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

**Site Audit date:** 30 November 2021 to 2 December 2021

**Date of Performance Report:** 8 Feburary 2022

# Performance report prepared by

Stewart Brumm, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 17 January 2022.
* The Service compliance history

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Most sampled consumers and/or representatives considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers interviewed confirmed they are supported to make decisions about the care and services they receive, and staff interviewed described how they support consumers to make decisions about their care and services. Consumers are supported to take risks.

Consumers and/or representatives interviewed confirmed they receive information from the service to help them to exercise choice around their care and services.

Consumers and/or representatives confirmed their personal privacy is respected, and the Assessment Team observed staff practices that respected consumers’ privacy and personal information.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

The Assessment Team provided information that consumers interviewed identified some areas where they would like to take risk including smoking and going for a walk outside of the service. Staff could not describe areas in which consumers want to take risks. Assessment and care planning documentation did not demonstrate appropriate risk assessments, strategies, interventions or discussions have been completed with consumers to enable dignity of risk.

For a named consumer this included risks associated with smoking, and free movement outside the Service. For another named consumer this related to risks with diet choices. For other named consumers the Assessment Team provided examples of where risks had been considered for consumers.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as additional materials including progress note extracts, clinical assessments, and a completed smoking risk assessment.

In relation to the named consumers with risks associated with smoking and free mobility outside the Service, I note that both the Assessment Team and the Approved Provider noted that all parties had agreed to the smoking plan for the consumer. With respect the free movement outside the facility, I note the physical limitation of the consumer and that mobility is restricted to a wheelchair.

In relation to the named consumer with risks associated with diet. I note the progress note extract from the speech pathologist that this consumer can eat the diet requested under strict supervision.

I have considered the Assessment Teams information as well as the information provided by the Approved Provider. I find that that the information provided by the Approved Provider and the Assessment Team demonstrated that the risks had been identified by the Approved Provider and agreed management strategies implemented to manage the risk.

I find the Approved Provider has systems to ensure each consumer is supported to take risks to enable them to live the best life they can.

I find this requirement is compliant.

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. However the Approved Provider was not able to demonstrate that risks to consumers are consistently identified during assessment and care planning.

Most representatives said they are kept informed of changes in the consumer’s condition or when an incident occurs.

Consumers and/or representatives interviewed confirmed that they are informed about the outcomes of assessment and planning. Consumers said, they have access to their care and services plan if they wish. Consumers and/or representatives said they have had an opportunity to communicate end of life care wishes with the staff. Advanced care planning and end of life wishes occurs on entry to the service and preferences are documented in the advance care directive.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team provided information that initial assessments do not consider the risk of falls by consumers and mobility assessments do not identify strategies and interventions to maintain the consumer’s mobility or reduce the risk of falls. Risks to nutrition and hydration for consumers displaying behaviours do not identify strategies to minimise the risk during mealtimes. Behaviour support plans do not identify triggers that contribute to the behaviour. Management provided unclear and conflicting information regarding entry and transfer processes for consumers.

Clinical and care planning documents generally provide evidence of initial assessment that considers risk to the consumer’s health and well-being. However, for some named consumers, care and service documents did not demonstrate that assessment and planning identify risk. This included for risks related to falls prevention, mobility, nutrition and hydration, behaviour management and diabetic management. The Assessment Team also reported consumers and/or representatives said the service involves them in the initial assessment and care planning and that they are aware of the processes.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well additional materials including correspondence from another aged care service, non-legible lists of assessments, clinical assessments and management plans, and a diet list.

In relation to the named consumer and falls prevention. The Approved Provider submitted information including that the initial assessments had not been completed as the consumer had only resided at the Service for 18 hours prior to fall resulting in hospitalization. The Approved Provider also contends the correspondence received was not an alert to a high falls risk to the consumer, I note it recorded that the consumer mobilizes with a four wheel walker, however whilst the document supplied to support this does not highlight a falls risk, it does contain redacted information, as such I am not able to verify the contents of the document. In the absence of specific assessments completed in the time the consumer resided at the Service prior the fall, the Approved Provider did outline a range of strategies used to assist all consumers including night lights, adjustable height beds, illuminated call bell, hand rails and toilet seat risers and mobility equipment. I note in feedback provided by the consumer, that they had used the call bell prior to the fall but had self-mobilized due to a perceived delay in a response to the call bell. The Approved Provider indicated no call bell was recorded at this time. Matters were raised by the Assessment Team in relation to the processes that supported this transfer/admission from another a service. The Approved Provider contends that as the transfer was from another Service operated by the same Provider, that the information provided at the time of the transfer was current. I am not persuaded that the Approved Provider took all reasonable steps to ensure they had assessed the risk of falls to a consumer using a mobility device on entry to the service.

In relation to the named consumer with mobility issues and diet issues. The Approved Provider contends the staff member has been misquoted by the Assessment Team, in relation to the reason the consumer was in a wheelchair. The wheelchair was not a specific falls prevention strategy, but a mobility device to assist in moving the consumer around the service. In relation to diet, I am satisfied the consumer is assessed for the current diet they are provided.

In relation to the named consumer and behaviour management, the Approved Provider asserts that the nutrition and hydration assessment is not a behaviour assessment, and that behaviour assessments are conducted separately. No information on behaviour management in relation to nutrition and hydration was provided.

In relation to the named consumer and diabetic management, the Approved Provider submitted information indicating via a diabetic assessment and management plan form that the medical officer directives are to direct the reader to “Refer to LMO Directives & BGL chart”. However, I do note that Assessment Team did advise this information is available, all be it, they cited the wrong location.

In relation to the named consumer and identification of triggers for behaviours, the Approved Provider contends that the consumers diagnosis is in and of itself a trigger. I do not agree that a diagnosis is and of itself a trigger for a behaviour. However, there is insufficient information to determine if the behaviour management strategies were produced in response to any known triggers or if the behaviour is as a result of the diagnosis.

I have considered the information provided by the assessment team and the Approved Provider, based on the information provided by the Assessment Team I find that the Approved Provider does not ensure 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. I was not persuaded by the Approved Provider response that risks to consumers are consistently identified.

I find this requirement is non-compliant.

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

The Assessment Team provided information that the Approved Provider demonstrated care and services are reviewed regularly for effectiveness, when circumstances change and/or when incidents impact on the needs, goals or preferences of the consumer. Changes in clinical care needs, goals or preferences are reviewed in a timely manner to ensure changes to consumers’ needs are communicated to staff and ensure the delivery of safe and effective care and services. Consumers and/or representatives said they are satisfied with changes made by staff following incidents that require new directives for consumers’ care.

Based on the information I find this Requirement is Compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Most consumers and/or representatives confirmed that they get the care they need. However, deficits were identified with the management of consumers post falls, with diabetic management and the Approved Provider did not demonstrate a contemporary understanding of restrictive practices.

The Approved Provider did not demonstrate a consistent approach to the management of high impact or high prevalence risks to consumers. And did not demonstrate effective communication of information.

Review of the care and service for consumers who recently passed away in the service showed consumers nearing the end of life are cared for according to their need and preferences. Consumers and/or representatives are supported in accessing medical services or allied health professionals.

Changes or deterioration in the condition of the consumers sampled are generally identified and/or responded to in a timely manner.

The Service has an effective infection control program.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team provided information that consumers and/or representatives provided positive feedback about clinical and personal care. However, the review of care planning documents does not support that care provided to consumers is safe, effective, best practice and optimises consumers’ health and wellbeing. Inconsistencies were identified in staff practices relating to the monitoring and observation of falls, wound management and diabetes management. Information in the service’s psychotropic register is inaccurate.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well additional materials including progress note extracts, clinical records extracts, medication charts, a pathology report, pharmacy reports, clinical assessments and management plans.

In relation to the named consumer regarding post falls management and pain management. I note the Approved Provider has agreed that the registered nurse did not follow the service protocols for post falls management. I also note that materials supplied did not indicate if there were ongoing pain assessments conducted prior to assessment and transfer to hospital the following shift after the fall.

In relation to the consumer and diabetic management, the Approved Provider acknowledged that monitoring of the consumer had not occurred as required. They indicated that this was the same registered nurse as for the named consumer and post falls management, and that this staff member was terminated.

In relation to restrictive practices, I acknowledge the Approved Provider has no mechanical or environmental restraint and accept that the barrier to the stairs to the upstairs officers, is not restrictive to the movement of consumers as it restricts access to a staff only area. In relation to the use and monitoring of chemical restraint, I am not persuaded by the Approved Provider response. The Approved Provider has indicated that for two named consumers the medication being used is not to treat or manage a known diagnosis for the use of the drug, rather is being used a mood stabiliser. And a review of the pharmacy report used to monitor psychotropic medication use does not demonstrate these medications are being used to treat a known condition. The supplied report is also incomplete and for antipsychotics, it does not include any relevant information as to the reason for use of these drugs. I note the Approved Provider does not maintain their own psychotropic register and relies on information supplied by the pharmacy.

I have considered the information provided by the Assessment Team and the Approved Provider. I find that the staff had not followed monitoring processes for post falls management or for diabetic management. I find the Approved Provider has not maintained best practice in relation to the management of restrictive practice for consumers.

I find this requirement is non-compliant.

### 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 provided information that consumers care plans include some information about high impact and high prevalence risks for consumers. However, for some consumers there was inadequate or no interventions to minimise these risks. Recording of incidents relating to wounds is inaccurate or inadequate.

For named consumers this related to falls prevention, diabetic management and wound care.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well additional materials including progress note extracts and clinical records extracts.

In relation to the named consumer and falls prevention. The Approved Provider stated the initial assessments had not been completed as the consumer had only resided at the Service for 18 hours prior to fall resulting in hospitalization. The Approved Provider also contends the correspondence received was not an alert to a high falls risk to the consumer, however whilst the document supplied to support this does not highlight a falls risk, it does contain redacted information, as such I am not able to verify the full contents of the document. It does include that the consumer used a mobility device, and they Approved Provider did not demonstrate that this had been reviewed and communicated to staff post entry to the service. I am not persuaded that the Approved Provider took all reasonable steps to ensure they had assessed the risk of falls to a consumer using a mobility device on entry to the service.

In relation to the named consumer and risks associated with the introduction of a new medication and diabetic management. I would find it reasonable that a registered nurse be aware of the medications they are administering, including having access to information on new medications to review prior to administration. However, I do note that hypoglycaemia is a rare side effect of the medication commenced. I am not persuaded that the introduction of the medication lead to the hospitalisation of the consumer with respiratory issues, as there is insufficient information to support this finding.

In relation to the named consumer and risks associated with wound care. I acknowledge there was a deficit in the recording of this wound in incident data, however information supplied by the Assessment Team indicated that there was effective management of this wound.

I have considered the information provided by the Assessment Team and the Approved Provider.

I find that at the time of the Site Audit the Approved Provider did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. I am not satisfied that the Approved Provided demonstrated that risks of falls had been managed effectively.

I find this requirement is non-compliant.

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

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

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

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

The Assessment Team provided information that consumers and/or representatives provided positive feedback regarding the service’s effectiveness in responding to deterioration in consumers’ condition. Review of care and services documents identified that processes for the escalation and response to deterioration in consumers’ condition have not been identified or recognised in a timely manner. For named consumers this included for pain management, diabetic management and wound care.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well additional materials including progress note extracts and clinical records extracts.

In relation to the named consumers, I have considered the information related to them under Requirements 2(3)a), Requirement 3(3)(a) and Requirement 3(3)(b).

I note the Assessment Team provided positive feedback from consumers or their representatives specific to this requirement. I also note the Assessment team identified the service has procedures for supporting staff to recognise and respond to deterioration. They observed guidelines for the management of deteriorating consumers available for staff in the nurse’s station and on printed materials. The service’s guidelines reviewed by the Assessment Team are based on best practice and current clinical evidence to support staff in taking a systematic approach to the management of deteriorating consumers. The guidelines also support decision- making for appropriate escalation and or hospital transfers- however deficits have been identified in relation to this requirement.

My findings are based on the information provided by the Assessment Team, including positive feedback from consumers and representatives and the fact the service has clear processes to follow, and that I have considered the named consumers information is more relevant to other Requirements.

I find this requirement is compliant.

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

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

The Assessment Team provided information that there are systems in place for communicating information about the care of consumers in the service. Consumers and representatives said they are kept informed of the changes in their care and review of consumers’ care and service documents showed care conferences are occurring. However, these have not been effective for all consumers sampled. Sharing of information has not always occurred and information in consumer’s care and service documents is incorrect or inconsistent. The Assessment Team provide examples including information on psychotropic medication, incident reporting, and care staff documentation processes.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well additional materials including, an AIN worksheet template, progress note extracts and clinical records extracts.

In relation to information on psychotropic medication, I note the information provided by the Approved Provider is incomplete and does not always indicate the reason for the medications use, particularly antipsychotic medications.

In relation to incident reports, the Approved Provider contends that the matters referred to were not incidents, but rather wounds and as such incident forms were not completed. The wounds are recorded as an initial wound on clinical incident data. The Approved Provider demonstrated that the wounds have had ongoing medical review, medical directives are followed, and the wounds monitored via wound charts.

In relation to care staff not documenting in progress notes. Whilst the Assessment team identified this as a risk, there were no examples provided of errors or omissions in care resulting from this practice. The Approved Provider also provided a worksheet that care staff complete each shift to inform the registered nurse of care provided and any concerns.

Whilst I accept the Approved Providers response to the management of incidents and communication between care staff and registered staff, I am not persuaded by their response in relation to the management and monitoring of psychotropic medications. Evidence supplied by the Approved Provider supports the Assessment Team claim that information about a consumers conditions is not effectively communicated within the organisation, and with others where responsibility for care is shared.

I find this Requirement is non-compliant.

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Approved Provider demonstrated they provide safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life

Most sampled consumers considered that they 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.

Consumers provided examples of the activities they enjoy and confirmed they have access to church services and volunteers if they choose. Consumers confirmed they can contact relatives and friends. Some consumers said they go home either weekly or monthly.

Feedback from consumers in relation to the meals provided was generally positive.

The Approved Provider has processes to refer consumers to external organisations as required.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team provided information that the Approved Provider was unable to demonstrate how they provide support to consumers to optimise their independence, wellbeing and quality of life. While assessment and care planning documents showed consumers likes and dislikes, risks and goals for the consumers participation, this was not consistently done for each consumer. Documentation does not show how the service will provide services and supports that meet the needs, goals and preferences of consumers. The Assessment Team provided examples of named consumer feedback as well as examples of initiatives taken at the Service to meet the needs of consumers.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report. The Approved Provider contends that requested information that was not provided, was available during the Site Audit in the care software.

In relation to the named consumers requesting an electric wheelchair and in relation to smoking, I have considered this information in the finding of compliant for Requirement 1(3)(d). The Approved Provider confirmed a named consumer has access to watch soccer on the television but has chosen not to pursue this. In relation to the named consumer who is not participating in as many activities, the Approved Provider agreed this is occurring, and attributed this to a decline in the consumers overall condition.

With respect to the completion of assessments, the Approved Provider noted that the leisure and lifestyle coordinator had been employed for approximately three months and was currently reviewing and updating care documentation. However. The Approved Provider also noted that a lifestyle program continues to be implemented to meet the consumers needs and referenced the positive examples provided by the Assessment Team.

I find the information provided in the consumers feedback generally indicated consumers were doing what they wanted to do, including completing puzzles in their rooms, I note consumers expressed some disinterest in previous activities of interest. I accept that the Covid-19 pandemic has disrupted some activities, such as bus outings.

I note the Assessment Team found the leisure and lifestyle coordinator demonstrated a fond and personable understanding of consumers. And whilst I note that reassessment of consumers needs is continuing, there are a range of examples provided of activities being provided to meet consumer’s needs, and based of consumers requests and preferences, including a afternoon “sundowner” program, a gardening program, tailored days based on a consumers previous employment, one to one supports for consumers who choose to spend time in their rooms and I note that consumer art was observed on display at the Service.

Based on the examples of activities being provided to consumers and the general consumer feedback indicating a preference to do activities in their rooms with the noted support of one to one room visits by staff. I find that consumers get 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.

I find this Requirement is Compliant*.*

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

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

The Assessment Team provided information that the Approved Provider was unable to demonstrate they have supports in place to promote emotional, spiritual, and psychological well-being of consumers. Assessments and care plans for emotional, spiritual or psychological wellbeing have not been completed for consumers. Consumer feedback indicates they are satisfied with the support received. The Assessment team provided examples for two named consumers. The Approved Provider provided a response that included clarifying information to the Assessment Team report.

The Approved Provider noted that assessment of religion is part of the lifestyle assessment, however did not provide further information in relation to the assessment of a named consumer’s emotional needs.

In relation to the other named consumer, I note they reported to the Assessment Team they are able to attend church.

I have considered the information provided by the Assessment Team and the Approved Provider and I find consumer feedback indicates they are satisfied with the support received, as well as the range of provided supports outlined including one to one visits to consumers, access to religious services and communion services and the observation of consumers receiving pastoral support from volunteers.

I find this Requirement is Compliant.

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

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

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

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

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

The Assessment Team provided information that the Approved Provider could not demonstrate that changes in a consumer’s condition, needs or preferences in relation to lifestyle services and supports are communicated within the organisation. While the leisure and lifestyle coordinator said she speaks with the registered nurse or consumers directly to understand changes in the needs and preferences of consumers, assessments and care planning documentation is inaccurate, does not contain up to date information or has not been completed. The Assessment Team cited the care planning documents for three named consumers to support this finding.

In relation to the named consumers. I note that whilst one consumer was identified as having outdated information on their assessments, I acknowledge the Approved Provider had employed a new lifestyle coordinator and a reassessment process has already commenced at the time of the Site Audit. In relation to the lack of emotional, psychological and spiritual assessments referred to in Requirement 4(3)(a) I note a finding of compliant for this requirement. In relation to the named consumers preferences for mobility and smoking, I have considered this information under Requirement 1(3)(d).

Based on the information provided, I find this requirement is compliant.

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

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

The Assessment Team provided information that some consumers said they had access to church service volunteers if they needed to talk to someone. Care planning documentation shows consumers are sometimes referred to external services and organisations for the provision of lifestyle services. For named consumers timely and appropriate referrals were not made to the occupational therapist and audiologist.

The Approved Provide provided a response including clarifying information to the Assessment Team report.

In relation to the named consumers, I consider both of these examples to be of a clinical nature and have consider this under Requirement 3(3)(f). However, I do note the Approved Provider indicated they have been working with the consumers family in relation to the audiology referral, and the named consumer with reference to an occupational therapist has been considered under Requirement 1(3)(d).

Based on the information provided, I find this requirement is compliant.

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

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

The Assessment Team provided information that most consumers interviewed were happy with the variety, quality, and quantity of food however, one consumer said they hate the food. The leisure and lifestyle coordinator and cook told the Assessment Team they have sought feedback relating to the menu through meetings and speaking with consumers individually however neither were aware of how the menu came to be or if it has been checked by a dietitian. Observations and review of nutrition and hydration documentation identified that strategies to encourage or assist consumers with meals are not always followed.

The Approved Provide provided a response including clarifying information to the Assessment Team report including that statements attributed to the cook and manager are not accurately reported.

In relation to named consumers, I note that one consumer was provided an alternative meal of sandwiches, that this consumer has been assessed as being able to consume sandwiches under supervision.

In relation to the named consumer who reported to not like the food, and who displays challenging behaviours at meal times, I acknowledge that this is noted on the assessments provided to the Assessment Team, and whilst strategies to manage this behaviour were not documented, there were strategies identified in the Assessment Team report. This included saving a meal for possible consumption later, cooking alternatives such as eggs, and staff awareness to offer alternatives at a later date. The Approved Provider also indicated that purchase specific items for this consumer included hotdogs when requested.

I have considered the Assessment teams report and the Approved Provider response. I note that overall satisfaction of consumers with meals, including consumer feedback that all consumers said they have enough to eat. I note that one consumer expressed dissatisfaction with meals, however I note the Approved Provider is working with this consumer to address this matter.

Based on this overall consumer satisfaction with meals and the Approved Provider working with consumers to meet their needs I find this requirement is compliant.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Approved Provider demonstrated that it provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

Most consumers say the environment is welcoming to them, their friends and family. Consumers said they feel supported and have developed quality relationships with staff and other consumers.

The Assessment Team provided information that observations of the service environment and review of maintenance logs indicate the service is safe, clean, comfortable, and well maintained. Consumers said they have access to the outdoors as they wish and were observed to be moving freely.

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

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

## Assessment of Standard 5 Requirements

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

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

The Assessment Team provided information that the service has a welcoming environment and consumers were observed to be moving around the service using a range of mobility assistive equipment, including wheelchairs and wheeled walkers. The Assessment Team observed the service to be clean in all areas including the reception, consumer rooms and communal areas and that staff are welcoming and friendly to visitors. Observations demonstrate the service has allowed for different engagement options in the environment.

Most consumers say the environment is welcoming to them, their friends and family. Consumers said they feel supported and have developed quality relationships with staff and other consumers.

Based on the information provided by the Assessment Team I find this requirement is compliant.

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

*The service environment:*

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

The Assessment Team provided information that observations of the service environment and review of maintenance logs indicate the service is safe, clean, comfortable, and well maintained. Consumers said they have access to the outdoors as they wish and were observed to be moving freely.

Based on the information provided by the Assessment Team I find this requirement is compliant.

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The Approved Provider demonstrated they regularly seek 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.

Most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Most consumers and/or representatives felt comfortable raising feedback and complaints with the service. Most consumers said they would raise their concern directly to staff or management.

Consumers and/or representatives who have raised a complaint or provided feedback to the service are satisfied with the action taken in response. The service has materials about how to make complaints including details for advocates and other complaint resolution services on display at reception and the dining area.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as 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) Compliant

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

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

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

The Assessment Team provided information that consumers interviewed could not identify specific changes made following feedback, however consumer indicated confidence in action following a complaint. Management was able to provide examples of how feedback has influenced the way services are delivered and been used to improve care and services. The service’s continuous improvement plan demonstrated that consumer feedback is used to improve the quality of care and services.

Based on the information provided by the Assessment Team I find 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

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Most consumers and/or representatives said staffing levels are adequate with all saying they don’t have to wait on call bells to be answered. All consumers and/or representatives said staff are kind and caring when providing care and feel they are skilled enough to meet their care needs.

Review of education and training records identified mandatory training and competency assessments are mostly up to date.

The Approved Provider was not able to demonstrate that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Deficiencies in staff knowledge were identified in relation to the management or risk to consumers and effective monitoring of consumers condition.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

### 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) Non-compliant

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

The Assessment Team provided information that consumer and/or representative feedback indicated they are satisfied that staff are competent and have the right knowledge to provide care and services. However, some staff who are new to the service were unable to talk about open disclosure, antimicrobial stewardship, serious incident reporting scheme (SIRS) and the Quality Standards. The competency registers and training attendance folder did not demonstrate all training and education has been completed by staff. The Assessment team did provide examples of education conducted since the Site Audit in March 2021.

The Approved Provider provided a response including clarifying information to the Assessment Team report including that statements attributed to the registered nurse are not accurately reported. Additional materials supplied include an education schedule calendar, the 2021 education schedule and staff education attendance tracker.

The Approved Provider noted that the two staff referenced by the Assessment Team are both new to the service, and the registered nurse was on their second shift. Both staff are still completing induction and I note they are working under the supervision of the care manager. I would not expect staff to have a sound working knowledge of all matters referenced by the Assessment Team whilst still completing their induction or on their second shift at the Service.

The Approved Provider also provided information on the topics and attendance at education since the last site audit in March 2021, these included the quality standards and the serious incident response scheme. The Approved Provider also confirmed all catering staff had competed food handling training in 2021.

I have considered the Assessment teams report and the Approved Provider response. Whilst I acknowledge information provided by the Approved Provider and positive feedback from consumers and representatives about the skills and competency of staff, I also note the ongoing non-compliance with the Aged Care Quality Standards at this Site Audit. Deficiencies in staff knowledge were identified in relation to the management or risk to consumers and effective monitoring of consumers condition.

Noting this ongoing non-compliance with the Aged Care Quality Standards I am not persuaded that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

I find this Requirement is non-compliant.

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Approved Provider has established governance systems that are developed and overseen by the Chief Executive Officer (CEO). The organisation has an incident management system in place and have been responsive to the implementation of the Serious Incident Response Scheme.

However, the Approved Provider was not able to demonstrate effective organisational governance in relation to information management, continuous improvement, regulatory compliance, and workforce governance.

The Approved Provider was also not able to demonstrate effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers.

The Quality Standard is assessed as Non-compliant as two 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.*

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

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

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

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

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

The Assessment Team provided information that the organisation demonstrated they have some organisational wide governance systems in place. Management provided examples of how their day to day practice aligns with the governance systems. However, information systems are not reliable and contain inaccurate information.

The Approved Provider provided a response including clarifying information to the Assessment Team report as well additional materials as referenced through this report.

In relation to information management, I accept the Approved Providers position that whilst they have transitioned to an electronic care system, there may still be the need for paper-based information to be kept alongside the electronic system, including reports from external providers. I also acknowledge that the Approved Provider has processes for care staff to communicate care provided and concerns to the registered nurse without having access to progress notes. I accept that the clinical incident information may not have been accurate at the time of the site audit and omitted some wounds, this had not resulted in a negative outcome to consumers, and wounds are being effectively managed. I also accept the Approved Provider had identified that lifestyle assessments required reassessment and had commenced a processes for this prior to the site audit commencing.

However, I do note that not all processes for the management of information have been effective and the information provided in relation to psychotropic medications was incomplete.

In relation to continuous improvement, Whilst I note the Approved Provider has returned to compliance with four Requirements found non-compliant from the Site Audit in March 2021, I note the Approved Provider has ongoing non-compliance with seven Requirements across four Standards of the Aged Care Quality Standards following this Site Audit. This demonstrations that effective continuous improvement is not occurring.

In relation to workforce governance, I note the non-complaint finding in Requirement 7(3)(c) and the ongoing non-compliance with Aged Care Quality Standards. I also note the actions taken by the Approved Provider in terminating non-performing staff.

In relation to regulatory compliance I note the Approved Provider has not ensured compliance with the *Aged Care Act 1997*, relating to Approved Provider responsibility to ensure compliance with the Aged Care Quality Standards.

I acknowledge that the Approved Provider has organisation wide governance systems for financial governance and feedback and complaints.

Based on the findings outlined in this report, I find that the Approved Provider does not have effective organisational governance systems.

I find that this Requirement is non-compliant.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment team provided information that the Approved Provider was unable to demonstrate they have an adequate risk management system in place to identify, manage and escalate risks at the service. Incident forms, and risk assessments have not been completed and/or are incomplete, strategies and/or intervention to minimise risk have not been appropriately identified, monitored and evaluated. The service did not provide a risk register, incident register or policies relating to abuse or neglect, high impact and high prevalence risks or supporting consumers to live their best life they can. However, a Serious Incident Response Scheme and incident management system policy was provided.

The Approved Provider provided a response including clarifying information to the Assessment Team report as well additional materials as referenced through this report. In relation to managing high impact or high prevalence risks associated with the care of consumers, I note the finding of non-compliance with Requirement 3(3)(b), specifically relating to deficits in staff management of falls prevention. I also note the lack of Approved Provider understanding in relation to the management of restrictive practices and monitoring psychotropic medication usage. I note from the Approved Providers response they do not maintain a risk register to assist in the identification and management or risks to consumers.

I also note the Assessment team indicated that the Approved Provider did not have a consolidated or accurate incident system, however I do accept that the Approved Provider has consolidated incidents into one system as per their policy on meeting the requirements of the Serious Incident Response Scheme. I also note staff training has occurred for the Serious Incident Response Scheme.

Based on the finding of ongoing non-compliance in Requirement 3(3)(b) from the March 2021 Site Audit and this Site Audit, I find that the Approved Provider does not have effective risk management systems and practices, particularly in relation to managing high impact or high prevalence risks associated with the care of consumers.

I find this Requirement is non-compliant.

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

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

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

# Areas for improvement

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

* Ensure 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. Including timely assessment of risk to consumers on entry to the service.
* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being. Including ensure the management of restrictive practice is best practice for consumers.
* Ensure effective management of high impact or high prevalence risks associated with the care of each consumer. Including ensuring staff are competent in the management of falls and diabetic management.
* Ensure 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. Including that information related to restrictive practice is effectively recorded and communicated with the pharmacy.
* Ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Ensure effective organisation wide governance systems relating to the following. Including in respect of information management, continuous improvement, workforce governance, including the assignment of clear responsibilities and accountabilities, and regulatory compliance.
* Ensure effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers