Lyrebird Village for the Aged

Performance Report

8-10 Neerim Street   
DROUIN VIC 3818  
Phone number: 03 5625 6400

**Commission ID:** 3261

**Provider name:** Lyrebird Villages for the Aged Inc

**Site Audit date:** 1 December 2021 to 3 December 2021

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

# Performance report prepared by

Astrid Tolstoshev, 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) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | 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) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | 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 approved provider’s response to the Site Audit report received 10 January 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

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

Overall, sampled consumers considered that 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.

* Feedback included that staff always treat them well and are very respectful and kind. Consumers said they feel comfortable at the service.
* Consumer and representative feedback demonstrated that consumers feel supported to exercise choice, maintain independence, make connections and maintain relationships. Staff were able to provide examples of how consumers are supported in decision making and maintaining social interaction.
* Feedback from consumers, representatives and staff, documentation reviews and observations made by the Assessment Team demonstrate that the service respects consumers' privacy, including consumers' personal information and private space.

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.*

### 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

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

Consumers and representatives interviewed were satisfied with the involvement in and the partnering on the planning of the consumer’s care. Consumers said that care interventions are communicated to them and/or their representative verbally and management stated care plans are available in printed form on request

Assessment and care planning documentation did not demonstrate there is consideration of all risks to the consumer’s health and well-being and does not inform the delivery of safe and effective care and services. The service did not demonstrate effective assessment and care planning for identified wound and pressure area care and to other risk areas, such as anaphylaxis.

The service was able to demonstrate the consumer’s care planning documents addressed the consumer’s goals, care needs and preferences in relation to care and services. However, the service did not demonstrate guidance or processes to ensure consumers who wish it have advance care planning or the documented end of life wishes available.

The service was unable to demonstrate that consumers’ care and services are reviewed when circumstances change. Care planning documents did not always reflect the specific review, reassessment and updated care interventions to manage the deterioration or change in consumers’ condition relating to wound management and pressure injury prevention.

The Quality Standard is assessed as Non-compliant as three 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 found the service did not demonstrate effective assessment and care planning for consumers with identified wound and pressure area care and other risk areas, such as anaphylaxis.

Three consumers’ care files sampled, did not reflect timely assessment and care planning for appropriate wound management when pressure injuries or wounds were identified. A fourth consumer had no assessment or care planning evident to manage their diagnosed risk of anaphylaxis.

One consumer with a sacral wound and pressure injuries on both feet had care planning documents for wound management which did not reflect best practice, with no comprehensive assessment, monitoring and clinical evaluation of the wound healing process.

The second consumer had a significant pressure injury to their thumb. Their care planning documents did not demonstrate a skin integrity assessment and appropriate wound management care planning on the identification of the pressure injury.

A third consumer was identified with pressure injuries to both heels. No specific wound assessment or care plan for these pressure injuries were documented. Wound management information was minimal and did not demonstrate appropriate clinical assessment or clinical evaluation.

The Assessment Team noted significant negative impact for these consumers requiring wound management.

The fourth consumer had no care plan containing specific instructions to manage anaphylaxis reactions. The handover sheet contains minimal information in relation to this issue. Two care staff were unable to confirm where the ‘EpiPen’ was kept in the service and what the process is to access the device if the consumer was having an anaphylaxis episode. Consumers and representatives were generally satisfied with their involvement in the assessment and care planning process.

The response submitted by the Approved provider disputes the Assessment Team’s finding for this requirement but does not provide any additional information in relation to the individual consumers reviewed. The response notes that additional education and training will be provided to all staff, but again no further information is provided.

I have reviewed all the information available and find this requirement is Non-compliant. Notwithstanding consumer and representative feedback, the approved provider was unable to demonstrate that assessment and care planning in relation to consumers’ wounds, and risk of anaphylaxis informs the delivery of safe and effective care and services.

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

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

The Assessment Team found that the service did not demonstrate staff guidance or processes to ensure the consumers have advance care planning or the documented end of life wishes available. Of the ten consumers’ care files reviewed four had advance care directives in place. One consumer who had a recent decline in general health and another whose consultation notes indicate that they were to commence palliation had no advance care directive, no palliative assessments or care interventions recorded. Clinical staff reported that the service has no specific care plan or documentation for palliative or end-of-life care. The service has a policy and procedure that recommends consumers have the opportunity to discuss and plan their advance care directives or end of life wishes in place in the event of an outbreak or pandemic. Management said that they offer advance care planning information on admission to service. If a consumer has had a deterioration in their health, then they arrange a consultation with the family to decide on active resuscitation. The handover sheet indicated that 50 out of the 112 consumers have an advance care directive in place.

The response submitted by the Approved provider disputes the Assessment Team’s finding for this requirement. The response states that the service does have a policy for advance care planning and that associated documents are used as required. The response states that advance care planning is discussed with all consumers and representatives on or prior to entering the service and notes that many do not wish to engage in such conversations. The response also notes that the advance care planning discussions occur when consumers’ condition deteriorates, or they have acute health episodes.

I have reviewed all the information provided and find this requirement is Non-compliant. While I acknowledge that not all consumers and representatives wish to have advance care planning discussions on entry to the service I find that the Approved provider was unable to demonstrate adequate recording of advance care planning discussions and end of life care to meet the individual needs of consumers.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

The Assessment Team found that the service was unable to demonstrate that consumers’ care and services are reviewed when circumstances change. Care planning documents do not always reflect the specific review, reassessment and updated care interventions to manage the deterioration or change in the consumers’ condition relating to wound management and pressure injury prevention. Of the sampled consumers, who required wound management or pressure injury management, documentation of wound review was minimal and did not reflect clinical expertise of review and evaluation of complex wounds. Clinical documentation of one consumer indicated a delay in the reassessment of a consumer’s skin integrity following the identification of pressure injuries, and a delay in the provision of pressure relieving equipment. The Assessment Team noted significant negative impact for these consumers.

The response submitted by the Approved provider notes that all nursing staff have completed a Standard 2 education module with the expectation of a thorough understanding of the care and services. The Approved provider considers this requirement is compliant.

I have considered all the information provided and find this requirement is Non-compliant. Whilst I acknowledge the staff education provided by the Approved provider, the evidence provided by the Assessment Team demonstrates that consumers’ care needs in relation to wound management and pressure injury prevention were not reviewed, and appropriate interventions were not recorded and implemented. These deficits impacted negatively on the consumers’ health and wellbeing.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The service did not demonstrate that the sampled consumers receive pressure injury care that is best practice; tailored to their needs and optimises their health and well-being. The service did not demonstrate the registered nurses provide appropriate clinical oversight to supervise and monitor staff practices. Nursing staff do not have the clinical expertise and knowledge to provide complex care, particularly wound management. The health and wellbeing of consumers have been negatively impacted as a result of poor wound care. Feedback from representatives raised concerns about the level of staffing not being adequate to provide consistent quality care to consumers.

The service did not demonstrate the effective assessment, development of prevention strategies, and management of consumers at high risk of developing pressure injuries. Staff feedback raised concerns about the provision of appropriate education to ensure pressure injury risks are managed. Care staff feedback identified staffing levels as impacting on their ability to provide planned pressure area care and respond to consumers to prevent falls.

The service did not recognise and respond to the deterioration of the pressure injuries for three consumers with inappropriate interventions including the delay in the referral for medical or specialist review of the consumers’ wounds or condition.

The service demonstrated infection control practices to reduce the risk of transmission of infections. Staff have been provided with education on infection prevention measures such as hand hygiene and use of Personal Protective Equipment (PPE). The service demonstrated policies on infection control, outbreak management and antimicrobial stewardship have been established and reviewed for best practice. Consumers and representatives expressed satisfaction in the service’s interventions to minimise the risk of a COVID-19 outbreak within the service during the ongoing pandemic.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that the service did not demonstrate that consumers are receiving wound care that is best practice; tailored to their needs and optimises their health and well-being. The enrolled nurses providing the wound management are not receiving appropriate clinical oversight from the registered nurses. The service did not demonstrate clinical evaluation of wounds and prompt referral for specialist review. Feedback from consumer representatives raised concerns about the level of staffing not being adequate to provide consistent quality care to consumers. Staff reported that they had requested further training in complex wound management.

The service was unable to demonstrate nursing staff have the clinical expertise and knowledge to provide complex care, particularly wound management. The majority of wound management documents reviewed did not contain clear photographs and no measuring guide was included. The wounds were not always classified correctly. Documentation for four sampled consumers demonstrated the wound management provided impacted negatively on their health and well-being. For example, one consumer’s pressure injury deteriorated over a period of three weeks and became infected with no change of management strategies and notes of the wound being left uncovered and subject to further pressure and friction. While antibiotics were then prescribed, and an external wound consultant engaged, the wound became necrotic. Another consumer’s pressure injury was not managed appropriately and deteriorated until the consumer required hospitalisation and amputation of their thumb. Two other consumers had minimal documentation to demonstrate effective management of their pressure injuries.

The response submitted by the Approved provider states that the Assessment Team’s report is inconsistent, details the situation from a ‘snapshot,’ and does not consider the overall practice through the service. The response also states that the provision of wound care has not been compromised on occasions when a shift has not been able to be filled, as it is the responsibility of all nursing staff to perform wound management. The response also states that additional education and training has been identified.

I have considered all the information provided and find this requirement is Non-Compliant. I do not agree with the Approved provider’s assertion that the report is inconsistent and does not consider the overall practice through the service. The Assessment Team’s evidence indicates consumers have had negative impacts on their health and wellbeing because of poor wound management and pressure care practices.

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

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

The Assessment Team found that the service did not demonstrate effective management of high impact and high prevalence risks associated with the assessment, prevention strategies, and management of consumers at high risk of developing pressure injuries. Staff feedback raised concerns on the provision of appropriate education to ensure pressure injury risks are managed. Care staff feedback raised staffing levels as a concern to providing planned pressure area care and responding to consumers who experience falls. Three consumers reviewed by the Assessment Team had not received effective pressure injury and management. The Assessment Team found that the use of hand splints and palm protectors was not adequately managed.

The Assessment Team found that the reported falls incidents at the service are high. There are several consumers who have complex care needs and have frequent falls. Staffing shortfalls are one contributing factor to falls prevention strategies not being effective. For example, staff not being able to respond to the sensor alarm in a timely manner contribute to the number of falls one consumer experiences.

The response submitted by the Approved provider notes that additional education and training has been identified.

I have reviewed all the information provided and find this requirement is Non-compliant. While staff were aware of risks associated with consumers’ care, the Approved provider was unable to demonstrate that risks associated with consumers’ skin integrity, the use of hand splints, pressure injury management and falls are effectively prevented.

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

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

The Assessment Team found that the service could not demonstrate palliative pathway documentation that specifies the needs, goals, and preferences of consumers nearing the end of life. Therefore, there is a risk to the consumer that their comfort and dignity are not recognised and addressed. The Assessment Team reviewed two consumers nearing the end of their life and found care planning documents relating to end-of-life care contained no information about the consumer’s needs, goals, and preferences. Clinical staff described the palliative process. They stated that when the in-charge nurse becomes aware of the consumer’s deterioration through the feedback from the care staff, they contact the general practitioner and arrange for pain-relieving orders to be in place. Clinical staff said in complex cases, they refer to the community based palliative care nurse practitioner and liaise closely with the families. Clinical staff said that there is no official palliative care documentation used at the service. Staff described the care of consumers who are considered palliative as monitoring the consumer frequently and discussing palliative care needs for the consumers during handover.

While the service has a comprehensive policy and procedures related to the provision of palliative care, these have not been implemented. Management identified in mid-2021 that there were no palliative tool available for staff to use when caring for consumers at the end of their life. Two senior managers completed training in the use of a new palliative resource. However, the Assessment Team was informed by nursing staff that they do not use a palliative pathway or assessment tool to assist in the care of consumers requiring palliation.

The Approved provider’s response states that additional education and training has been identified.

I have reviewed the information provided and find this requirement is Non-compliant. While the Assessment Team did not identify any specific consumers, who have been negatively impacted by the lack of documentation of assessed end of life care needs, I agree with the argument that the current approach used by the service increases the risk of consumers’ individual comfort and dignity needs not being identified and addressed.

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

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

The Assessment Team found the service did not respond to the deterioration of the pressure injuries for consumers with appropriate interventions including timely referral for medical or specialist review of the consumers’ wounds or condition. For example, one consumer with pressure injuries did not have appropriate and timely clinical reassessment and evaluation demonstrated through the care file documentation and was not referred for medical review until the pressure injury was infected and unstageable. A second consumer’s pressure injury reported as unstageable and deteriorating was not reviewed by a registered nurse for 12 days. A general practitioner review occurred two days later. The pressure injury continued to deteriorate with regular wound dressing changes and attempts to splint the consumer’s thumb with a padded wooden beverage stirrer. The consumer’s condition continued to deteriorate for another month before they were sent to hospital where the thumb was amputated due to the poor healing wound. Staff could not recall if there was a timeframe for referring deteriorating wounds for medical or wound consultant review.

The Approved provider’s response states that additional education and training has been identified.

I have reviewed the information provided and find this requirement is Non-compliant. The Approved provider was unable to demonstrate that deterioration in consumers’ wounds is adequately responded to.

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

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

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

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

The Assessment Team found that the service was unable to demonstrate timely referral of consumers with deteriorating wounds to the general practitioner or wound specialist. The referral process explained by the clinical staff did not demonstrate a robust process to prioritise required referrals in a timely manner. There is no time frame or flow chart to guide nurses when reporting wound deterioration. They rely on the nurse in charge passing on the information for a decision regarding referral for a wound specialist review. Lack of timely referral has impacted negatively on the health and well being of two consumers with pressure injuries.

Consumers have access to a range of allied health providers, medical specialists and other health organisations. Documentation review demonstrated a variety of communication and visit modes used by the service to ensure consumers can access other specialist reviews as required.

The Approved provider did not submit a specific response to this requirement.

I have reviewed the information provided and find this requirement is Non-compliant. The Approved provider was unable to demonstrate that timely referrals to general practitioners or wound specialists are made when consumers’ wounds deteriorate.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANT Services and 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

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

For example:

* The Assessment Team observed limited activities and interactions with the consumers living with dementia in the Waratah unit. Representatives reported dissatisfaction with the support and engagement opportunities provided to consumers living with dementia. The service’s activity calendars in the Waratah unit, did not reflect a variety of activities of interest to consumers to optimise their independence, health, wellbeing and quality of life.
* Other consumers and representatives interviewed indicated that they are supported in daily living with things that interest them and encouraged to maintain their independence as feasible.
* Consumers and representatives interviewed indicated satisfaction in promoting consumers' emotional, spiritual, and psychological wellbeing. Care planning documents sampled included emotional, spiritual or psychological needs and preferences. Staff interviewed gave examples of related services and support provided to consumers.
* Consumers and their representatives expressed satisfaction that their needs and preferences are communicated effectively to staff delivering their care and services. Staff were confident they had access to information they needed to provide effective care and services to consumers.
* Lifestyle and management described how they work with external organisations and volunteers to help supplement the lifestyle activities offered within the service, for example religious and spiritual groups, volunteers and a hairdresser
* The service accesses various support services to support consumers daily living needs, including, an occupational therapist, dietitian, physiotherapist, psychotherapist, counselling service and dementia support services.
* Consumers and representatives said they could choose from suitable meals and snacks; the food is generally good and meets consumers' needs and dietary requirements.
* The equipment provided is safe, suitable and well maintained. When needed, staff have access to appropriate equipment and describe how they report equipment faults. The maintenance staff described the process for cleaning and servicing equipment, including emergency maintenance.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team found that the service was unable to demonstrate that each consumer gets services that meet their needs and optimises their impendence, wellbeing and quality of life. Activities held in the Waratah unit do not demonstrate that staff understand how to support consumers with cognitive impairment. The Assessment Team observed limited activities at the service and mainly focused in units outside of Waratah.

The Assessment Team’s observations in the Waratah unit demonstrated that activities do not support consumers’ cognitive and physical impairments. When taken out of their room, consumers are left in the small lounge area in front of the television all day. Several consumers were observed to stay in their rooms for the majority of the day, with no activity or stimulation. Two consumers were observed wandering in the corridors engaging staff that passed by. Consumers were observed sitting in lounge areas and wandering through the corridors throughout the visit.

The service’s activity calendars do not reflect a variety of things of interest to consumers in the Waratah unit to optimise their independence, health, well-being and quality of life. The service does not currently have an evening program in place to support consumers living with dementia in the Waratah unit. Feedback from representatives indicated that consumers living with dementia are not adequately supported. The majority of consumers interviewed, who live in units outside of Waratah, reported satisfaction with their engagement in activities of interest to them. One consumer commented on lack of activities of interest for men.

The response submitted by the Approved provider states that the lifestyle calendar is planned, however, is at times dynamic. The response also notes that the lifestyle program is developed with consumers and that consumer feedback did not indicate any dissatisfaction. The response states that continuous improvements in the lifestyle program and structure have been identified, through dialogue with the lifestyle staff.

I have reviewed all the information provided and find this requirement is Non-compliant. While consumers who have more independence are satisfied with the lifestyle program, the Approved provider was unable to demonstrate that consumers living with dementia in the Waratah unit have sufficient support and engagement to enable them to 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

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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers interviewed confirmed they feel safe and well cared for within the service environment.
* Consumers confirmed they feel at home, and their visitors are welcomed. A range of communal areas, which are easily accessible, are available for consumers and their visitors to socialise in, have a coffee or go for a walk.
* Consumers said they enjoyed using communal areas which are comfortable and well furnished. Different areas throughout the service provide a choice for socialisation. For example: one consumer and their guests stated they look forward to meeting in the café, having a coffee together whilst catching up, another consumer and their visitor were watching television together in one of the lounges.
* Consumers interviewed confirmed that the furniture, fittings and equipment in the service are clean and well maintained, with any required repairs being attended promptly by maintenance staff.
* The Assessment Team observed consumers using different areas within the service to socialise with each other and their visitors. Staff were observed greeting visitors in a kind and friendly manner and welcoming them into the service.

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.*

### 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

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers and representatives described various ways they would make a complaint or provide feedback and said they felt comfortable and supported with the process.
* Consumers were confident that their complaints were heard and described changes made as a result.
* The Assessment Team observed internal and external complaints information on display throughout the service. Information on advocacy and interpreter services available was not prominently displayed. However, it is included in the consumer handbook provided to all consumers on entry to the service.
  + Management responded by providing this information and placing it prominently throughout service.
* The majority of staff and consumers were not aware of external advocacy services available; however, they were confident that management would support and direct consumers to these agencies when appropriate.
* The service has policies and processes in place to ensure effective identification of serious issues or trends in complaints are identified and reported to the board of management initiating continuous improvement.

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.*

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

* Consumers and representatives indicated that staffing levels are inadequate at the service. This is impacting on the clinical and other care provided to consumers.
* The service was unable to demonstrate that staff are competent and work within their scope of practice. Enrolled nurses who do not have knowledge of complex wound management are responsible for wound management and do not receive appropriate clinical oversight from registered nurses. Registered nurses did not demonstrate clinical evaluation of wounds and prompt referral for specialist review
* Staff demonstrated a lack of understanding around certain areas of clinical care such as skin integrity management, pressure injury management, pain management and dementia care. In addition, feedback was received from consumers and representatives suggesting that staff require additional training in the areas of personal care, clinical care and dementia care.
* Overall, consumers interviewed confirmed that staff are kind and caring.
* Management is in the process of recruiting additional care and nursing staff. COVID-19 restrictions have impacted on the service.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found that consumer and staff feedback, generally supported by the review of the staff roster and call bell reports, indicates that there are insufficient staffing levels to ensure the delivery and management of safe and quality care and services provided to consumers. The service is located in a regional area, and with the current ‘one site’ restrictions imposed on staff, is struggling to recruit more staff. Staff continue to support the service by working extended hours and double shifts to minimise the impact on consumers. Roster documentation indicates that in the two weeks prior to the site audit a large number of shifts, including ‘in-charge’ roles, were filled by staff extending their current shift or remained vacant. The Assessment Team observed consumers in the Waratah dementia specific unit were left unsupervised for significant periods of time with limited opportunity for engagement, while staff attended to the needs of individual consumers. Staffing levels have also impacted negatively on the quality of clinical and personal care provided to consumers as demonstrated in deficits related to poor wound management and lack of clinical oversight as identified under Standard 2 and 3 requirements.

The response submitted by the Approved provider refutes the finding of the Assessment Team and discusses the subjective nature of the statement that ‘there are insufficient staffing levels.’ It notes that the majority of vacant shifts discussed by the Assessment Team were filled by staff working additional hours and that all ‘in charge’ shifts were filled. The response states that where shifts are identified as ‘vacant’, management will ensure that the shifts are filled prior to the shifts. The response notes that the organisation has agreed to implement a consultant report completed in October 2021 reviewing the clinical organisational chart with additional staffing resources to meet the upcoming mandated clinical care provision for consumers.

I have reviewed all of the information available and find that this requirement is Non-compliant. Whilst acknowledging the Approved provider’s efforts to recruit additional staff, the evidence provided by the Assessment Team under this requirement and also under Standards 2 and 3 demonstrate that lack of clinical staff has had a negative impact on the health and well being of consumers at the service.

### 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 found that the service was unable to demonstrate that staff are competent and work within their scope of practice. Enrolled nurses who do not have knowledge of complex wound management are responsible for wound management. The enrolled nurses providing wound management are not receiving appropriate clinical oversight from the registered nurses. The registered nurses did not demonstrate clinical evaluation of wounds and prompt referral for specialist review. This has led to negative impacts on consumers’ wound care.

The response submitted by the Approved provider states that the responsibility for wound management is with the nursing staff. The response also notes a consultant report completed in October 2021 is to be implemented in 2022 and will align clinical leadership to responsibility and accountability.

I have reviewed all the information provided and find this requirement is Non-compliant. Complex wound management is provided by staff who are not competent to perform this care and there is a lack of appropriate clinical oversight by registered nurses. As a result, consumers have had negative impact on their health and wellbeing.

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

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

The Assessment Team found that the service was unable to demonstrate that clinical staff are trained and supported to provide effective clinical care in areas such as assessment and care planning, pressure injury prevention, wound management, palliative care management and dementia care.

Feedback from consumers and representatives regarding the staff training levels were generally positive, indicating staff know what consumers need and how to attend to them. However, some representatives commented on a lack of staff understanding of the needs of consumers living with dementia. A review of mandatory training records showed staff complete the training required. However, additional clinical training has not yet been completed and monitored. Staff interviewed in relation to clinical care did not demonstrate practical clinical knowledge with regard to the management of skin integrity, pressure injury management and palliative care provision. Staff interviewed identified dementia training as an area in which they would like additional training. Deficits identified in Standard 2 and 3 requirements indicate lack of staff training and support has contributed to poor outcomes for consumers.

The response submitted by the Approved provider refutes the findings of the Assessment Team. The response notes the positive feedback from consumers and representatives and states that all required online training modules have been completed by staff.

I have considered all the information provided and find this requirement is Non-complaint. I am satisfied with the information provided by the Assessment Team that demonstrates that while staff may have completed required online training modules, they have not received adequate training and support to manage consumers’ skin integrity, pressure injuries, palliative care and to ensure that consumers’ clinical records are maintained accurately. The Assessment Team also demonstrated that staff have also not had sufficient training and support to provide adequate dementia care to consumers. I do not find that the Approved Provider’s response changes the weight of information provided by the Assessment Team.

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

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

The Assessment Team found this requirement met, because management described monitoring of staff practice through observation and feedback and the service has a performance appraisaI process. However, I have come to a different view. While observation and other monitoring processes may be in place, they have not been effective to identify the deficits in staff practice in relation to management of consumers’ skin integrity, pressure injuries, palliative care and maintenance of consumers’ clinical records. The deficits in these areas of care described in Standards 2 and 3 have had negative impact on consumer care.

While the Approved provider did not submit a response specific to this requirement, information provided in the response as a whole identifies issues with clinical leadership and accountability, which are planned to be addressed.

Having reviewed all the information including the Assessment Teams report for Standards 2 and 3 and the overall response submitted by the Approved provider I am satisfied that this requirement is Non-compliant as the service was unable to demonstrate effective and regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall sampled consumers considered that the organisation is well run. For example:

* Consumers and representatives interviewed described how they are informed of opportunities to be involved in the service improvements. Several consumers gave examples of providing feedback both written and verbally directly to the management.
* One consumer has been actively involved as the service’s consumer representative and has attended clinical governance meetings and has the opportunity to present to the Board monthly.
* The service demonstrated that overall, effective governance systems are in place to support the care and services provided to consumers. The service could demonstrate a clinical governance framework which reflected updated policies including open disclosure, minimising the use of restraint and antimicrobial stewardship.
* The service did not demonstrate a robust process to reduce or prevent incidents through the thorough investigation, mitigation and evaluation of the contributing factors for the high numbers of pressure injuries reported within the service.

The Quality Standard is assessed as Non-compliant as one 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) 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) 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 found that the service did not demonstrate the provision of effective clinical oversight or a robust process to reduce or prevent incidents through the thorough investigation, mitigation and evaluation of the high numbers of pressure injuries reported within the service.

Management identified the high impact and high prevalence risks associated with the care of consumers at the service as, the ongoing COVID-19 pandemic situation, behaviour management, pressure injury management and falls management. The Assessment Team reviewed consumers’ care files in relation to pressure injury management and identified the recognition, classification and management of pressure injuries and skin integrity breakdown was not consistently best practice. Staff interviewed described requesting further training in wound management.

Skin integrity data collected for the National Quality Indicator Program is discussed by the clinical governance sub-committee and the Board. While this data over the past three months demonstrated high numbers of pressure injuries identified, it has not prompted the service to thoroughly investigate the contributing factors, current staff practices and staff sufficiency in relation to skin assessment and wound management. One internal audit of wound management was carried out by the clinical and compliance coordinator in November 2021and identified only that wound photographs were poor quality and no measuring guide was provided to adequately evaluate the wound.

The management of consumers’ falls, and challenging behaviour reflects staff following procedures. Review by medical and allied health providers is timely and falls prevention equipment to mitigate further serious incidents is provided. However, the timely response to the monitoring equipment alarms is an issue due to staffing shortfalls.

The response submitted by the Approved Provider refutes the Assessment Team finding and states that continuous improvement identified additional education and training.

I have reviewed all the information provided and find that the requirement is Non-compliant as the Approved Provider was unable to demonstrate effective risk management systems and practices to manage high impact or high prevalence risks associated with the care of consumers, in particular the risk of pressure injuries.

### 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 timely and effective assessment and care planning for consumers with identified wounds and those at risk of pressure areas and other risk areas, such as anaphylaxis.
* Ensure consumers who are identified at risk of pressure injuries have appropriate and individualised interventions assessed and recorded on their care plans.
* Implement processes to ensure assessment and care planning processes give consumers the opportunity to discuss, and staff to record consumers’ advance care plans and end of life care needs if they wish. Provide training and support to clinical staff to enable them to develop skills to conduct these conversations.
* Ensure accurate and comprehensive records are maintained to guide staff in the provision of individualised end of life care for consumers.
* Ensure consumers’ wounds and pressure injuries are regularly reviewed by clinical staff with required competence in wound management. Ensure records of all reviews are accurately maintained and changes in consumers’ wounds are acted on appropriately by updating care plan interventions in a timely manner. Ensure recommendations by allied health professionals and wound consultants are recorded in care plans.
* Ensure consumers are provided with wound care and pressure care that meets best practice and optimises their health and well being. Provide staff training in pressure care interventions, wound management and record keeping requirements.
* Ensure consumers are provided with assessed and appropriate pressure care equipment such as pressure relieving mattresses, bootees and hand splints, and that staff are trained and supported to use and monitor this equipment safely.
* Ensure registered nurses provide effective clinical oversight of the management of all consumers skin integrity issues and wounds. Ensure effective monitoring of care staff practice providing day to day pressure care.
* Implement the service’s palliative care pathway through implementation of required assessment and care planning tools and provision of staff training to use these tools to manage consumers’ palliation and end of life care as required.
* Ensure ongoing consultation about palliation and end of life care with consumers’ representatives is recorded.
* Implement processes to monitor that required end of life care comfort and other measures are provided to consumers as required.
* Ensure deterioration or change, particularly in relation to consumers’ wounds are identified and appropriately responded to in a timely manner.
* Ensure timely referrals are made to wound specialists and ensure recommendations in relation to consumers’ care are acted on.
* Ensure all consumers and in particular consumers living with dementia receive adequate and individualised support for daily living and opportunities for engagement through the lifestyle program that optimises their independence, health, wellbeing and quality of life.
* Ensure that there are sufficient staff and in particular clinical and lifestyle staff to enable the delivery and management of consumers’ clinical and personal care and lifestyle programs. This includes sufficient staff to provide clinical oversight of consumer care.
* Ensure all clinical staff work within their scope of practice. Ensure all clinical staff are competent in areas of clinical practice that they are providing such as wound care.
* Ensure all relevant staff receive training and support in areas of identified deficits such as assessment, care planning and review, management of skin integrity, wound management, palliative and end of life care and dementia care. Ensure effectiveness of training is reviewed to ensure practice changes are implemented and maintained.
* Establish processes to ensure effective assessment, monitoring and review of staff performance in clinical and other areas of care. Maintain appropriate records of these monitoring processes.

Review risk management systems and processes related to managing high impact or high prevalence risks, particularly in relation to the risk of pressure injuries to ensure that data review leads to appropriate actions to mitigate risk and harm to consumers.