Lark Ellen Aged Care

Performance Report

133 Jannali Avenue   
SUTHERLAND NSW 2232  
Phone number: 02 9521 2855

**Commission ID:** 2816

**Provider name:** Apex Software Pty Limited

**Review Audit date:** 22 June 2020 to 25 June 2020

**Date of Performance Report:** 17 August 2020

# Publication of report

This Performance Report **may 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Non-compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

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

* the Assessment Team’s report for the Review Audit; the Review 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 Review Audit report received 16 July 2020 and 4 August 2020.

# STANDARD 1 NON-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

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

Overall sampled consumers considered that staff treat them with respect, they can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Most consumers said staff treat them with respect and generally maintain their dignity.
* Consumers provided feedback that staff’s ability to answer their requests for assistance in a timely manner has negatively impacted on the maintenance of their dignity and comfort.
* While consumers said staff respect their privacy; interactions with other consumers who have unmanaged wandering behaviours impacts on consumer privacy.
* Some consumers are supported to take risks to live the life they chose within the confines of the service.

Issues were identified with the choices consumers are able to make which impacts them living the life they choose.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment Team found:

* Whilst consumers said interactions staff have with them are respectful, they indicated that issues related to staffing results in their needs not being attended in a timely manner which results in undignified experiences such as continence needs and personal care not being attended to in a timely manner.
* Staff confirmed that they are unable to provide care to consumers in a timely and respectful manner and said that old equipment can make it difficult to attend to consumers in a respectful manner.
* A recent report received by the service described observations in which consumers experience delivery of care which is not dignified.

In their response, the approved provider referred to surveys and audits they have undertaken prior to and post the review audit to demonstrate compliance with the Standards. Evidence provided in relation to this requirement includes a copy of staffing rosters, a call bell audit conducted in April 2020 and meeting minutes in May and June with mention of call bell response times. The June 2020 minutes record that consumers present at the meeting mentioned more than ½ hour wait for staff to attend to them which is in line with what consumers informed the Assessment Team. The approved provider states that a number of pieces of equipment were purchased to support staff in the care of consumers, however, a number of these items have not been received yet due to the COVID-19 pandemic.

The approved provider submission includes that they have spoken to some consumers and staff who provided feedback to the Assessment Team and that the consumers and staff have denied they provided negative feedback to the team. It is expected that approved providers follow up feedback that has been provided to assessment teams about the care and services at a home and make improvements to address the issues, however I am concerned that in this case the consumers may have felt pressured, hence their responses that they did not provide negative feedback. As the approved provider did not provide any information to the contrary of that of the Assessment Team, I have placed more weight on the information in the Assessment Team’s report.

Nineteen consumers and representatives were interviewed by the Assessment Team during the review audit. Consumers’ feedback about delays by staff resulting in undignified experiences such as continence needs and personal care not being attended to in a timely manner is significant.

I am of the view that the approved provider does not comply with this requirement as consumers are not treated with dignity and respect, with their identity, culture and diversity valued.

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

*Care and services are culturally safe.*

The Assessment Team found:

* The Assessment Team acknowledged that some actions have been taken by the service to improve its performance in relation to this requirement, including the provision of education and development of policies and procedures. However limited progress has been made in meeting the needs of consumers to ensure they are culturally safe.
* Consumers were unable to say how staff valued their culture, diversity or were aware of their background. Improvements have not been made to ensure consumers are supported to have their cultural and spiritual needs met.
* Consumers do not have access to resources relating to their cultural backgrounds and interests.

In their response, the approved provider submitted further information to demonstrate that care and services are culturally safe. I have found this requirement is compliant.

### Requirement 1(3)(c) Non-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.*

The Assessment Team found:

* Consumers have limited opportunities to exercise choice and independence. This includes in relation to having their personal care needs met and in relation to hospitality services. Consumers are given limited opportunity to actively participate in the development of lifestyle programs.
* Consumers are not supported to carry out their choice to practice their faith.
* The service has made some improvement in relation to substitute decision makers, however some consumers continue to have decisions made on their behalf by others when they have not authorised them to do so, and information about substitute decision makers for other consumers is confusing and inconsistent.

In their response, the approved provider submitted information to demonstrate that consumers have choice in relation to some aspects of care, however consumers do not have choice over all aspects of their life in the home. For example, feedback received from consumers about the lack of choice in relation to food. The approved provider has an action plan to address these deficiencies. The action plan contains improvements that will be implemented over the next three months

I am of the view that the approved provider does not comply with this requirement as consumers are not adequately supported to exercise choice and independence.

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

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

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

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

The Assessment Team found:

* information provided to consumers is not always accurate or timely.
* Consumers said they are generally aware of information from verbal communications with staff.
* Some communication documentation reviewed did not have current or correct information. Some consumers have communication deficits which are not catered for.
* There have been issues relating to consumer choice due to lack of accurate information.

In their response, the approved provider submitted further information to demonstrate 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. I have found this requirement is compliant.

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

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

The assessment team found the organisation’s computer systems does not have sufficient security measure to ensure confidentiality of consumers’ information stored electronically is maintained.

In their response, the approved provider submitted further information to demonstrate each consumer’s privacy is respected and personal information is kept confidential. I have found this requirement is compliant.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Some sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers did not express concern about care planning.
* Several consumers said they are aware of care plans and could access them if they wish to.
* Some representatives said they are not updated when the consumer’s condition changes.
* Some assessments do not provide meaningful information to support care provision.

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

## Assessment of Standard 2 Requirements

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

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

### Requirement 2(3)(b) Non-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.*

The Assessment Team found:

* Assessments have not identified current consumer needs or preferences.
* Deficits were found in continence care, communication and behavioural management assessment and planning.
* Effectiveness of care and services is not always adequately evaluated.
* Some consumers have repeated incidents similar in nature and reassessment and the development of interventions and management strategies do not reduce risk to improve consumer condition.

In their response, the approved provider submitted information to demonstrate that assessments and planning do identify consumers’ current needs, goals and preferences. They also disputed the accuracy of the Assessment Team’s evidence. However, the majority of the information provided was dated after the review audit was completed.

While the approved provider also submitted information about actions they have taken since the review audit, they did not provide information to support that the service was compliant with this requirement at the time of the review audit.

I am of the view that the approved provider does not comply with this requirement as consumer’s needs, goals and preferences are not adequately considered in their assessment and planning.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

The assessment team found:

* Care and services are not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on consumer needs, goals or preferences

In their response, the approved provider disputes the evidence in the review audit report. The evidence provided by the approved provider includes statements indicating there is a system or process in place but without further specific evidence to support the statement.

The approved provider did not provide information to support that the service was compliant with this requirement at the time of the review audit.

I am of the view that the approved provider does not comply with this requirement as care and services were not adequately reviewed for effectiveness and when incidents impact on the needs, goals and preferences of the consumer.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Each consumer does not always get safe and effective personal care, clinical care, or both personal care and clinical care. Care is not best practice, is not always tailored to the consumers’ need and does not always optimise their health and well-being.

There is a lack of effective management of high impact or high prevalence risks associated with the care of each consumer.

The needs, goals and preferences of consumers nearing the end of life are not always recognised or addressed, their comfort maximised and their dignity has not been preserved.

Consumer deteriorating mental health status is not identified or monitored and referrals have not been made to appropriate services.

Review of consumers’ files identifies consumers are not always referred to individuals, other organisations and providers of other care and services appropriately.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found:

* Each consumer does not always get safe and effective personal care, clinical care, or both personal care and clinical care.
* Care is not best practice, is not always tailored to the consumer’s need and does not always optimise their health and well-being.
* Deficits remain in the management of skin and wound care.
* Management accept improvements are still required in skin and wound care provision and that staff do not currently have the skills required.
* Improvements were found in many areas of clinical monitoring. The monitoring of diabetes mellitus and blood glucose levels is being consistently recorded.
* Observations, including neurological observations following incidents such as falls is consistently recorded.
* Monitoring of weights is also recorded.
* Deficits were found in bowel and continence care and the care of consumers who exhibit challenging behaviours.

The approved provider acknowledges some of the team’s findings and has implemented improvements to address the issues since the review audit. For example, referring some consumers for review by an external dementia specialist where strategies have been identified and implemented to assist with managing consumers challenging behaviour. However, the approved provider did not provide information to support that the service was compliant with this requirement at the time of the review audit.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that each consumer gets safe and effective personal care which is best practice, tailored to their needs and optimises their health and well-being.

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

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

The Assessment Team found:

* There is a lack of effective management of high impact or high prevalence risks associated with the care of each consumer.
* Deficits were identified in maintenance of skin integrity, nutrition and hydration and behavioural management.
* Some high impact high prevalence risks are documented in care plans. For example smoking risks were found in care plan documentation.
* Challenging behaviours of some consumers, which put that consumer at risk and negatively impact on other consumers, are not well documented or monitored.

The approved provider in their submission did not respond to this requirement.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

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

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

The Assessment Team found:

* The needs, goals and preferences of consumers nearing the end of life are not always recognised or addressed, their comfort maximised and their dignity has not been preserved.
* One consumer who is identified as having commenced palliation recently developed a pressure injury. The consumer did not appear comfortable when observed by the Assessment Team.

In their response, the approved provider provided a wound chart to demonstrate that the pressure in injury for the consumer had healed on 22 June 2020. A palliative care plan dated 9 July 2020 (after the review audit) was also provided for this consumer.

The approved provider did not provide information to support that the service was compliant with this requirement at the time of the review audit.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that needs, goals and preferences of consumers nearing the end of their life were recognised.

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

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

The Assessment Team found:

* Consumer deteriorating mental health status is not identified or monitored and referrals have not been made to appropriate services.
* Several consumers expressed a wish to leave the service.
* One consumer has expressed suicidal ideation and has not been referred for specialist review.
* A rapid deterioration of one consumer’s condition resulted in their death.

In their response, the approved provider states the consumer who is expressing suicidal ideation has been referred to a Psychogeriatrician on 10 July 2020 and is awaiting an appointment. Other strategies for this consumer that have been implemented include an individual activity program which is of interest to them and also the facility manager meets with them each week for a coffee and talk.

The approved provider did not provide information to support that the service was compliant with this requirement at the time of the review audit.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that deterioration or a change in the consumers mental health, cognitive or physical function, capacity or condition is recognised and responded to appropriately.

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

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

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

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

The Assessment Team found:

* The service demonstrates referral to some external services including the physiotherapist and dietician.
* However, review of consumers’ files identifies consumers are not always referred to individuals, other organisations and providers of other care and services appropriately.

In their response, the approved provider states that a number of referrals to specialists have been delayed due to the non-essential nature of the referral or the unavailability of the specialist as a result of the COVID-19 pandemic.

The fact remains that some consumers who require external specialist review have not been able to source that assistance.

The approved provider did not provide information to support that the service was compliant with this requirement at the time of the review audit.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate appropriate referral to individuals or other organisations where relevant.

### 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 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Most sampled consumers considered that they do not get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers expressed dissatisfaction the lifestyle program. Most consumers said activities were not of interest to them.
* Consumers said their spiritual needs are not met.
* There was considerable negative feedback about the meal service. Issues relate to the lack of choice, taste and temperature of the food served.

While assessments about consumers’ lifestyle, social and spiritual needs have been undertaken and care plans have been developed which are intended to meet consumer needs there currently is not a program in place to meet identified needs and preferences.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team found:

* The Assessment Team acknowledges that assessments about consumers’ lifestyle, social and spiritual needs have been undertaken and care plans have been developed which are intended to meet these needs.
* However, care plans do not include any detailed information about how consumer’s needs will be met in relation to these requirements and this has not resulted in changes to group and individual programs to meet the identified needs.
* Interviews with consumers and observations demonstrate that consumers’ independence, health, well-being and quality of life is not optimised.

In their response, the approved provider submitted lifestyle plans for the consumers mentioned in the assessment teams report. The approved provider states the consumers do attend activities that are conducted in the home.

During the review audit consumers told the assessment team they attended some activities; however, consumers also told the assessment team the activities are not of interest to them and that they cannot always pursue their particular interests. The results in their independence, health and well-being and quality of life not being optimised.

The approved provider did not provide information to support that the service was compliant with this requirement at the time of the review audit.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that consumers receive appropriate supports for daily living which meet consumer’s needs, goals and preferences and optimises their independence, health, well-being and quality of life.

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

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

The Assessment Team found:

* The service has gathered basic information about consumers spiritual needs, however the Assessment Team did not review any assessments and care plans which adequately captured consumers emotional and psychological needs.
* There were also no meaningful interventions to address spiritual needs. For example, consumers recorded as being able to pray in their rooms when they are accommodated in multiple bedded rooms or attend church services which were identified as far back as the January 2020 assessment contact report as not occurring on a regular basis.

In their response, the approved provider submitted information about individual consumers and how they meet their needs in relation to this requirement. For example, one consumer has a bible in their room. However, this same consumer told the assessment team they would like to attend church services as well and these have not been available at the home for some time. The approved provider stated that access to church services has not been possible due to the COVID-19 pandemic. The approved provide has now been able to organise for a Presbyterian minister and Catholic priest to visit the home. One consumer’s psychological well-being is affected negatively with the consumer expressing suicidal ideation. This consumer has been referred to a psychogeriatrician since the review audit and is waiting for details of an appointment.

The approved provider did not provide information to support that the service was compliant with this requirement at the time of the review audit.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that consumers receive services and supports for daily living which promote each consumer’s emotional, spiritual and psychological well-being.

### Requirement 4(3)(c) Non-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.*

The assessment team found:

* The service does not support consumers to participate in the community. Whilst management said that this was the result of COVID-19 restrictions, this has been a long-standing issue at the service and was identified as an issue in previous Commission performance assessment reports.
* Consumer care plans do not identify any actions to supports consumers’ social and personal relationships and no information was provided to demonstrate that this occurs.
* It is widely acknowledged through complaints, resident and representative meetings, consumer feedback and various reports that the lifestyle program is not of interest to consumers and they do not have things of interest to them that they can participate in at the service.

In their response, the approved provider submitted a blank activity evaluation form to demonstrate that activities conducted are evaluated. The form in itself does not demonstrate that an effective process of evaluation is conducted. The approved provider outlined the difficulties they have experienced as a result of the COVID-19 restrictions. The restrictions have meant at times visiting entertainers have not been able to attend the home.

Those difficulties are acknowledged; however, this requirement also requires that each consumer is able to do the things of interest to them. That is not occurring for all consumers in the home.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that it provides appropriate services and supports for daily living to assist each consumer participate in their community undertaking activities of interest to them or have social and personal relationships.

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

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

The Assessment Team found:

* Information about the consumer’s condition, needs and preferences is not communicated within the organisation and with others where responsibility for care is shared.
* There was only outdated information for the consumers with National disability insurance scheme (NDIS) eligibility. Staff were unable to provide information about this.
* Although three consumers have access to NDIS funding there was minimal information available to demonstrate services are appropriately accessed for the consumer.

In their response, the approved provider submitted the NDIS care plans. The approved provider submitted copies of emails the manager sent on 19 June 2020 and 10 July 2020 requesting the NDIS care plan for one consumer. This was not received at the time of the review audit. The approved provider submitted a NDIS summary report for this consumer. The report dated 30 October 2019 provides recommendations that include fortnightly psychological treatment sessions. It is not clear that the provider was aware of this recommendation as they did not have the NDIS report prior to 10 July 2020. The approved provider did not give evidence in their response to show the consumer has received these recommended treatment sessions

The approved provider did not provide information to support that the service was compliant with this requirement at the time of the review audit.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that 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) Non-compliant

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

The Assessment Team found:

* There has not been timely or appropriate referrals to other organisations or providers of other services.
* There is no pastoral care program to support pastoral or spiritual needs or interests.
* Even for consumers at the end of their life there has been no pastoral care provision.
* There has been no community access for most consumers.
* There has been no psychological or mental health services made available to consumers who have depression.

In their response, the approved provider states the consumer who is expressing suicidal ideation has been referred to a Psychogeriatrician on 10 July 2020 and is awaiting an appointment.

The approved provider did not provide information to support that the service was compliant with this requirement at the time of the review audit.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that timely and appropriate referrals to individuals, other organisations and providers of other care and services are made.

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

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

The Assessment Team found:

* There was considerable negative feedback about the meal service. Most consumers express dissatisfaction with some aspect of the meal service.
* Issues include choice, taste and temperature of the meal service.
* Management have plans to improve the meal service and have engaged a consultant.

In their response, the approved provider does not dispute the team’s findings and agrees that the catering services within the service does not meet the requirements of the Quality Standards. They have appointed a hospitality consultant and an action plan has been developed to address the issues and improve the catering services.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate where meals are provided, they are varied and of suitable quality and quantity.

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

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

The Assessment Team found:

* Equipment in the service was generally found to be clean and safe.
* However, the service does not have systems to ensure that basic supplies and linen is available when needed.

In their response, the approved provider does not dispute the team’s findings and agrees that the supply of items within the service does not meet the requirements of the Quality Standards. They have implemented a new inventory system to ensure appropriate equipment is ordered and is well maintained.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate where equipment is provided, it is safe, suitable, clean and well maintained.

# STANDARD 5 NON-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

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

Overall sampled consumers did not consider that they feel they belong in the service, nor feel safe and comfortable in the service environment.

For example:

* Unmanaged behaviours of consumers means that some consumers do not feel safe.
* The living environment is institutional and is not welcoming. The environment is very noisy. There are minimal spaces for consumers to have privacy. Most bedrooms are shared and although the service has vacancies there are up to four beds in the bedrooms. There is limited storage for personal items.
* There has been a breakdown in the maintenance system where proactive maintenance has not occurred until June in 2020.
* Cleaning services have been reduced by management.
* Hazards are not identified, managed or monitored to ensure a safe environment for consumers and staff.

The service does not present a welcoming easy to understand environment. The service is an older style large two story home. The service provides an institutional type of living environment.

Issues relating to the organisation’s service environment were identified as not met across all three requirements of this Standard in the audit of 14 to 16 August 2019. There has been minimal improvement and further breakdowns to the maintenance system.

There have been gaps in both the proactive and reactive maintenance of the service, which has impacted negatively on the safety, amenities and comfort of consumers and staff. The service has not been well maintained.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Non-compliant

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

The Assessment Team found:

* The service does not present a welcoming easy to understand environment.
* The service is an older style large two-story home.
* The service provides an institutional type of living environment.
* Consumer sense of belonging is not optimised due to the institutional style of the service.
* While some consumers have personal items such as family photographs many consumers do not.

In their response, the approved provider states they have plans for a large-scale refurbishment, but that these plans have been place on hold due to the risk of COVID-19. A list of completed items was provided which included, but is not limited to, repairs to some flooring; one room being converted into an arts and crafts room, old gas heaters removed, some carpets have been steam-cleaned, way-finding signs erected.

The approved provider did not provide information to support that the service was compliant with this requirement at the time of the review audit.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that 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) Non-compliant

*The service environment:*

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

The Assessment Team found:

* There have been gaps in both the proactive and reactive maintenance of the service, which has impacted negatively on the safety, amenities and comfort of consumers and staff. The service has not been well maintained.
* Hazards are not identified, managed or monitored to ensure a safe environment for consumers and staff.
* Staff identified issues impacting on their ability to work safely which they said had not been rectified in a timely manner.

In their response, the approved provider acknowledges there is much work to be completed to improve the environment. Photographs of areas where maintenance issues have been addressed were submitted. For example, cracked tiles in a shower have been replaced and the bedpan holder rack in the utility room has been moved to allow staff to safely access bedpans. A responsive maintenance program has been implemented.

The approved provider did not provide information to support that the service was compliant with this requirement at the time of the review audit.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that the service environment is safe, clean and well maintained.

### Requirement 5(3)(c) Non-compliant

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

The Assessment Team found:

* Fittings and equipment were observed to be old and not always fit for purpose.
* Fittings, equipment and furniture was generally clean but observed to be stained.
* There is generally sufficient furniture which is of an institutional style.

In their response, the approved provider submitted information to demonstrate that several of the issues identified by the Assessment Team have been addressed since the review audit. The includes, but is not limited to, replacing old soap dispensers in bathrooms, older style toilet and shower chairs have been cleaned and wheels checked or replaced, additional thermo plate covers have been ordered to ensure there are sufficient for all consumers.

The approved provider did not provide information to support that the service was compliant with this requirement at the time of the review audit.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

# STANDARD 6 NON-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

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints but did not think that appropriate action is taken.

For example:

* Consumers indicated that they are aware of ways of making complaints and feel safe in raising complaints.
* Consumers indicated that their complaints are not satisfactorily addressed.

The service does not capture all complaints in the complaint system and timely action is not always taken to address complaints and concerns.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team found:

* The service demonstrates that an open disclosure process is used when things go wrong.
* However, the service does not always take appropriate action in response to complaints.
* Some issues, such as hospitality services and noise and intrusions at night have been long standing however actions to address the issues have not been evident until very recently.
* Complaints are not always captured in the complaint system and followed up.

In their response, the approved provider submitted further information to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. However, issues such as the catering and laundry issues, while being addressed by the approved provider, are taking too long to address. Satisfactory hospitality services are important to consumers and the fact that the issues have been ongoing for some time now would mean that consumers quality of life is impacted on negatively.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate appropriate action is taken in response to complaints.

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

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

The Assessment Team found:

* There was no information provided by the service to demonstrate that feedback and complaints are reviewed and used to improve the quality of services.
* In very recent weeks a hospitality consultant was engaged to address issues related to dissatisfaction with meals.

In their response, the approved provider submitted further information to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. I have found this requirement is compliant.

# STANDARD 7 NON-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

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

Some sampled consumers did not consider that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* All consumers indicated that staff are kind and caring most or all of the time.
* Consumers generally said that care staff are “good” but raised concerns about the skills of catering staff and felt that they do not know how to prepare quality meals
* Most consumers felt staffing levels are not adequate.

The service does not have an approach to planning the number and mix of the workforce that adequately considers the acuity and needs of consumers. Staff and consumers consistently report that there are insufficient staff which impacts negatively on consumers.

Staff in a number of areas do not have the necessary knowledge and skills to undertake their roles.

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

## Assessment of Standard 7 Requirements

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

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team found:

* The service does not have an approach to planning the number and mix of the workforce that puts the particular needs and acuity of consumers at the fore of planning staffing levels.
* Consumers report that they can wait long periods of time for their needs to be met.
* Staff report that they are unable to meet consumers’ needs because they do not have sufficient time to complete tasks.

In their response, the approved provider submitted rosters to show how many staff work on each shift, evidence to show they pay staff for attending some education and orientation details for registered nurses.

Despite the number of staff employed, feedback from consumers and staff indicate that safe and quality care and services are not always delivered.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate 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.

### 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.*

The Assessment Team found:

* Deficiencies in staff knowledge and skills were identified in all Standards assessed during the review audit.
* This included in relation to wound care and clinical skills, lifestyle services, hospitality services and workforce planning.

In their response, the approved provider submits the qualifications and experience of each of the management team. The provider also provided additional information about the changes in management positions in 2020 and the amount of education that has been provided.

In their response, the approved provider submitted further information to demonstrate that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. I have found this requirement is compliant.

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

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

The Assessment Team found:

* While extensive mandatory education has been delivered to staff during 2020, multiple deficiencies identified across all Standards demonstrate that these activities have not been effective in ensuring that staff adequately trained, equipped and supported to deliver the outcomes required by these Standards.

In their response, the approved provider states that hospitality staff have undertaken food safety training and other toolbox talks. The hospitality consultant has been working with catering staff since mid-May 2020. Discussions about options for a new graduate program are planned.

The negative feedback about the food delivered in the home is of concern. Satisfaction with food has been an issue for a long period of time. While it is acknowledged that an action plan is currently in place and the hospitality consultant has been contracted; the issue has not been resolved. In this case the catering staff have not been supported sufficiently to ensure they deliver the outcomes required by these Standards.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards.

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

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

Two consumers indicated that they think the service is well run but could not explain why.

The governing body has not ensured the service meets the Quality Standards. Extensive non-compliance has been identified in multiple performance assessment visits since August 2019. Additional deficiencies were identified during this review audit.

Although the service has policies for the risk management of high impact or high prevalence risks associated with the care of consumers, identification and responding to abuse and neglect of consumers and supporting consumers to live the best life they can deficits were found in the practical application of this requirement.

A clinical governance framework is in place with includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found:

* The service has introduced role of consumer advocate/representative.
* However, there are no processes in place to support the advocate/representative in their role and there were no guidelines about the role to enable to consumer to undertake their role.
* The Assessment Team spoke with the consumer who was identified as the consumer advocate/representative. When asked about this role they did not appear to understand; the Assessment Team asked if they seek feedback from other consumers or listens to their concerns and they responded saying they “don’t talk to other residents; I just go to the meetings (resident and relative)”.

In their response, the approved provider submitted information where some consultation has been undertaken with consumers and where consumers have been able to provide some feedback about aspects of services in the home. I accept this evidence and have found the approved provider complies with this requirement.

### Requirement 8(3)(b) Non-compliant

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

The Assessment Team found

* The governing body (primarily through the AP and CEO) are actively involved the operations of the service on a day to day basis. The CEO is in the service on a daily basis and the AP is frequently in the service and involved in directing operations.
* The CEO said a significant change made in the last six months (driven by the Board) as a result of consumer feedback and experiences has been the installation of reverse cycle air conditioning. The lack of appropriate heating and cooling was identified if the performance assessment report in January 2020.
* The CEO said in relation to significant incidents, the CEO and AP are involved daily so are aware of all significant incidents.
* The Board satisfies itself that the Quality Standards are being met within the service through observations and feedback, reviewing literature, advices and attending conferences by the peak industry body, the Commission and other bodies.
* Whilst the governing body is aware of the operations of the service on a day-to-day basis through their close involvement, the governing body has not ensured the service meets the Quality Standards. Extensive non-compliance has been identified in multiple performance assessment visits since August 2019. Additional deficiencies were identified during this review audit.

In their response, the approved provider strongly refutes the team’s evidence. The approved provider states the Apex Aged Care Board was formed in January 2020 and the board has taken the following steps to promote a culture of safety, inclusion and quality:

* Appointment of nurse advisor when the home was sanctioned in January 2020.
* Engaged a clinical advisor to the board to support clinical governance.
* Engages a team of consultants and contractors who have experience in nursing, lifestyle, food services and auditing.
* Regular boards meetings occur.
* Education to staff.
* Paid for an infection control review in April 2020, after the home was found to fail the Quality Standards in relation to infection control. It is noted that the home now complies with this requirement.
* Engaged a food services consultant.
* Introduced policies and procedures appropriate for a board.
* A strategic and diversity plan has been developed by the board.
* Workforce plan, model of care and risk management plans have also been developed.

Despite all the above, the organisation has not undertaken sufficient or significant changes in order to meet the Quality Standards. The board is responsible for the service’s strategic direction and policies for delivering care to meet the Quality Standards.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that 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.*

The Assessment Team found:

* The continuous improvement system has not been effective in ensuring the service meets the Quality Standards resulting in the identification of non-compliance in all Standards.
* The organisation does not have effective systems to ensure that the number and mix of the workforce enables, the delivery and management of safe and quality care and services.

In their response, the approved provider outlined the number of improvements they have implemented at the home and state they have a strong commitment regarding workforce management and planning. The board has approved a workforce plan for the service.

While the services continuous improvement system has resulted in improvements in some areas, the system is not sufficiently robust to make improvements in the care and service delivery to meet the requirements of the Quality Standards. The service has not met the Quality Standards since August 2019.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that they have effective organisation wide governance systems.

### Requirement 8(3)(d) Non-compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team found:

* Although the service has policies for the risk management of high impact or high prevalence risks associated with the care of consumers, identification and responding to abuse and neglect of consumers and supporting consumers to live the best life they can; deficits were found in the practical application of this requirement.
* High impact high prevalence risks have not been adequately investigated to minimise risk to consumers. For example, one consumer who expressed suicidal ideation had not been referred for specialist review.

In their response, the approved provider states the consumer who expressed suicidal ideation has been referred to a Psychogeriatrician on 10 July 2020 and is awaiting an appointment. Other strategies for this consumer that have been implemented include an individual activity program which is of interest to them and also the facility manager meets with them each week for a coffee and talk.

The referral to a specialist did not occur until after the review audit.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that they have effective risk management systems and practices.

### 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.*