Lake Haven Court Aged Care Facility

Performance Report

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Phone number: 02 4394 0555

**Commission ID:** 0707

**Provider name:** Central Coast Community Care Association Limited

**Site Audit date:** 1 February 2022 to 3 February 2022

**Date of Performance Report:** 31 March 2022

# Performance report prepared by

James Howard, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **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) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | 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** | **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** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 conducted from 1 February 2022 to 3 February 2022; 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 9 March 2022.
* other information and intelligence held by the Commission in relation to this service.

# 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, informed by the evidence from the Assessment Team’s site audit report, and the service’s response to the site audit report.

The evidence included:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation and risk assessments.
* The service’s policies, procedures and staff education topics.
* Observations during the site audit.

The service’s written response to the site audit included supporting evidence such as applicable medical documentation which clarified examples highlighted by the Assessment Team.

Sampled consumers advised the Assessment Team they were treated with dignity and respect, supported to maintain their identity and could make informed choices about their care and services to live the life they chose. Staff explained how each consumer’s life story, culture and diversity, needs and preferences influenced the delivery of care and services. Consumers and staff provided examples of how the service embraced individual culture and diversity, values and beliefs in a safe manner. Care planning documentation demonstrated that the service captured individualised information relating to consumers’ religious, spiritual and cultural needs and personal preferences.

Staff explained how they supported consumers in their decisions to involve, or not to involve, others in their care and how they supported consumers to communicate their decisions. Staff supported consumers to maintain relationships of choice, for example, through outings to visit friends and family, attending clubs and other activities outside the service. The Charter of Aged Care Rights was displayed throughout the service.

Overall, consumers were supported to take risks to enable them to live their best life, as verified by feedback from consumer interviews. Staff demonstrated awareness of sampled consumers’ needs and preferences regarding activities associated with risk, such as smoking. Staff supported and involved consumers to consider benefits and risks when making decisions.

The service provided a written response which clarified 3 risk based examples highlighted in the Assessment Team’s site audit report, as discussed further under ‘Assessment of Standard 1 Requirements’ Requirement 1(3)(d).

Consumers and representatives confirmed that they were provided information in a clear and easy to understand manner, that was timely, and enabled them to exercise choice about consumers’ care and services. Staff explained that information was communicated to consumers through various methods such as noticeboards, verbal and written communication, visual prompts and hand gestures, Australian sign language interpreter services and other interpreter services.

Staff described the practical ways they respected the personal privacy of consumers, for example, knocking on consumers’ doors before entering. In regard to the confidentiality of consumers’ personal information, the Assessment Team observed that the nurse’s station was locked at all times, and consumers’ electronic documentation was password protected. Staff demonstrated awareness of consumers’ authorised primary contacts in relation to disclosing personal information.

## 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.*

The Assessment Team recommended Requirement 1(3)(d) as compliant, based on the balance of evidence which demonstrated, overall, consumers were supported to take risks to enable them to live their best life.

The Assessment Team highlighted that a dignity of risk form was not completed for a consumer regarding their meal preference, with consideration to potential risk of dysphagia and swallowing difficulty. The Assessment Team also identified that 2 general risk assessments were not completed for consumers’ decision to smoke.

In its written response, the service noted that for the first consumer, a nutrition and hydration assessment was available during the site audit which documented risks associated with swallowing, aspiration and choking, and mitigation strategies in place to assist with meals. The service acknowledged that a speech pathologist swallowing assessment had not been completed in over 12 months due to no reported change in the consumer’s condition. However, when the matter was raised with management during the site audit, the service arranged a speech pathologist referral and assessment for the consumer. As supporting evidence, the service provided an updated copy of the speech pathologist assessment, which confirmed the consumer could have regular food with supervised assistance, therefore not requiring a dignity of risk form.

The service acknowledged that general risk assessments were not completed for 2 consumers who wished to smoke. However, the consumers had lifestyle and care assessments, and dignity of risk forms (not to wear a smoking apron) in place during the site audit. In its written response, the service advised that general dignity of risk forms were completed for the consumers, and the service included training on dignity of risk in its annual education and orientation program.

Based on the Assessment Team’s findings, and further information provided by the service, Requirement 1(3)(d) is assessed as compliant. Overall, the service demonstrated that it had sufficient processes and procedures in place to support consumers with their right to undertake activities associated with risk.

### 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, informed by the evidence from the Assessment Team, and the service’s written response to the site audit report.

The Assessment Team evidence included:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Observations during the site audit.

Based on review of the evidence, the service demonstrated that consumers were involved in the ongoing assessment and planning of their care and service delivery needs, to optimise their health and well-being.

Overall, the service demonstrated it considered risks to consumers’ health and well-being through its assessment and planning process and used evidence-based assessment tools to inform the delivery of safe and effective care and services. I have considered examples of discrepancies of care planning documentation covered under Standard 1, Standard 2 and Standard 3, and endorse the Assessment Team’s recommendation of compliance for Requirement 2(3)(a) as detailed further under the section ‘Assessment of Standard 2 Requirements’.

All sampled consumers confirmed that the service spoke to them about their end-of-life wishes and advance care directives, which aligned with information in their care plans. The care plans identified consumers’ current needs, goals, preferences and required referrals, which aligned with consumer and representative feedback. Care plans contained relevant information on how the service supported individual requirements, for example a consumer’s social needs, repositioning and pain management.

Consumers considered that the assessment, planning and review of their care and services was conducted in partnership with the service, and involved other providers of care and representatives with the consumer’s consent. Review of care plans demonstrated that the service partnered with consumers in the care planning process. Management advised that all consumers received a copy of their care plan before a care plan reassessment, so they are provided the opportunity to contribute and make notes. Staff explained in practical terms how they communicated assessment and planning outcomes to consumers, for example, by using tailored communication such as sign language, or considering consumers’ behavioural needs.

Clinical staff advised they monitored the effectiveness of consumers’ care plans through daily interactions with consumers, to determine if reviews were needed. To ensure the effectiveness of consumer-centred care, the service set 5 goals in all consumers’ care plans, to monitor progress against consumers’ needs.

All staff demonstrated awareness of their responsibilities under incident reporting and escalation processes, and the requirement to report changes in a consumer’s condition that may prompt re-assessment. All sampled consumers advised their care plans were reviewed regularly, or when their circumstances changed, and that the service communicated any required changes to them.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team recommended Requirement 2(3)(a) as compliant based on the weight of evidence which demonstrated assessment and planning, including risk to consumers’ health and well-being, informed the delivery of safe and effective care and services.

However, under the site audit report Requirement 2(3)(a), the Assessment Team highlighted an example of inconsistent record management for a consumer, in regard to alcohol consumption, although the report noted there was no identified adverse risk to consumer. In its written response, the service clarified that due to a change in the service’s care planning forms, the error may have been caused by incorrect data transcription.

In addition to the example under the site audit report Requirement 2(3)(a), the Assessment Team highlighted other examples under Standard 1, Standard 2 and Standard 3 of missing or contradictory information in care planning documentation.

I considered the examples covered by the Assessment Team, and noted there was low risk to the identified consumers, with other forms of information available to assist with the care and service delivery for the consumers. In response to the examples covered under Standard 1, Standard 2 and Standard 3, the service acknowledged the matters raised by the Assessment Team, and addressed the feedback through following actions:

* All matters regarding inconsistent or incomplete record management for the applicable consumers were addressed, with appropriate referrals to health professionals actioned and completed.
* Care plans with modified food and fluid consistencies requirements were audited for current interventions, per speech pathology reports.
* Registered nurses now review all transcribed care plans before approval.
* Staff education on restrictive practice and wound management, applicable to assessment and planning.
* The service established a central email address to ensure all clinical information from general practitioners and registered nurses was available for all clinical staff to transcribe into care planning documentation.
* Review and redistribution of the service’s clinical documentation requirements policy.

I considered the totality of evidence presented by the Assessment Team and the service’s written response and find Requirement 2(3)(a) compliant. Overall, the evidence demonstrated the service considered risks to consumers’ health and well-being during assessment and planning. All sampled consumers indicated the service’s assessment and planning process considered their personal and clinical care needs and preferences, and provided solutions in line with the consumer’s wishes that considered risk. However, I acknowledge the examples presented by the Assessment Team, and have discussed this further under the most applicable requirement, Requirement 3(3)(e).

### 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) 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-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as Non-Compliant, as one of the seven specific requirements have been assessed as Non-Compliant, informed by the evidence from the Assessment Team, and the service’s response to the site audit report.

The site audit report’s evidence included:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Observations during the site audit.

The service’s written response to the site audit included evidence such as:

* Meeting minutes in the service’s care governance report September – October 2021, and other applicable meeting minutes.
* The service’s care governance report November – December 2021.
* Record of completed environmental restraint behaviour support plans.
* Record of staff education for restrictive practices and behaviour support planning, 25 February 2022.
* Updated wound care training resource for staff.
* Applicable medical documentation relating to consumer examples covered under standard 3.
* The service’s restrictive practice documentation suite, including:
	+ minimising restrictive practices policy
	+ behaviour support planning procedure
	+ chemical restraint procedure
	+ informed consent forms
	+ environmental, mechanical, psychical and restraint procedure
	+ perimeter restraint assessment tool
	+ safety device assessment tool.

The Assessment Team recommended that Requirement 3(3)(a) and Requirement 3(3)(e) be found to be non-compliant. However, having considered the evidence in the site audit report and the evidence provided by the service in its response, I determined Requirement 3(3)(a) was compliant. This is detailed further under the section ‘Assessment of Standard 3 Requirements’.

Overall, based on the evidence presented by the Assessment Team and service, the service demonstrated that consumers received safe and effective personal and clinical care, that was best practice, tailored to individual needs, and optimised consumers’ health and well-being, including restrictive practice, skin integrity and pain management. Consumers provided examples of how the service tailored their daily care needs and preferences, in line with best practice principles, which aligned with feedback from staff interviews. Staff had access to evidence-based work instructions, which guided personal and clinical care in a safe and effective manner.

The service demonstrated that risks for each consumer including falls, skin integrity and pain were effectively managed through evidence-based assessment and planning, incident documentation and referrals to the medical officer and health professionals as required.

Consumers and representatives considered that consumers’ advanced care and end-of-life directives were respected and followed by the service. Clinical staff explained how they tailored end of life care for consumers to maximise comfort and preserve dignity.

Staff explained in practical terms how they identified and responded to deterioration in consumers’ care needs, including monitoring, assessment, referral and escalation to clinical staff and other health professionals. During the site audit, the service demonstrated compliance with requirements under the Serious Incident Reporting Scheme, including assessment, monitoring and reporting.

Based on the balance of evidence presented by the Assessment Team and the service, the service was unable to demonstrate that information about consumers’ conditions, needs and preferences were documented in a consistent manner, detailed further under the section ‘Assessment of Standard 3 Requirements’.

Review of care planning documentation demonstrated that consumers received timely and appropriate referrals to organisations and providers of other care and services, as substantiated against consumer, representative and staff interviews.

Clinical staff demonstrated knowledge of infection control principles and appropriate use of personal protective equipment. The Assessment Team observed the service’s suite of documentation, which demonstrated the service considered practices and procedures to minimise infection related risks, such as:

* antimicrobial stewardship policy
* outbreak management plan
* internal audits of antibiotic prescriptions.

The Assessment Team confirmed staff were supported to understand the risks associated with infections, and antibiotic resistance through staff training and infection control policies, instructions and guidance.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team considered that discrepancies in care planning documentation, relating to regulatory compliance for behaviour support plans, did not warrant a finding of compliance under Requirement 3(3)(a).

Based on the balance of evidence presented by the Assessment Team and the service, I have determined Requirement 3(3)(a) is compliant, having considered the frequency of the discrepancies, associated risk and actions taken by the service. However, I acknowledge the findings presented by the Assessment Team, and consider the matter regarding regulatory compliance applicable to a non-compliant finding under Requirement 8(3)(c)(v), detailed further under standard 8.

The Assessment Team also considered discrepancies in the record management for wound care for a consumer. However, I deemed this example relevant to the Assessment Team’s non-compliant finding under Requirement 3(3)(e). Given that low risk was identified concerning the clinical outcome and care of the consumer, and that the consumer reported no issues with the care of their wound, I considered this example more applicable regarding record management under Requirement 3(3)(e).

Overall, the totality of evidence presented by the Assessment Team and the service demonstrated that the service provided best practice clinical and personal care, that was tailored to consumers’ needs and optimised health and well-being.

Consumers and representatives considered that consumers received safe and effective personal and clinical care that was best practice, tailored to individual needs and optimised health and well-being, as substantiated by review of care planning documentation and site audit observations. Staff described strategies that the service used to manage behaviour and restraint minimisation. Staff and consumers were supported by written policies to minimise the use of restrictive practice to ensure care and services aligned with best practice principles. Sampled consumers considered that their pain management was adequately addressed, tailored to their needs, and also explored other non-pharmacological methods of pain relief. Overall, review of sampled care plans, demonstrated regular wound area care for applicable consumers, with completed chronic wound care plans. The Assessment Team observed consumers at high risk of pressure sores, had interventions such as bed ends and pressure mattresses.

Having considered all the available evidence, I decided that Requirement 3(3)(a) was Compliant.

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

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

### 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) 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 service demonstrated how it shared information about consumers’ condition, needs and preferences within the organisation, and with others responsible for consumers’ care. However, based on several examples highlighted by the Assessment Team, at the time of the site audit, the service was unable to demonstrate consistent documentation of consumers’ condition, needs and preferences. Having considered the examples provided by the Assessment Team, and the service’s written response, I determined Requirement 3(3)(e) is Non-compliant.

The service acknowledged and actioned the Assessment Team’s feedback, as outlined in the specific examples below. However, at the time of the site audit, the service was unable to demonstrate compliance, to a consistent standard, as there were several examples of care plans that required updates, assessment or revision.

The evidence that informed the decision to determine Requirement 3(3)(e) as non-compliant is outlined below:

Example 1

As detailed under Requirement 1(3)(d), the Assessment Team found that general risk assessments were not completed for 2 consumers who wished to smoke. In its written response, the service advised that the general dignity of risk forms were completed for the consumers, and that the service had included training on dignity of risk in its annual education and orientation program.

Example 2

As detailed under Requirement 2(3)(a), the Assessment Team found that a consumer’s care plan contained contradictory information about their alcohol consumption, which did not align with the consumer interview. In response to the site audit report, the service reported that it updated the consumer’s care plan.

Example 3

During the site audit, the Assessment Team identified 6 out of 8 consumers that were potentially under environmental restraint but did not have a behaviour support plan in place in accordance with the legislative requirements for restrictive practices under the *Aged Care Act 1997*. By the end of the site audit, 5 out of 6 of the behaviour support plans were completed. In its written response, the service advised that all 6 behaviour support plans were updated to consider the use of environmental restraint.

The service advised that at the time of the site audit, the 6 consumers had signed informed consent in place and a perimeter restraint assessment. However, in its written response, the service acknowledged that at the time of the site audit, it was non-compliant with the legislative requirement to consider environmental restraint under behaviour support plans. Further context regarding the service’s response to environmental restraint, and restrictive practice in general, is explored under Requirement 8(3)(c)(v).

Example 4

In the site audit report, under Requirement 3(3)(a), the Assessment Team highlighted an example of inconsistent record management for a consumer’s wound care. In isolation, the one example did not warrant a finding of non-compliance under Requirement 3(3)(a), given that other sampled care planning documentation demonstrated sufficient wound care management and documentation. The discrepancies in documentation, identified by the Assessment Team, are discussed under Requirement 3(3)(e).

The Assessment Team found the following discrepancies in the consumer’s care plan:

* Inconsistent categorisation of wound stages: e.g. stage 4 to stage 2 that was recorded on the same day, and occurred again a couple of days after.
* Most photographs accompanying the wound care plan did not have a ruler to measure the wound, or specification of the date the photograph was taken.

In response to the site audit report, the service advised it engaged a wound consultancy organisation to review the service’s wound care management, and reported that treatment plans will be reviewed and updated. The service reported that it purchased and trailed new wound rulers, additional equipment for skin integrity and established a pressure area care workbook to guide staff in the assessment and treatment of wound care.

Example 5

The Assessment Team identified that record management of blood glucose level monitoring, for one consumer, ceased without any clear explanation as to why in the consumer’s care plan records. No adverse clinical outcomes were reported. In its written response, the service identified that correspondence with general practitioners was not being updated regularly in progress notes and as registered staff left. To address the feedback, the service reported that it established a central email address to ensure correspondence between general practitioners and clinical staff will be updated in consumers’ care plans. The service advised that it had redistributed its clinical documentation requirements policy to staff.

Example 6

The Assessment Team received staff feedback that a consumer did not wish to consume thickened fluids, and staff had considerations as to risk of dysphagia and swallowing difficulties. The Assessment Team identified care planning documentation did not contain updated information regarding the consumer’s swallowing and dietary requirements, for instance preference not to consume thickened fluids under a dignity of risk form, and the last speech pathologist assessment was completed on 26 December 2020.

In response, the service clarified that at the time of the site audit, the consumer had a nutrition and hydration assessment dated 30 June 2021, which documented the consumer’s difficulties with swallowing and dysphagia. The service referred the consumer to a speech pathologist during the site audit, and the subsequent assessment determined the consumer could consume regular foods with supervised assistance and did not require an updated dignity of risk form.

The service acknowledged that a swallowing assessment had not been reviewed for over 12 months, and stated ‘on review of the documentation, there is no clinical deterioration evident to suggest this was necessary.’ Based on the service’s response, and the Assessment Team’s findings, it was unclear as to why staff had concerns around the refusal of thickened fluids and risk of dysphagia and swallowing difficulties if, as advised, there was a nutrition and hydration assessment in place to guide care and service delivery, and there was no clinical deterioration evident.

With consideration to the feedback provided by the Assessment Team, staff and the service’s written response, an updated assessment and a dignity of risk form were required to provide clarity on the most up to date personal and clinical care for the consumer, and to guide staff practice.

Example 7

The Assessment Team identified that a depression scale was not completed until 8 days after a reported incident of suicidal ideation. Based on the Assessment Team’s findings and the services response, the service demonstrated it undertook the relevant steps to address the incident, and that there were no reported adverse clinical outcomes. However, the service acknowledged that the completion of a depression scale for the consumer was not undertaken a timely manner. In response, the service advised it reviewed and redistributed its clinical documentation policy to staff, and raised the matter under registered nurse responsibilities at the staff meeting.

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports 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, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation, including progress notes and assessments.
* The service’s policies and procedures.
* Observations during the site audit.

Overall, sampled consumers advised they received safe and effective services and supports for daily living that were important for their health and well-being, and enabled them to do the things they wanted to do and remain independent. For example, one consumer explained that due to their visual impairment, staff organised a ‘smart speaker’ so they can listen to Spanish audiobooks and play Spanish music.

The Assessment Team observed staff reassuring and supporting consumers in a respectful and caring manner. Staff described individual consumer preferences, and how they tailored care to support consumers’ emotional, spiritual and psychological well-being. Staff explained that if they identified a consumer experiencing low mood, they talked to them about their interests and encouraged them to attend activities that they enjoyed. In the event the strategies were unsuccessful, staff would escalate the matter to registered staff for assessment and, if applicable, counselling and other health services.

Consumers and representatives considered that consumers were supported to participate in their community both within and outside the service environment, which aligned with information from sampled care plans and staff interviews. Staff explained how they supported sampled consumers to maintain social and personal relationships, and do things of interest to them.

Review of care planning documentation demonstrated that information about changes to a consumer’s condition, needs or preferences was recorded to guide care and services in relation to activities of daily living. Care planning documentation also demonstrated that information was shared with others responsible for the care of the consumer. For example, progress notes from allied health professionals regarding assessments to assist in lifestyle activity planning.

Staff were supported by policies and procedures to identify and place appropriate lifestyle referrals for consumers. Care planning documentation demonstrated involvement of other organisations and providers of care, that promoted consumers’ well-being, such as a mental health nurse and volunteers.

Consumers reported that the quality and quantity of food available was suitable for their individual needs. Consumer feedback aligned with care planning documentation, which identified individual dietary requirements, preferences and allergies. The service advised that it tracked the popularity of meals through audits which monitored the consumption of food and food wastage.

Equipment used for activities of daily living was observed to be safe, suitable, clean and well maintained.

## Assessment of Standard 4 Requirements*.*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard is assessed as Compliant, as three of the three specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, and the service’s response to the site audit report.

The Assessment Team evidence included:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff at the service.
* Review of the maintenance and cleaning logs.
* The service’s policies and procedures.
* Observations during the site audit.

Sampled consumers advised that the service environment felt like home, and that it was welcoming, easy to understand and navigate, safe and comfortable. Consumers advised that visitors to the service felt comfortable and welcome, and that they were encouraged to use communal spaces to host visitors. Observations showed the service environment enabled consumers’ sense of belonging, interaction and function, and noted:

* Consumers’ rooms were personalised, with personal belongings of choice.
* Clear signage to enable consumers’ navigation throughout the service.
* Sufficient lighting and handrails to support ease of movement.

The Assessment Team observed the service environment to be safe, clean and well maintained, and noted the following:

* Visible fire evacuation and exit signs.
* Wide corridors free from clutter.
* Suitable furniture in lounge and dining areas.
* Calls bells for consumers in their rooms.
* Emergency equipment available for staff use.

Maintenance described how it monitored and reviewed maintenance requests through the service’s electronic documentation system, to ensure the service environment was safe and well maintained. Consumers and representatives advised that consumers could freely move indoors and outdoors, which aligned with site observations. Staff described the systems and processes in place to monitor the cleanliness and safety of the service environment, which was validated against review of the service’s maintaince documentation. Staff advised that mobility equipment, such as hoists, were cleaned and serviced weekly or between each use, to ensure they were safe and fit for purpose. Cleaning staff followed a schedule for cleaning, and described the infection control processes they followed, including using different cleaning materials for infected areas.

## 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, informed by the evidence from the Assessment Team, and the service’s response to the site audit report.

The Assessment Team evidence included:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies, procedures and guidance materials.
* Observations during the site audit.
* Review of the service’s feedback and complaints register, and meeting minutes.

Consumers considered that they were supported and encouraged to give feedback and make complaints, which aligned with the Assessment Team’s review of the complaints register and meeting minutes. Staff described the different avenues available for consumers and representatives to provide feedback and complaints, such as feedback forms, direct feedback to staff, informal and formal meetings, and through external complaints and advocacy services. Consumers were supported to understand the feedback, complaints resolution and advocacy pathways through the service’s handbook, noticeboards, brochures and posters. Consumers with culturally and linguistically diverse needs or other communication barriers were supported through language translation services, in-person Australian sign language translation, and with information, for example the Aged Care Quality and Safety Commission official poster, translated in other languages.

Management advised that consumers were involved in the implementation and evaluation of feedback, and that when complaints were raised, an open disclosure process was used to address matters. Consumers and representatives confirmed that staff acknowledged complaints, and considered complaints to be resolved in a timely and appropriate manner. Staff were guided to assist consumers with complaints through policies and procedures relating to the documentation of complaints, investigation, resolution and evaluating feedback and complaints. Management demonstrated feedback and complaints were incorporated to improve the quality of care and services. For example, based on consumers’ feedback and complaints the service provided a wider variety of fruit, and offered meal taste tests before special occasions at the service, such as the Christmas party.

## 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, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of staff rosters, position descriptions, training records, education register and performance appraisals.
* The service’s policies and procedures.
* Observations during the site audit.

Sampled consumers advised they received care and services from staff who were knowledgeable, capable and caring and that, overall, the workforce was appropriately staffed. In the service’s written response to the site audit report, the service acknowledged one consumer’s feedback about the consistency of agency staff. To clarify matters, the service advised that its agency policy ensured the continuity of care; however, it would review procedures for staff replacement and agency usage.

All consumers reported they were treated well and respected by the staff, with no negative feedback in relation to the quality of care and services. The service acknowledged that COVID-19 had an impact on staffing; however, the service’s staffing ratios aligned with industry standards. The Assessment Team reviewed the service’s rosters, which demonstrated the workforce was appropriately staffed to enable the delivery and management of safe and quality care and services.

Consumers and representatives reported that consumers’ culture, identity and diversity was respected by all staff at the service. Training documents demonstrated that staff were given training on how to provide kind and respectful care and services.

The service was guided by processes and procedures which determined whether staff were competent and capable in their role. Staff performance was monitored through staff appraisals, internal audits and clinical data. Staff were required to undertake annual mandatory training and competency assessments, including medication competencies, manual handling, fire and evacuation training, infection control practices, COVID-19 and elder abuse as validated by review of education and training records. Review of employee records confirmed the service maintained records of police checks, professional registration, influenza and COVID-19 vaccination.

Management and sampled staff demonstrated they had the knowledge and skills to deliver safe and quality care and services, in line with the Quality Standards. Staff explained the Serious Incident Response Scheme and described the required actions for incident management, in addition to changes to restrictive practices under the Aged Care Act.

Policies and procedures guided workforce management, recruitment of staff, orientation and probationary processes. The Assessment Team observed that staff demonstrated a shared understanding of their roles and responsibilities.

## 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.*

### 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 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant, as one of the five specific requirements have been assessed as Non-compliant, informed by the evidence from the Assessment Team, and the service’s response to the site audit report.

The Assessment Team evidence included:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff, management and board members at the service.
* Observations during the site audit.
* Review of staff rosters, training records and performance appraisals.
* Review of the service’s policies and procedures, for example:
	+ risk governance framework
	+ clinical governance framework
	+ antimicrobial stewardship policy
	+ minimising use of restraint policy
	+ open disclosure policy.

The service’s written response to the site audit included evidence such as:

* Meeting minutes from the service’s care governance report September – October 2021, and other applicable meeting minutes.
* The service’s care governance report November – December 2021.
* Record of completed environmental restraint behaviour support plans.

The Assessment Team recommended Requirement 8(3)(c)(v) as compliant. However, having considered the evidence in the site audit report and the evidence provided by the service in its response, regarding behaviour support plans under Requirement 3(3)(a), I determined Requirement 8(3)(c)(v) was non-compliant. This is detailed further under the section ‘Assessment of Standard 8 Requirements’.

Overall, sampled consumers and their representatives reported the service was well run, and their input was used to improve care and service delivery. Consumers and representatives advised the Assessment Team that they were unsure how the board was involved with the delivery and evaluation of care. In its written response, the service advised that it raised the matter during the board meeting of February 2022, and that it would undertake the following actions:

* Dedicated email address for consumers and representatives to provide feedback directly to the board of directors.
* Email to be sent to all representatives regarding feedback processes.
* Feedback form and policy to be reviewed.
* Board member to attend resident meetings throughout the year.
* Creation of a consumer advisory committee.

Based on the service’s response, and overall positive consumer feedback, I endorse the Assessment Team’s finding of compliance for Requirement 8(3)(a).

The service demonstrated that its governing body promoted a culture of safe, inclusive and quality care and services, accountable for its delivery. The board was comprised of 6 members from different backgrounds and experiences, including a mix of clinical and non-clinical members. Staff received mandatory training and were provided with organisation values that related to consumer care. In relation to safe, quality care, the care governance subcommittee provided quarterly reports to track and benchmark performance, and identify trends. Management advised that the care governance reports promoted improvements to the service by using consumer risk profiles to inform staffing and skill mix.

The service demonstrated its risk management systems accounted for the management of high impact risks associated with care, identified and responded to abuse and neglect, supported consumers to live their best life and managed and prevented incidents. Management provided examples of risk in the delivery of care and services and how staff would manage risk in accordance with service policies and procedures, which was observed in practice by the Assessment Team. Serious Incident Reporting Scheme records were noted to be completed and up to date, in keeping with reporting requirements.

Based on review of the evidence, the service demonstrated that it had an effective clinical governance framework relating to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff were observed implementing policies and procedures, and were able to describe how they used these policies in practice. Clinical staff demonstrated an understanding of antimicrobial stewardship, and explained how preventative strategies were implemented, such as encouraging fluid intake to reduce urinary tract infections and reliance on antibiotics. The service demonstrated that it considered alternatives to the use for restraint. For example, the service worked with general practitioners reduce chemical restraints. In regard to open disclosure processes, clinical staff provided examples of how they kept representatives up to date with any changes to consumer care, and explained what the service’s open disclosure process and procedures meant to their role.

## 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) Non-compliant

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

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

As identified under Requirement 3(3)(a), the Assessment Team identified that during the site audit, 6 behaviour support plans for environmental restraint were not completed in keeping with legislative requirements implemented from the 1 September 2021 under the Aged Care Act. I considered the Assessment Team’s site audit report, and the service’s written response, and determined Requirement 8(3)(c)(v) regulatory compliance as non-complaint based on the findings during the site audit.

During the site audit, the service acknowledged that 6 behaviour support plans, for potential use of environmental restraint, were not completed for consumers, and had been identified as an outstanding item in governance reports dated September – October 2021 and November – December 2021. It was identified during the site audit that the 6 applicable consumers had signed informed consent in place.

In its written response, the service advised that all 6 behaviour support plans were completed. The service provided context as to why the behaviour support plans were outstanding during the site audit, and demonstrated understanding of the requirements and implementation of the restrictive practice legislation. Although the service was non-compliant regarding regulatory compliance for behaviour support plans: environmental restraint, it is noted that the service has addressed the feedback and reported the following actions:

* Additional restrictive practices and behaviour support education for registered nurses, as validated against staff attendance sheet 25 February 2022.
* Completed behaviour support plans, environmental restraint.
* Annual education for all staff on restrictive practices.

Based on the non-compliance during the site audit, frequency, and time since the implementation of restrictive practice requirements from 1 September 2021, Requirement 8(3)(c)(v) is deemed non-compliant.

In regard to other matters covered under Requirement 8(3)(c), the service demonstrated compliance, as discussed below:

* Staff had access to relevant information to support them to undertake their respective roles, for example, through an online sharing system and online care planning software.
* The service’s continuous improvement plan was informed by the Aged Care Quality Standards, policies and procedures, internal audit teams, feedback from complaints and feedback forms, surveys and consumer meetings.
* Management advised that outside the budget process, there were mechanisms in place to consider additional expenditure to meet the needs of consumers.
* Staff interviewed demonstrated an understanding and responsibility of their role, and processes in general that governed staffing.
* Review of the feedback and complaints register, policies and procedures, and interviews held at the service, demonstrated that the service had effective governance systems relating to 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*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

# Areas for improvement

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

* Requirement 3(3)(e): As discussed under this requirement, it was identified that the service required improvement to the record management and assessment under care planning documents.
* Requirement 8(3)(c)(v): As discussed under this requirement, it was identified that the service, at the time of the site audit, was non-compliant with the assessment and record management of behaviour support plans for environmental restraint.