Linsell Lodge Aged Care Facility

Performance Report

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**Commission ID:** 6084

**Provider name:** The Salvation Army (South Australia) Property Trust

**Site Audit date:** 15 February 2022 to 17 February 2022

**Date of Performance Report:** 24 March 2022

# Performance report prepared by

Marek Dubovinsky, 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) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the 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; and
* the provider’s response to the Site Audit report received 15 March 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* are treated with dignity and respect by staff and their personal privacy is always respected;
* are encouraged to maintain their independence, make informed decisions about their care and services and live the life they choose; and
* staff know what is important to them and felt their identity, culture and diversity was valued.

Consumers are treated with dignity and respect, with their identity, culture and diversity valued. Care planning documentation demonstrated what is important to the consumers, including information about their life story, hobbies, and personal preferences. Staff described how they treat consumers with dignity and respect. Observations of staff practice indicate staff are respectful of consumers.

Care and services are culturally safe and are supported through an entry process which identifies consumers’ cultural beliefs and diversity to assist in the delivery of care and services. Staff could describe how consumers’ culture influenced how they deliver care and services day-to-day. Care planning documents sampled show specific cultural needs which outline what it means to provide care in a culturally safe way.

Consumers who choose to take risks have risk assessments completed in line with their goals and preferences. Staff were able to describe how they support consumers to take risks. Sampled consumers confirmed they are supported to exercise choice and independence. This includes how they wish to have their care and services delivered and how the service supports them in making decisions and maintaining relationships. The service has policies and procedures in place to facilitate consumer engagement and support choice and independence regarding their care and services.

Staff were observed to be maintaining consumer privacy by securing sensitive information, identifying private information when individual consumers enter the service and disclosing to the consumer how they use this information. Observations included noticeboards, posters, and brochures throughout the service with current information to inform consumers.

Based on the evidence documented above, I find The Salvation Army (South Australia) Property Trust, in relation to Linsell Lodge Aged Care Facility, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 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

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

The Assessment Team have recommended Requirements (3)(a) not met. The Assessment Team were not satisfied the service demonstrated assessment and planning, including consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services for three consumers with complex care and service needs.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have found Requirement (3)(a) Non-compliant. I have provided reasons for my finding in the specific Requirement below.

The Assessment Team found most consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* confirmed were involved in care planning and had a say in the delivery of care and services;
* staff were aware of consumers’ needs and preferences; and
* confirmed they are informed about incidents and outcomes of assessment and planning.

A range of clinical and non-clinical assessments are completed on entry and on an ongoing basis. The service has an electronic documentation system to support assessment and care planning. The organisation has policies and procedures to support staff in undertaking relevant assessments to identify consumers’ needs, goals and preferences.

Care planning documents for consumers sampled identify current needs goals and preferences, including advance care planning. Clinical staff described how they ensure end of life and advance care planning needs, goals and preferences are identified. Assessment and care planning documents sampled showed assessment and planning occurs in partnership with the consumer and other persons the consumer wishes to be involved.

Consumers sampled confirmed outcomes of assessment and planning are effectively communicated and documented in a care and service plan. Relevant staff can access care plans via the service’s electronic clinical management system. A mobile platform is also available for clinical staff, such as for medication management. A copy of the care plan is provided to the consumer and/or representative either via hard copy or email. Care plans viewed showed they were reviewed three-monthly according to their internal process.

A range of monitoring processes which includes scheduled care and service plan reviews in addition to a range of audits ensure consumers have relevant assessments and care plans developed in accordance with their needs, goals and preferences.

Based on the evidence documented above, I find The Salvation Army (South Australia) Property Trust, in relation to Linsell Lodge Aged Care, Compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

## 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 were not satisfied the service was able to demonstrate 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 for three consumers with complex care and service needs. This was evidenced by the following:

Consumer A

* Has a history of substance abuse and leaves the service independently.
* Two incidents involving the consumer approximately three months prior to the Site Audit which did not result in appropriate assessment and planning to manage relevant risks associated with substance abuse.

Consumer B

* Staff are not consistently using the best practice pain assessment tool.
* The Services Manager acknowledged staff had not correctly completed the pain assessment documentation.
* The consumer indicated to the Assessment Team they were in pain.
* Pain assessment documentation completed two months prior have not been reviewed or evaluated.

Consumer C

* The consumer had a medical procedure in the month prior and had specific directions included in the hospital discharge documentation which was not implemented and communicated to staff following return to the service.
* There is no specific assessment or service plan to manage and guide staff with the management of the consumers’ medical condition and impairment.
* The consumer was reviewed by a health professional and had made recommendations which were not reflected in care planning and assessment documentation.
* Observations indicate staff have implemented recommendations made by the health professional.

The provider’s response indicates they agree with the Assessment Team’s recommendation of not met. The following evidence was provided:

Consumer A

* A case conference has been scheduled.
* Training to support staff on risk assessing consumers which includes consumers who leave the service.
* The consumer’s care and service plan was reviewed.

Consumer B

* The consumer’s care plan was reviewed to specifically address the consumer’s pain.
* Staff have been provided additional refresher training on their roles, expectations and shift guidelines.
* Training is to be scheduled on pain assessment and recognition.

Consumer C

* The consumer’s care plan was updated to include additional information in relation to managing the medical condition.
* An appointment feedback form was implemented to ensure follow up action is identified and actioned.
* Records confirming the service had engaged a training provider prior to the Site Audit to train staff on how to provide cardio-pulmonary resuscitation for a consumer who had a specialised nursing need.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate 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 find Consumers A, B and C did not have relevant assessments completed to inform the delivery of safe and effective care and services, specifically in relation to consumers who have care and service needs in relation to substance abuse, pain and specialised nursing needs.

In relation to Consumer A, I acknowledge the service’s approach to managing the consumer’s relevant risks following the Site Audit. However, I find the service did not ensure relevant assessments were completed to mitigate relevant risks prior to the Site Audit for Consumer A. I have relied on the evidence documented in the incident forms, in addition to evidence confirming the consumer leaves the service independently to support my view.

In relation to Consumer B, I acknowledge the service’s approach to managing the consumer’s pain following the Site Audit. However, I find the service did not ensure relevant assessments were completed to identify and monitor the consumer’s pain to ensure safe and effective delivery of care and services. I have relied on the evidence in relation to the ineffective use of the pain assessment tool and pain assessment documentation which was completed two months prior to the Site Audit and had not been reviewed and evaluated to support my view.

In relation to Consumer C, I acknowledge the service’s approach to managing the consumer’s specialised nursing needs following the Site Audit. However, I find the service did not ensure relevant assessment and planning had been completed following the medical procedure in the month prior to the Site Audit and documented in a care and service plan to inform delivery of safe and effective care and services. Evidence provided following the Site Audit indicates the consumer’s care and service plan has been reviewed and improvements have been implemented to ensure appropriate action is undertaken.

For the reasons outlined above, I find The Salvation Army (South Australia) Property Trust, in relation to Linsell Lodge Aged Care Facility, Non-compliant with Standard 2 Requirement (3)(a).

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team have recommended Requirement (3)(b) not met. The Assessment Team were not satisfied the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to managing medications safely for two consumers.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have found Requirement (3)(b) Non-compliant. I have provided reasons for my finding in the specific Requirement below.

The Assessment Team found most consumers sampled considered that they receive personal and clinical care that is safe and right for them. Consumers interviewed stated overall, they are satisfied with the personal and clinical care provided. The following examples were provided by consumers during interviews with the Assessment Team:

* feel their needs, and preferences are effectively communicated;
* are referred to relevant medical and allied health staff when required; and
* satisfied with the provision of end of life care.

Assessment processes support staff in delivering personal and clinical care that is best practice, tailored to consumers’ needs and optimises their health and well-being. The organisation has a clinical governance committee who reviews policies and procedures against best practice guidelines. Staff interviewed demonstrated knowledge of consumers’ personal and clinical care needs and could detail how they ensure care is tailored to consumers' needs and optimises health and well-being.

Care plans sampled reflected consumers’ end of life needs and wishes with their comfort maximised and dignity preserved. Staff could describe the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised. Deterioration or changes to a consumer’s health and/or condition had been recognised and responded to in a timely manner. Staff confirmed they communicate with consumers and their representatives to ensure care is provided in accordance with consumers’ needs, goals and preferences.

Processes ensure relevant information about the consumer’s condition needs and preferences is documented and referrals occur when required. Staff have access to relevant, up-to-date information to assist them to provide care and services to consumers. Staff described the referral mechanisms, such as use of the internal communication book for physiotherapists, and designated email addresses for other contracted allied health services

Infection control practices within the service ensure infection related risks are minimised. Staff interviewed were able to describe infection control and antimicrobial stewardship principles. The service monitors and reports on infections monthly to the organisation.

Based on the evidence documented above, I find The Salvation Army (South Australia) Property Trust, in relation to Linsell Lodge Aged Care, Compliant with Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

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

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

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

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

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

The Assessment Team were not satisfied the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to managing medications safely for two consumers. This was evidenced by the following:

Consumer A

* Incident documentation showed in the month prior to the Site Audit, the consumer was administered an incorrect medication.
* Monitoring recommendations made by the medical officer following the medication incident were not followed.
* The medication incident was not reviewed or evaluated and no follow up action completed.
* Management were unaware the consumer did not have relevant monitoring completed in line with the medical officer’s recommendations.

Consumer B

* The consumer has both a paper-based and electronic medication chart. The two charts had different medication orders for a drug of dependence.
* Management said the medical officer had not removed the previous medication order when updating and prescribing a higher dose in the paper-based medication chart.
* Staff interviewed said they were following the pharmacy information sticker on the medication sachet and not the information on the medication chart.
* Staff interviewed said they sometimes follow the paper-based medication chart and sometimes the electronic medication chart but in this instance were following the information sticker on the medication sachet.
* Management were not aware staff were not following internal policies and procedures in relation to safe medication administration.

The provider’s response indicates they agree with the Assessment Team’s recommendation of not met. The following evidence was provided:

* Staff responsible for medication administration are being provided further support.
* Both Consumer A and B have been reviewed, with deficits in relation to both consumers addressed.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to managing medications safely for two consumers.

In relation to Consumer A, I find the service did not ensure relevant follow up and monitoring had occurred following a high impact medication incident. I have relied and placed weight on the instructions provided by the medical officer. In addition, I have also considered the type of medication administered, the possible adverse impact to the consumer’s health and well-being and the evidence which indicates the incident was not evaluated and relevant follow up action completed.

In relation to Consumer B, I find the service did not ensure staff were administering high impact medications safely. I have relied on the evidence which indicates staff were not following the medication orders when administering the high impact medication. In addition, I have also considered and relied on the possible adverse impact of the risks associated with unsafe medication administration practices.

For the reasons outlined above, I find The Salvation Army (South Australia) Property Trust, in relation to Linsell Lodge Aged Care Facility, Non-compliant with Standard 3 Requirement (3)(b).

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found consumers sampled considered they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team;

* receive safe and effective services and supports for daily living which helps their health, well-being, and quality of life;
* are supportive of their emotional, spiritual, and psychological well-being and enjoy attending activities when they choose to do so;
* staff support them to do the things they like to do and are important to them; and
* there is enough variety in meals.

Initial and ongoing assessment processes identify each consumer’s needs and preferences in relation to services and supports for daily living and are used to inform the care and service plan. On entry, lifestyle admission documentation captures history, past lifestyle activities, hobbies, like/dislikes and current interests

The service has a range of activities, such as pet therapy, bingo, and pastoral support services. Documentation viewed showed a variety of activities offered. Ministers and pastoral care workers attend the service and provide emotional and spiritual support for consumers who choose to have this service provided. Staff interviewed demonstrated awareness of individual consumer’s emotional, spiritual, and psychological needs. Information about the consumer’s condition, needs and preferences is reflected in care plans, assessments, and lifestyle activity plans. Staff interviewed confirmed information is accurate and accessible.

The service has established networks with external organisations and individuals and refers consumers where appropriate. Lifestyle staff demonstrated knowledge of the referral processes and could list organisations and services they had referred consumers to for additional support.

Meals provided are of suitable quality and quantity, with consumers being able to choose from a menu. The menu is evaluated every three months and the menu is rotated on a five weekly cycle. The organisation provides a base menu which is designed by a dietitian, however, the service can change aspects if they wish, dependent on consumer feedback and individual dietary needs.

Equipment provided to consumers is maintained, cleaned and stored safely. Staff interviewed confirmed they have access to equipment to meet the needs of consumers. Processes support the scheduled cleaning and maintaining of equipment which is provided to consumers.

Based on the evidence documented above, I find The Salvation Army (South Australia) Property Trust, in relation to Linsell Lodge Aged Care Facility, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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

* the environment is welcoming, they can access all areas and enjoy using the communal areas;
* the environment is clean and well maintained; and
* feel safe.

The service environment optimises the consumer’s sense of belonging, independence, interaction and function. Consumers were observed interacting with each other in indoor communal areas. Multiple outdoor areas are available for consumers to use, and consumers were observed utilising walking paths and sitting in courtyards reading and enjoying the surrounding gardens. Management described how they make consumers feel at home by assisting them to personalise their rooms and seeking regular feedback regarding how the service can improve the facility

The environment is clean and safe, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors. Garden areas and pathways were overall observed to be well maintained and free of any hazards. Clinical and care staff could explain the process for submitting maintenance requests through the service’s maintenance system. Staff described how the service’s environment, equipment and consumers’ rooms are cleaned and maintained

Monitoring processes include a range of audits, feedback mechanisms and monthly Work Health and Safety meetings to ensure the environment, furniture and fittings are safe, clean and well maintained. Regular updates are provided to consumers and representatives regarding any building works planned or in progress and the impact it will have on the service environment.

Based on the evidence documented above, I find The Salvation Army (South Australia) Property Trust, in relation to Linsell Lodge Aged Care Facility, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

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

* felt supported to provide feedback and make complaints when they need to;
* were satisfied with actions taken because of feedback; and
* are aware of advocacy services and other methods for resolving issues.

Consumers, their family, friends, and others are encouraged and supported to provide feedback and make complaints. Mechanisms to provide feedback include feedback forms, meetings, resident surveys, and the care plan review process. Information about how the service seeks feedback and responds to complaints, compliments and suggestions is also available on the organisation’s website and is also available in hard copies throughout the service.

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Brochures are available at the entrance to the service and throughout in relation to the complaints process and external advocacy agencies.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Staff are aware of open disclosure processes. Consumers interviewed confirmed that an open disclosure process is used when they make complaints and they felt their concerns were addressed.

Feedback and complaints are reviewed at a site and organisational level to improve the overall quality of care and services. Management stated most complaints relate to food and they are working to address this issue. Consumers provided feedback that indicated they were aware their raising of feedback was acknowledged by management and used to improve the quality of care and services. Procedures are in place to guide staff in ensuring feedback provided is identified, captured, actioned and reviewed.

Based on the evidence documented above, I find The Salvation Army (South Australia) Property Trust, in relation to Linsell Lodge Aged Care Facility, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

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

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

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

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

### Requirement 6(3)(c) Compliant

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team were not satisfied the service was able to demonstrate 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 in relation to sufficiency of staffing.

I have considered the Assessment Team’s findings the evidence documented in the Assessment Team’s report and the provider’s response and have come to a different view and find Requirement (3)(a) Compliant. I have provided reasons for my finding in the specific Requirement below.

The Assessment Team found overall, consumers considered that they get quality care and services from people who are knowledgeable, capable and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* staff are kind and treat them with respect;
* confident that staff are skilled enough to meet their care needs and know what they are doing and did not express any training areas that required improvement; and
* were complimentary of staff.

Staff interactions with consumers were observed by the Assessment Team to be kind, respectful and caring. The service demonstrated it recruits and retains a competent workforce with appropriate qualifications and knowledge and supports staff with resources to undertake their role. Staff are required to complete mandatory core training and competency at commencement and yearly thereafter. Ongoing monitoring of staff competency is achieved through progress notes and incidents review, feedback, audits, staff supervision and observation, and assessment of competency following education. Staff are assessed prior to employment regarding their experience and qualifications.

Staff practice is monitored, and ongoing training is provided to ensure staff have a contemporary knowledge base to deliver the outcomes required by the Quality Standards. Staff performance is reviewed during the probation period and yearly thereafter. Policies and procedures support the regular review of staff performance and records confirmed staff performance is reviewed following feedback from consumers and others.

Based on the evidence documented above, I find The Salvation Army (South Australia) Property Trust, in relation to Linsell Lodge Aged Care Facility, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

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

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

The Assessment Team were not satisfied the service was able to demonstrate 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 in relation to sufficiency of staffing. This was evidenced by the following:

* Eight of 13 consumers and two representatives said there are not always enough staff to provide the care and services consumers need.
* Five consumers stated that if they need assistance, there can be a considerable wait.
* Management said due to the impacts of an outbreak, the service has experienced staff shortages.
* Staff allocation sheets for a two week period prior to the Site Audit showed 29 shifts were unfilled.
* Call bell data for two consumers who expressed dissatisfaction with staffing levels showed extended response times.
* Call bell responses and information provided showed response times greater than the key performance indicator are not investigated to ascertain adverse impacts to the consumer, nor are they trended and analysed by to identify opportunities for improvement.
* The call bell system is being upgraded.

The provider’s response indicates they agree with the Assessment Team’s recommendation of not met. The following evidence was provided:

* Clarified the unfilled shifts were due to the reduced bed numbers at the service
* Recognised the impact of current pandemic on the workforce
* Reiterated prior to the infection outbreak, shifts were being filled
* Staffing levels during the Site Audit were being impacted by staff having to be in quarantine or on leave.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view to that of the Assessment Team and I find the service was able to demonstrate 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. In coming to my finding, I have considered the impact of the current pandemic on the workforce. In addition, I have considered and placed weight on the evidence which indicates prior to the outbreak, the service was ensuring shifts were being filled. I have considered the feedback from consumers, representatives and staff in coming to my finding and also the information in relation to call bell response times not being trended and analysed. I believe this is an opportunity for improvement, whilst recognising the service is in the process of upgrading their call bell system to ensure it better meets the needs of individual consumers.

For the reasons outlined above, I find The Salvation Army (South Australia) Property Trust, in relation to Linsell Lodge Aged Care Facility, Compliant with Standard 7 Requirement (3)(a).

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

* The Assessment Team found that overall, consumers and representatives sampled considered that the organisation is well run and they can partner in improving the delivery of care and services.

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement through a range of focus groups, monthly consumer meetings, surveys and internal feedback mechanisms. The Plan for Continuous Improvement contains information on the improvements identified by consumers.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation has a range of reporting mechanisms to ensure the Board is aware and accountable for the delivery of services. This includes a range of committees and meetings which report directly to the executive team. The governing body comprises of Salvation Army Aged Care Executive Leadership Forum which is supported by the national leadership team and then the local state service teams.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. Consumer information is managed through an electronic client management system. Continuous improvements are monitored and reported on to the Executive team and the Board. Policies and procedures are available electronically. The organisation tracks changes to the aged care law through subscriptions to Department of Health, Aged Care Quality and Safety Commission, WorkSafe and peak bodies. Feedback and complaints are monitored by the management team for trends and areas of improvement. They are discussed at team meetings and reported to the Executive Leadership Forum

The organisation demonstrated overall effective risk management systems and practices relating to risks associated with the care of consumers and identifying and responding to abuse and neglect of consumers. The organisation has an incident management reporting system to ensure relevant reports are completed according to legislative requirements and to inform the organisation of any trends or risks. Consumers are supported by the organisation to the live the best life they can to ensure they maintain their independence in a safe manner. The organisation has a risk management framework which is supported by policies and procedures.

The organisation has a clinical governance framework, and associated policies and procedures, relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed demonstrated an understanding and application of policies and procedures relating to antimicrobial stewardship, restrictive practice and open disclosure.

Based on the evidence documented above, I find The Salvation Army (South Australia) Property Trust, in relation to Linsell Lodge Aged Care Facility, to be Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Compliant

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

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

### Requirement 8(3)(d) Compliant

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

# Areas for improvement

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

**Standard 2 Requirement (3)(a)**

* Review assessment and planning processes.
* Ensure staff are aware of assessment and planning processes which include including consideration of risks impacting consumers’ health and wellbeing.
* Review policies and procedures in relation to assessment and planning with a focus on assessments in relation to consumers who leave the service and have known risks, pain, and specialised nursing needs.

**Standard 3 Requirement (3)(b)**

* Review process to ensure changes to medication orders are effectively communicated, documented and actioned. Where the service maintains duplicate copies of medication orders, such as in the form of electronic and paper based medication orders, review processes to ensure both records of medication orders are accurately maintained.
* Review processes to ensure when medication incidents occur, relevant follow up monitoring is completed as directed.
* Review processes to ensure medication incidents are identified, monitored and effectively evaluated.
* Ensure staff are provided relevant training on safe medication administration.