Accreditation Decision

**Decision to re-accredit service following a site audit**

**Reconsideration Decision on the further period for which a residential service is to be accredited**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Lansdowne Gardens |
| **RACS ID:** | 0891 |
| **Name of approved provider:** | Lansdowne Gardens Pty Limited |
| **Address details:** | 11 Manns Avenue Neutral Bay NSW 2089 |
| **Date of site audit:** | 12 November 2019 to 14 November 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 19 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 24 December 2019 to 24 December 2020 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Not Met |
| Requirement 2(3)(d) | | Not Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Not Met |
| Requirement 3(3)(e) | | Not Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Not Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Not Met |
| Requirement 6(3)(d) | | Not Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Not Met |
| **Timetable for making improvements:** | By 19 February 2020 | |
| **Revised plan for continuous improvement due:** | By 03 January 2020 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

**RECONSIDERATION DECISION ON THE FURTHER PERIOD FOR WHICH A RESIDENTIAL SERVICE IS TO BE ACCREDITED**

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| --- | --- |
| **Decision made on:** | 4 February 2020 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to reconsider a reviewable decision under Part 7 of the Aged Care Quality and Safety Commission Rules 2018 (Rules). |
| **Decision:** | The delegate has decided to vary the decision made on 19 December 2019 to re-accredit the service for a further period of one year.  The delegate has decided tore-accredit the service for a further period of two years. |
| **Further period of accreditation:** | 24 December 2019 to 24 December 2021 |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 104 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Lansdowne Gardens (the Service) conducted from 12 November 2019 to 14 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 17 |
| Consumer representatives | 7 |
| Management | 5 |
| Clinical staff | 3 |
| Care staff | 7 |
| Hospitality and environmental services staff | 4 |
| Lifestyle staff | 2 |
| Visiting service providers such as allied health professionals | 1 |
| Other | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### 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.

#### Summary of Assessment of Standard 1:

The assessment team found that five of the six requirements related to Standard 1 were met.

Consumer experience interviews show that consumers are encouraged to do as much as possible for themselves always or most of the time. 92% of consumers confirmed staff explain things to them always or most of the time. 92% of respondents also confirmed they have a say in their daily activities always or most of the time.

The organisation has policies in place that supports autonomy, dignity, consumer choice and independence and staff have received training in the new aged care standards. However, 15% consumer experience interviews said staff only treat them with respect some of the time and there were also negative consumer comments received with regards to dignity at the service.

The service ensures each consumer’s personal information is kept confidential through a range of mechanisms including coded doors, electronic and hard copy security processes and staff training on an ongoing basis. Where potential risks are identified due to consumer choice, processes are also in place to manage this.

Processes in the service ensure consumers’ needs and preference are communicated to staff through a range of mechanisms and consumers provided positive comments regarding staff respecting their choices and preferences and trying to accommodate them. Consumers and representatives were satisfied with the information they receive, such as through newsletters and consumer meetings held on site. Consumers are also encouraged to foster relationships both within and outside of the service and a range of services assist them to do this such as social activities included in the program, regular bus outings, and religious services attending on site.

Although there are not a large number of consumers from culturally and linguistically diverse (CALD) backgrounds at the service currently, examples were provided of where cultural needs are being met and consumers and representatives interviewed were satisfied their cultures were valued and cultural needs were being met.

#### Requirements:

##### **Standard 1 Requirement 3(a)** **Not Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b)** **Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c)** **Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that one out of five requirements in relation to Standard 2 is met.

The organisation is unable to demonstrate that assessment and planning identifies the consideration of consumers health and well-being and their current health needs in regard to end of life planning. The organisation is unable to demonstrate a partnership with consumers or their representatives in regard to the consumers care assessment and planning of care and services and the plans are readily available for the consumer’s. The physiotherapy was able to demonstrate an example of a partnership with another organisation and management were able to demonstrate incidents were managed effectively.

#### Requirements:

##### **Standard 2 Requirement 3(a) Not Met**

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

##### **Standard 2 Requirement 3(b) Not Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(c) Not Met**

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.

##### **Standard 2 Requirement 3(d) Not Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(e) Met**

The organisation demonstrates that 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: Personal care and clinical care Not Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found that two out of seven requirements in relation to Standard 3 are met.

The organisation was unable to demonstrate it has an effective system in place to ensure consumers receive care that is best practice, is tailored to their needs and optimises the consumers health and wellbeing. The Assessment team identified deficits in regard to the management of consumers at risks, consumers nearing their end of life, when a deteriorated in consumers health occurred, and the consumers information is current and reflective of the consumers care needs and preferences. The organisation was able to demonstrate a referral system to other services, and infection control precautions and antibiotic stewardship are in place.

##### **Standard 3 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(b) Not Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Not Met**

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

##### **Standard 3 Requirement 3(d) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(e) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(f) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Met**

The organisation demonstrates 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: Services and supports for daily living Not Met

#### 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found that five out of seven requirements for Standard 4 are met.

The organisation was unable to demonstrate that each consumer receives 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.

Of consumers randomly sampled, 100% agreed they are encouraged to do as much as possible for themselves. Consumers enjoy a variety of activities and events including a classical music program and a choir, as well as outings and community events. However, lifestyle staff did not demonstrate an understanding or knowledge of some aspects of consumer services and supports. Documentation did not provide information on each consumer’s interests and life history, likes and dislikes, abilities or assessed needs in some cases, and data for monitoring activity attendance is not always accurate.

Of consumers interviewed 100% said they enjoy the food most or all of the time. The organisation was able to demonstrate that food is of suitable quality, quantity and variety in line with consumer preferences. Where concerns arise, these are quickly addressed by the Chef through consultation with the consumer and/or representative. Catering staff were aware of consumer preferences, allergies and needs in regard to food.

#### Requirements:

##### **Standard 4 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(d) Not Met**

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

##### **Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team found that three out of three requirements in relation to Standard 5 are met.

Of consumers and representatives randomly sampled, 75% said they feel at home always or most of the time. Some consumers did say they would prefer to live in their own home. 100% of consumers report they feel safe in the service most or all of the time. All consumers and representatives interviewed said the environment is safe, comfortable and welcoming. Observations and interviews with staff and review of care and services records show the service environment is regularly maintained and renovated as needed. Renovation work on the outside of the building was seen to be in progress over the period of the visit. There are numerous areas inside the service for consumers to sit and interact with each other, or to have private time if desired. Consumers were seen to move around freely on individual floors, and staff were observed to support and assist consumers to move via the lift between floors. There are several outdoor areas which consumers can access independently or with support from staff as needed. Entry doors to outside areas were seen to be open and unobstructed, and outside areas have appropriate seating and shade provided. There are well maintained gardens and flower beds, and many areas have expansive water views from the windows.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

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

##### **Standard 5 Requirement 3(b) Met**

The organisation demonstrates that the service environment:

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

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Not Met

#### 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found that two out of four requirements in relation to Standard 6 are met.

Information is provided to consumers and their representatives about avenues for providing feedback and complaints on admission, via the consumer handbook and agreement, in meetings and verbally. Consumers and their representatives say they feel comfortable raising concerns with staff or management, and during case conferences. Representatives say the manager has an open-door policy, and many representatives said they talk directly to the registered nurse, manager or chef when issues arise.

75% of consumers and representatives said staff follow up when they raise things with them most of the time or all of the time. Consumers and representatives interviewed are aware of ways to suggest an improvement and say suggestions are encouraged.

However, not all representatives are satisfied with the way their complaint has been managed. One representative said their complaint regarding clinical care has not been managed or adequately addressed, and because of this another complaint to be raised.

The organisation has a system for recording, review and evaluation of complaints, however this is not always effective. Some complaints, such as food complaints, were not seen to be logged either in the complaints log or the continuous improvement log. There were some delays accessing some complaints from previous management. From mid-June to the present time some complaints seem to be better managed, and evaluation and monitoring has occurred in relation to most of these complaints. However, some food complaints have not been logged at all, and there is evidence several complaints were logged and there is no record of sufficient follow up review or evaluation to minimise the potential of a re-occurrence of the concern.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Not Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Not Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found all requirements of this standard to be met.

Consumer experience interviews show that 100% of consumers said staff are kind and caring always or most of the time. Some consumers said the staff are the best thing about the service. Most consumers also felt staff know what they are doing and explain or follow up on information for them always or most of the time.

The service has a roster in place which includes a registered nurse 24-hours, seven days a week. The service limits the use of agency staff through their own casual pool of registered nurses and care staff. The service demonstrated where necessary, changes to staff numbers and rosters has been made to ensure individual consumers’ needs are met. Staff recruitment processes are comprehensive and minimum education competencies are completed on an ongoing basis. The service has a structured orientation program in place which includes buddy shifts and has a nurse development program in place implemented over the last twelve months, which will be an ongoing program.

The service has a regular training and education calendar which is planned through a gap analysis, observations of staff interactions, staff and consumer feedback. Performance appraisals are completed during probation and on an annual basis.

Staff confirmed they have access to position descriptions, annual mandatory training and additional training and education if they choose. Staff said they feel supported and the performance appraisal process is beneficial to them.

#### Requirements:

##### **Standard 7 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Met**

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

##### **Standard 7 Requirement 3(d) Met**

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

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Not Met

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team found that three of the five requirements relating to this standard were not met.

Most consumers interviewed through the consumer experience interviews said the service is well run most of the time or always. Consumers confirmed and provided examples of when and how they are engaged in the development, delivery and evaluation of care and services. Examples included involvement in the consumer meetings held on site, food focus group and giving feedback through surveys, complaints and compliments processes.

The organisation demonstrated they have an active executive in place who meet regularly, receive and review risks to consumers, manage finances and set organisational goals through a strategic plan. There is also a medical advisory board that provides clinical oversight, including the management of any clinical consumer risks identified.

Staff interviews confirmed they have received training in organisational systems and are aware of how their work contributes to these. However, in relation to governance systems there were some key issues with regards to regulatory compliance with regards to the management of S8 medications and restraint management and documentation in the service.

#### Requirements:

##### **Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

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

##### **Standard 8 Requirement 3(c) Not Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(d) Not Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Not Met**

The organisation demonstrates that 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.