provided by agency staff and have stated that this has an impact on their care. The service is not managing staff response times to call bells and consumers have had to wait for long periods to have their needs attended. Consumers have reported this to management however there has been no plan implemented to address call bell response times.

The approved provider refuted the Assessment Team’s findings and has submitted further clarifying information and stated the information in the Assessment Team’s report highlighted the negative comments of consumers and representatives to the higher than normal use of agency staff. The service acknowledges that in ideal circumstances, they would not need to engage agency staff, however the service’s policy is to ensure shifts are covered. To reduce the potential negative consequences of employing agency staff, the service has in place a preferred contractor agreement. In the case of longer shifts requiring coverage, the service’s staff are asked to extend where possible to reduce the number of agency staff required. The service has employed seven new care staff with further recruitment occurring in February and March 2020. The service also conducts quarterly call bell response time audits and trending and any complaints made regarding call bell response times; an investigation of what has occurred is conducted by reviewing the call bell log, security camera footage and speaking with relevant staff.

### Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the requirement is Compliant. In making my decision the information provided demonstrated the organisation have a system to work out workforce numbers and the range of skills they need to meet consumers’ needs and deliver safe and quality care and services at all times. The work schedules for the workforce show how the organisation makes sure there are enough workforce numbers, and they review call bell data to ensure the service is delivering appropriate care and services.

### 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.

The Assessment Team recommended requirement (3) (d) in Standard 8 as not met. I have considered the Assessment Team’s findings, approved provider’s response and the totality of the evidence within the report to come to a view about compliance with Standard 8 and find requirement (3) (d) as Compliant. I have provided my reasons for my decision in the respective requirements in the body of the report.

The Assessment Team found consumers interviewed indicated the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* the organisation is well run and the manager is approachable.
* they can provide feedback on the care and service through the internal feedback mechanism such as resident meetings and care and service plan reviews.

The Assessment Team found the organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, and feedback and complaints.

The Assessment Team found the service has risk management systems and practices in place to manage high impact and high prevalence risks associated with the care of consumers. However, they have not identified and monitored the risk and impact on consumers with time sensitive medications.

The Assessment Team found the service actively engages consumers in the development, delivery and evaluation of care and services and they are supported in that engagement. This is done through comments and suggestions, menu planning and focus groups where the consumers are asked for feedback. From this feedback they determine the consumers’ needs. Management explained that in the middle of 2018 a focus group was held with an external facilitator, regarding the new standards. They spoke with the consumers and family members on how they perceived the service at that point in time and things they would like to see changed. A new committee was set up and the organisation’s focus went from what they needed, to what the consumer required.

Staff interviewed by the Assessment Team understood the principles of anti-microbial stewardship and open disclosure. Staff could describe how they would respond to such incidents and management demonstrated appropriate systems in place to support staff.

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

## 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 the service did not meet this requirement. The Assessment Team indicated while the service has systems for capturing data regarding medications delivered late, the service is not using this data to record them as incidents. These are subsequently not identified and monitored to reduce the risk and impact on consumers with time sensitive medications. These medications have been delayed and only delivered after a prolonged period. The Assessment Team viewed the service’s electronic clinical ‘alert’ system which identified 1,334 episodes of medications administered late between 1 January 2020 to 17 January 2020. However, the Assessment Team did not indicate what the 1,334 episodes of medications administered late were and how or what risk impacted the consumers. Management acknowledged they know the alerts are there however, they have not investigated and reported these. This is not in accordance with their investigative responsibility of mitigating risk as outlined in their ‘Clinical Governance Framework’ which states to investigate incident or event; identification of the underlying root causes or system level issues; and implementation of an improvement strategy.

The approved provider refuted the Assessment Team’s findings and has submitted further clarifying information, and stated the information in the Assessment Team’s report for the medications administered late alerts does not necessarily equate to incidents or risks associated with the care of residents. The service acknowledged that whilst 1334 ‘medication administered late’ alerts were flagged during the Accreditation visit, this did not equate to 1334 instances of incidents or risks associated with the care of the consumer. The instances were all addressed as either staff not signing straight after the medication, or consumers were asleep, or medication was refused. Any medication errors, the service completes medication incident reports and staff follow up incidents as well . The organisation has processes in place to identify medication incidents and these are being monitored systematically.

Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the requirement is Compliant. In making my decision I noted the reasoning in the Assessment Team’s report referred to further information being evident in Standard 3 requirement (3) (b) as cross-referencing, however, based on the information available I am unable to definitively link the deficiencies identified that the organisation could not demonstrate they have an effective risk management systems and practices. The service provided evidence of medication incident data for 2019 year to date. During this period medication incidents and errors have dropped compared to 2018. All medication incidents have been identified and none have resulted in any medical interventions or adverse effects to the consumer. All medication incidents were reported to the consumer, family and their general practitioner.

### 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 3(3)(b)

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

* Develop a process to capture that all consumers’ weights are reviewed and monitored; and as well, responding appropriately and promptly to a consumer’s changing needs.

### Requirement 3(3)(f)

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

* Develop an effective process to ensure all consumers are referred in a timely manner and if there are barriers to timely referrals, reviewing other options to remove the barriers