May Noonan Centre

Performance Report

3 Foley Street
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**Commission ID:** 3299

**Provider name:** Lyndoch Living Limited

**Site Audit date:** 20 April 2021 to 22 April 2021

**Date of Performance Report:** 2 July 2021

# 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** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-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) | Non-compliant |
| Requirement 2(3)(d) | Non-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) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Non-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) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 20 May 2021.

# STANDARD 1 NON-COMPLIANTConsumer 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 other relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The majority of 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. For example:

* Consumers and representatives said consumers are treated with respect, however, one consumer gave an example of how their dignity was compromised following an incident and one representative spoke about an interaction between a staff and consumer that they considered demeaning for the consumer.
* Consumers and representatives interviewed are satisfied staff respect consumers cultural needs and activities they prefer because of differing backgrounds.
* Consumers are satisfied their privacy is respected.
* Consumers and representatives are satisfied with consumer choice and confirmed staff respect their independence and encourage them to do what they can for themselves.
* However, some consumers said they would like to access the courtyard but could not always find staff to assist them.

Staff spoke about consumers in a respectful manner and demonstrated an understanding of the consumer’s background, life story, past interests and preferences consistent with the care documentation. Staff were observed treating consumers with dignity and kindness. However, no education opportunities have been provided to staff in relation to diversity and staff demonstrated limited understanding of this term.

Staff provided examples of how they help consumers make choices and assist them to do what they want to do. Consumers are enabled to connect with others and maintain relationships. Management generally demonstrate communication provided to consumers is current, accurate, and easy to understand. Staff described numerous ways they protect consumers’ privacy. Staff practices support the privacy of consumers.

However, the service did not demonstrate that each consumer is supported to take risks to enable them to live the best life they can.

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

The Assessment Team recommended the service met this requirement. In weighing up the evidence, I gave consideration to consumer specific representative feedback in relation to an observed staff interaction with the representatives consumer. Taking a holistic view of all the evidence, I find the service is compliant with this requirement.

### 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) Non-compliant

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

The Assessment Team presented evidence to support a recommendation of the service not meeting this requirement. I have specifically focussed on evidence relating to environmental restraints:

* Keypad locks on all external doors prevent consumers who do not have access codes from accessing outside areas of the service, including the courtyard.
* Two consumers said they would like to access the courtyard however could not always find staff to help them.
* Staff do not consider dignity of risk principles and said consent was sought from consumers and representatives to agree to keypad locks and no freedom of access to courtyard area.

While the provider’s response refutes the Assessment Team’s recommendation and other evidence, the response does not contest this evidence.

In making this decision I have considered the intent and the specific wording of this requirement, and place weight on the above evidence in finding that each consumer is not supported to take risks to enable them to live the best life they can.

Thus, I find the service is non-compliant with this requirement.

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

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

The Assessment Team found evidence:

* Representative dissatisfaction in relation to communication, in particular about the condition of the service environment and planned building works.
* Consumers stated menu options are hard to understand and do not describe the meals received. Evidence noted the food supervisor is currently adding photographs to the menus.
* Limited and out of date complaints information was displayed.

The provider’s response refutes the Assessment Team’s recommendation of the service not meeting this requirement and provided additional information and evidence in relation to:

* Monthly consumer and representative meetings during 2020 which reflects discussion about planned building works and delays in commencement.
* Single site working arrangements restricting visits by the chief executive officer or delegate visits during 2020.

I have taken into consideration the Assessment Team’s overall evidence that includes consumer/representative satisfaction about information provided about events at the service through staff and the consumer meeting. I have also placed weight on the consumer meeting minutes made available by the provider.

On balance, I disagree with the Assessment Team’s recommendation and find the service meets this requirement.

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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.

Overall sampled consumers did not consider that they feel like partners in the ongoing assessment and planning of their care and services. Consumers were not aware they were able to access their plans of care. However, representatives said the service alerts them to changes in a consumer’s health or when an incident occurs.

Care documentation sampled does not demonstrate assessment and planning informs the delivery of safe and effective care and services, or always considers risks to the consumer’s health and wellbeing.

Care documentation does not demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.

While care documentation demonstrates other individuals and providers of care are involved in assessment and care planning, the service does not demonstrate ongoing partnership with the consumer and others the consumer wishes to involve.

The service does not demonstrate outcomes of assessment and planning are communicated to consumers and/or their representatives. Care plans are not readily available to consumers and staff confirm they do not make plans of care available to consumers.

The service does not demonstrate care and services are regularly reviewed for effectiveness, or when circumstances change or when incidents impact on the needs or goals of the consumer. Staff said enrolled nurses undertake reviews as registered nurses are not always available, however the enrolled nurses are not always aware of the review process.

The recently appointed service manager has commenced a review and assessment for all consumers.

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

## Assessment of Standard 2

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

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

The Assessment Team provided evidence drawing from six consumer’s care documentation sampled that the service does not demonstrate assessment and planning informs the delivery of safe and effective care and services, or always considers risks to the consumer’s health and wellbeing. The recently appointed manager acknowledged during the audit the service had deficits in assessment and planning, including in relation to risk.

The provider’s response recognises the deficits identified by the Assessment Team and stated the new manager, a registered nurse, has commenced a comprehensive review and assessment for all consumers. The provider’s response drew attention to information overlooked by the Assessment Team in relation to some consumers named in the evidence and provided this additional information.

While I note the actions taken since the appointment of the new manager and the audit, this remedial action is still in progress. I am satisfied the Assessment Team has demonstrated the service does not meet this requirement.

Thus, I find the service is Non-compliant in this requirement.

### 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 provided evidence drawing from four consumers’ care documentation that the service does not adequately demonstrate assessment and planning identifies and addresses the consumer’s current needs. For consumers sampled, goals are broad, and interventions do not address individual goals or individual health and personal care needs. The recently appointed manager acknowledged they had identified prior to the audit deficits in process and documentation consistent to the Assessment Team.

The provider’s response recognises the deficits identified by the Assessment Team and reiterated the new manager has commenced a comprehensive review and assessment for all consumers. The provider’s response provided evidence in relation to consumer advanced care directives which the Assessment Team asserted was absent.

While I note the actions taken since the appointment of the new manager and the audit, this remedial action is still in progress. I am satisfied the Assessment Team has demonstrated the service does not meet this requirement.

Thus, I find the service is Non-compliant in this requirement.

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

The Assessment Team provide evidence that while care documentation demonstrates other individuals and providers of care are involved in assessment and care planning, the service does not demonstrate ongoing partnership with the consumer and others the consumer wishes to involve. Documentation sampled shows consumers and/or their representatives are informed of changes or care implemented care after it has occurred and with insufficient or no consultation. Representatives confirm lack of involvement in care planning.

The provider’s response acknowledges the deficits identified by the Assessment Team. The new manager has commenced a review and assessment for all consumers.

While I note remedial actions have commenced at the service, these actions are still in progress. I am satisfied the Assessment Team has demonstrated the service does not meet this requirement.

Thus, I find the service is Non-compliant in this requirement.

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

The Assessment Team provided evidence the service does not demonstrate outcomes of assessment and planning are communicated to consumers and/or their representatives. Care plans are nor readily available to consumers and no consumers or representatives were aware they could access their plan of care. Staff confirm they do not make plans of care available to consumers.

The provider’s response acknowledges the deficits identified by the Assessment Team. The new manager has commenced a review and assessment for all consumers.

While I note remedial actions have commenced at the service, these actions are still in progress. I am satisfied the Assessment Team has demonstrated the service does not meet this requirement.

Thus, I find the service is Non-compliant in this requirement.

### 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 provided evidence including from two consumer’s care documentation the service does not demonstrate care and services are regularly reviewed for effectiveness, or when circumstances change or when incidents impact on the needs or goals of the consumer. Staff said enrolled nurses undertake reviews as registered nurses are not always available, however the enrolled nurses are not always aware of the review process. The recently appointed manager acknowledged the deficits identified during the audit.

The provider’s response recognises the deficits identified by the Assessment Team and reiterated the new manager has commenced a comprehensive review and assessment for all consumers.

While I note the actions taken since the appointment of the new manager and the audit, this remedial action is still in progress. I am satisfied the Assessment Team has demonstrated the service does not meet this requirement.

Thus, I find the service is Non-compliant in this requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

While consumers in general were satisfied with the care they receive and access to medical and other health practitioners, some consumers/representatives highlighted their or the care needs of their consumer were not always met.

The service demonstrated that consumers who are nearing the end of their life are treated with dignity and respect, their wishes recognised, and their comfort maximised. Documentation for consumers sampled generally reflected timely and appropriate referrals for consumers to individuals and other providers of care and services. There are generally effective processes and staff practices for the minimisation of infection-related risk.

However, the service does not demonstrate that all consumers receive effective clinical and personal care in relation to pain management, skin integrity and pressure injury management. Staff do not understand what constitutes chemical restraint and actions do not minimise the use of chemical restraint.

The service does not effectively manage high impact high prevalence risks including in relation to falls, medication, behavioural and weight management and urinary catheters.

Staff do not act in a timely manner to deterioration or changes to a consumer’s health.

Information about consumers’ condition, needs and preferences is not effectively documented and communicated within the service or with others.

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

### Assessment of Standard 3

### 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 the service did not demonstrate each consumer receives effective clinical care that is best practice, tailored to their needs and optimises their health and wellbeing. The Assessment Team provided examples of consumer care that is not effective in relation to the assessment and/or management of consumer pain and in relation to the assessment, monitoring and management of pressure injuries.

The Assessment Team’s evidence demonstrated some consumers are administered psychotropic medications for behavioural and psychological symptoms associated with dementia without consideration for non-pharmacological strategies or other requirements associated with chemical restraint. The Assessment Team identified some consumers are subject to environmental restraint.

The provider’s response acknowledges the deficits identified by the Assessment Team and stated the new manager has commenced a comprehensive review and assessment for all consumers. The response provided an update on two consumers of action taken since the audit. I have considered the provider’s response in relation to the psychotropic register under Standard 8 Requirement (3)(e).

I am satisfied the Assessment Team has demonstrated the service is Non-compliant with this requirement.

### 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 the service did not demonstrate effective management of high impact high prevalence risks and supported this with evidence and examples of consumer care experiences for each of and in relation to falls management, medication management, behavioural management, weight management and urinary catheterisation.

The provider’s response acknowledges the deficits identified by the Assessment Team and stated the newly appointed manager has commenced a comprehensive review and assessment for all consumers. The provider’s response provided additional information in relation to the weight management review period.

While I note the actions taken since the appointment of the new manager and the audit, this remedial action is still in progress. I am satisfied the Assessment Team has demonstrated the service does not meet this requirement.

Thus, I find the service is Non-compliant in this requirement.

### 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) 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 staff do not act in a timely manner to deterioration or changes to a consumer’s health. The team supported this recommendation with evidence relating to a consumer who had been feeling unwell for several weeks and, despite documentation recording this and the consumer’s representative informing staff repeatedly, no action was taken until the consumer displayed febrile symptoms and subsequently assessed by an external registered nurse as having urinary retention.

The provider’s response does not contest the Assessment Team’s evidence, however states the new manager has commenced a comprehensive review and assessment of all consumers living in the service.

I am satisfied the service is Non-compliant with this requirement.

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

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

The Assessment Team found some information available to inform shared care was out of date and/or incomplete; instances of directives made by health professionals and not acted upon by staff; handover information does not include risks; and, charting, assessments and care plans are not consistent or current for all consumers sampled.

The provider’s response recognises the deficits identified by the Assessment Team and stated the new manager has commenced a comprehensive review and assessment for all consumers.

While I note the actions taken since the appointment of the new manager and the audit, this remedial action is still in progress. I am satisfied the Assessment Team has demonstrated the service does not meet this requirement.

Thus, I find the service is Non-compliant in this requirement.

### 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.*

The Assessment Team recommended the service does not meet this requirement and evidence supporting this included administration of antibiotics prescribed for a consumer by a general practitioner prior to receipt of diagnostic results; staff knowledge in relation to antimicrobial stewardship; and, gaps in staff and the service’s practices for minimising risk of transmission of COVID-19 infection risk.

The provider’s response included additional information in relation to the consumer and context for administering antibiotics while waiting results. The response disagreed with the evidence in relation to COVID-19 settings for donning/doffing stations and signage; provided additional information about cleaning of dedicated staff equipment; and, acknowledged difficulties obtaining staff mask wearing compliance.

In coming to my view on compliance for this requirement, I have noted the gaps in staff practice and the additional information from the provider. Taking a holistic view of all the available evidence, on balance I disagree with the Assessment Team’s recommendation and find the service complies with this requirement.

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Sampled consumers generally considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers and representatives provided examples how they participate in the community and do things of interest to them. However, consumers and representatives expressed some dissatisfaction with variety in the lifestyle calendar and lack of individual activities.
* Consumers stated they are supported to keep in touch with people who are important to them.
* Consumers are satisfied staff support them when they feel down.
* All consumers interviewed are satisfied with quantity and quantity of food.

Care plans reflected activities consumers enjoy attending however were not always personalised to the individual consumer. Care documentation generally includes information about how consumers participate in the community and maintain relationships. Not all consumers had plans of care. Consumers were observed in group activities and some sampled consumers participating in individual activities of interest to them. Staff described the social preferences, friendships, activities of interest and community connections for consumers, however a staff considered there is limited time for one to one activities.

Staff described how they know and provide emotional support to consumers. Staff said the service has access to mental health services. Care documentation however does not always provide individualised interventions to guide staff.

Staff described handover processes and how clinical staff update care and handover information. Care documentation shows not all consumers have plans of care for lifestyle.

Staff explained how they connect consumers to services and other organisations, when there is an identified need.

Consumers have choice and are encouraged by staff and management to express their preferences and eat the food they enjoy. Menus demonstrate a variety of meals are offered.

Adequate supplies of various types of equipment were observed. Specialised equipment is on order to meet the needs of a consumer.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team recommended the service does not meet this requirement and supporting evidence included consumer and representative feedback; generic care plans; staff feedback about lack of time to support one to one activities; and, scope of the activities calendar. The Assessment Team’s evidence also includes examples consumers are supported to meet goals and preferences for daily living and care plans for consumers sampled record activities consumers enjoy attending.

The provider’s response included additional information in relation to a consumer used as an example in the evidence and in relation to one on one activities. The response also highlights volunteers have also chosen to delay returning until vaccinations are done.

In coming to my view on compliance for this requirement, I have considered the deficits identified by the Assessment Team along with evidence and other examples they provided both within this requirement and elsewhere in Standard 4 that indicates services and supports for daily living is provided. I have also taken into consideration the additional information provided by the organisation.

While I do not discount the deficits raised by the Assessment Team, I disagree with the team’s recommendation and find on balance the service is Compliant with this requirement.

### 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.*

The Assessment Team recommended the service does not meet this requirement and presented evidence that not all consumers have lifestyle care plans and handover documentation does not always contain required information to support daily activities, and supported this with one consumer. The Assessment Team’s evidence also included staff interviews supporting how information about consumers is communicated in the service. The provider’s response included additional information and documentation in relation to the consumer and the communication of needs and preferences.

In making my decision, I have taken a holist view of the available evidence and have come to a view different to the Assessment Team. I find on balance the service is Compliant with this requirement.

### 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 NON-COMPLIANTOrganisation’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.

Most consumers interviewed did not consider that the service environment is well maintained, however they feel they belong in the service and feel safe.

The service was observed to be welcoming and generally easy to navigate, however the Assessment Team observed a number of unattended maintenance issues in the service’s internal and external living environment.

While consumers were observed to move freely within the service, access to external areas was restricted by keypad locking mechanisms to all outside doors. Some consumers said they have access to keypad codes. Staff said consumers had given consent for staff assisted-access to outside areas, however no risk-based assessment process determined this outcome.

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

*The service environment:*

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

The Assessment Team presented the following evidence:

* The majority of consumers and representative interviewed expressed dissatisfaction about the lack of maintenance of the services environment.
* Observations of a number of examples of lack of maintenance within the service and unkept external areas.
* Complaints documentation where representatives expressed dissatisfaction with overgrown gardens.
* Staff confirm maintenance issues are not addressed in a timely manner.
* Observations of keypad access to all outside areas restricting the movement of those consumers.

The provider’s response disagrees with the Assessment Team’s recommendation of the service not meeting this requirement and stated:

* Maintenance issues are being addressed following recruitment of the maintenance officer who commenced two days prior to the audit.
* Pandemic restriction has delayed a number of larger maintenance issues. Building renovations are due to commence late May 2021 will capture these issues.
* Overgrown gardens were addressed after it was brought to their attention.

While I note the provider has with the engagement of a maintenance officer started addressing the maintenance issues, I have placed weight on the both consumer dissatisfaction and observation of the condition of the service environment at the time of the audit. I note the provider’s response does not address consumer access to outside areas.

I find the service in Non-compliant with this requirement.

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

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

The Assessment Team presented the following evidence:

* Observations of a number of examples of fittings that are not in working order, soiled, broken, in partial repair or not fully fitted.
* Dissatisfaction from consumers and representatives regarding the of maintenance to the service environment.
* Staff confirm maintenance issues are not addressed in a timely manner.
* Staff feedback that they require equipment to meet the needs of a bariatric consumer and equipment is not routinely sanitised after use.

The provider’s response disagrees with the Assessment Team’s recommendation the service does not meet this requirement and stated maintenance issues are being addressed following recruitment of the maintenance officer; bariatric equipment has been ordered but supply chain disruptions have resulted in delays to delivery; and, staff are regularly reminded to clean equipment.

I making my decision, I have taken into consideration the engagement of a maintenance officer and that maintenance issues are in the process of being addressed. However, I place weight on the feedback from consumers, representatives and staff, and the observations of the condition of the service’s fittings at the time of the audit.

I find the service does not meet this requirement.

# STANDARD 6 NON-COMPLIANTFeedback 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 and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers did not consider that they are encouraged and supported to give feedback and make complaints. While consumers expressed dissatisfaction with action taken in response to feedback and complaints this had changed since a new manager commenced the month prior to the audit. Consumers and representatives provided examples of recent improvements in response to feedback.

Feedback forms were not available to stakeholders, and the lodgement point does not enable privacy or anonymity. Staff said they would assist consumers complete feedback forms.

Displayed information relating to internal and external complaints processes was out of date or not available. Staff are not aware of advocacy services and no information is available within the service in relation to advocacy services.

Management provided examples of recent improvements to the quality of care and services related to feedback from consumers and representatives.

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

## Assessment of Standard 6 Requirements

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

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

The Assessment Team found:

* Although some consumers/representatives highlight improvements in communication and responsiveness since the new manager’s engagement, the majority of consumers/representatives interviewed:
	+ explained why they do not feel encouraged and supported to make complaints
	+ were not aware of the complaints process or where to access feedback forms.
* Feedback forms were not available within the service and the lodgement point did not allow for privacy or anonymity.

The provider’s response states number of complaints received during the last 17 months is consistent with the other services in the organisation. The response also includes minutes of meetings with consumers over last year and the admission checklist that includes explaining the comments and complaints procedure to new consumers.

I note the additional information from the provider and the processes available to new consumers. However, the intent of this requirement is about encouraging and supporting consumers and other stakeholders to provide feedback and complaints. For this reason, I place weight on consumer/representative feedback and that feedback forms were observed not to be available to stakeholders.

I thus, find the service does not comply with this requirement.

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

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

The Assessment Team found:

* Staff are not aware of advocacy services or how to assist consumers access advocacy services.
* No information in relation to advocacy services is displayed.
* Displayed external complaints information has been superseded and the only brochure available in a language for which there are no consumers living in the service.

The provider’s response stated additional brochures have been ordered and new poster displayed.

I am satisfied the service have not taken the necessary action to meet the intent of this requirement. Thus, I find the service non-compliant with this requirement.

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

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

The Assessment Team recommended the service does not this requirement and provided following evidence:

* Majority of consumers/representatives expressing dissatisfaction with response to complaints in the past, however since the engagement of the new management there is more communication about and follow up of concerns. Examples of recent action was provided.
* Staff are not always aware of the resolution processes related to complaints.

The provider’s response included the register of complaints from January 2020 showing concerns raised have been closed as addressed. The response included additional information in relation a complaint included in the evidence that occurred in 2020.

In making this decision I have placed weight on consumer/representative feedback and examples of recent improvements which indicate new management are taking required action in relation to concerns raised. I note the additional information provided by the service.

I thus disagree with the Assessment Team’s recommendation, and find the service meets this requirement.

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

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

While I have agreed with the Assessment Team’s recommendation for this requirement, my decision I took into consideration feedback from consumers and representatives in relation to dissatisfaction with the service environment evidenced in Standard 5 and 6. Based on evidence of recent examples of improvements from consumers and representatives interviews and examples of recent feedback-related improvements from management, I find on balance the service meets this requirement.

# STANDARD 7 NON-COMPLIANTHuman 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.

Sampled consumers generally considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers provided mixed feedback about staff availability and responsiveness, highlighting times when staff take breaks together.
* While consumers and representatives interviewed said the majority of staff are kind, caring and gentle when providing care, a consumer and representative separately provided an example of staff interaction they did not consider respectful.

However, management did not demonstrate the number and mix of members of the workforce enables the delivery and management of safe and quality care and services. Documentation and staff feedback indicated the staff skills mix is not maintained and evidence in other Standards described impact for consumers.

The service did not demonstrate it has a workforce that is skilled and qualified to provide safe, respectful and quality care and services. The service does not adequately demonstrate the workforce has contemporary knowledge to effectively perform their roles.

Assessment Team observed kind, caring and respectful interactions with consumers throughout the visit.

A mandatory training program on commencement of employment supports an induction day. While staff receive education on the Quality Standards, records show low attendance and staff expressed difficulty attending sessions at the Warrnambool campus of the organisation.

Management demonstrates assessment, monitoring and review of staff is included in organisational guidelines. Management stated a process is being rolled out by the organisation to enable staff self-reflection and performance conversations within a mentoring framework.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found the number and mix of members of the workforce does not enable the delivery and management of safe and quality care and services. The Assessment Team’s evidence included:

* multiple recent examples of rostered registered nurse shifts not being filled
* feedback from staff about numbers and mix and replacement of staff
* some feedback from consumers and representative about staff availability and response times
* no maintenance officer for an extended period of time.

The Assessment Team’s evidence references impact for consumers detailed in other Standards, including clinical incidents that indicate lack of clinical analysis or supervision.

During the audit management stated although recruitment of nursing staff had begun, they find it difficult attracting nursing staff to country areas.

The provider’s response stated the service is able to cover almost all vacancies, although not always at the same qualification level, however a registered nurse is always available via indirect supervision; the response does not support this with evidence. The provider’s response highlighted difficulties experienced in recruiting for registered nursing staff in rural areas. The response stated the organisation does not decline requests for additional staff and make makes every effort to replace planned and unplanned leave.

While I have considered the issues described in the provider’s response and note a registered nurse is available on call when a rostered registered nurse shift cannot be replaced, the Assessment Team’s evidence indicates this occurred for more than a third of all registered nurse shifts over a four-week period. I have considered feedback from both consumers and staff, including the length of time taken to replace the maintenance officer. I have considered the impact for consumers described in other Standards in the report, most notably Standards 2, 3 and 5.

Based on the above, I have formed the view the service is Non-compliant with this requirement.

### 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 the service does not demonstrate staff have the knowledge to effectively perform their roles. The Assessment Team’s evidence highlighted deficits in knowledge across multiple Standards, most specifically Standards 2 and 3. During the audit, management acknowledged deficits with staff knowledge including in relation to using the electronic care documentation system.

The provider’s response does not contest the Assessment Team’s evidence.

I am satisfied the service is Non-compliant with this requirement.

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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 consumers did not consider that they can partner in improving the delivery of care and services. Consumer dissatisfaction included not feeling consulted or informed or able to contribute to the day to day running, events and changes that occur in the service.

While the organisation has a suite of governance systems, management did not demonstrate these are effectively applied within the service in relation to information management, workforce governance and regulatory compliance.

Management was unable to demonstrate an effective clinical governance framework in relation chemical restraint. Management and staff do not demonstrate an understanding of chemical restraint, do not effectively identify consumer’s subject to restraint, and, do not apply required processes to minimise the use of restraint.

Management provided examples of how the governing body and the management team promote a culture of safe, inclusive and quality care.

Management demonstrated risk management systems are in place at the service.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment team recommended the service does not meet this requirement and presented evidence of consumer dissatisfaction they are not consulted, feel informed and are able to the day to day running, events and changes that occur in the service.

The provider’s response included:

* minutes of consumer meetings that took place at the service on a generally monthly basis
* minutes of the Community Advocacy meeting held every two months in Warrnambool. A community representative is part of the meeting and the response notes there are plans to increase consumer representation
* face to face forums were not able to occur during pandemic restrictions during 2020, however since restrictions have been relaxed the chief executive officer delegate has been visiting weekly
* social media posting include the service’s activities.

While I recognise the challenges and restrictions faced by the organisation during 2020 and that during this time consumer meetings at the service continued, I place weight on the dissatisfaction voiced by consumers who do not feel like partners in the delivery of care and services. I note this consumer dissatisfaction is similarly evidenced in other Standards within the Assessment Team’s report and in my decision I have considered evidence under Standard 2 where the service does not demonstrate the consumer is a partner in ongoing assessment and planning. I note evidence the new manager shows responsiveness to issues raised recently by consumers and has commenced review of all consumers.

Based on the above, I agree with the Assessment Team’s recommendation and find the service is Non-compliant with this requirement.

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

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

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

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

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

The Assessment Team found the organisation does not have effective governance systems in relation to information management, workforce governance and regulatory compliance. Evidence presented include:

* Staff do not use the care documentation system effectively and information to inform care and services is not current or available to guide staff practice.
* The skills mix and competence of staff do not enable the effective delivery of care and services.
* A registered nurse has not been overseeing the clinical care system and care plans are reviewed by care staff or enrolled nurses.

The provider’s response does not contest the Assessment Team’s evidence.

I am satisfied the service is not compliant with aspects of this requirement, thus I find the requirement Non-compliant.

### 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.*

The Assessment Team found while risk management systems are in place, the service did not demonstrate effective risk management practices. Evidence included not all incidents are categorised effectively with a relevant risk rating to ensure board awareness and broad clinical review.

The provider’s response disagreed with the Assessment Team and included additional information in regard to the incident risk rating system and consumers referenced in the evidence.

I have considered the Assessment Team’s evidence in relation to psychotropic medication under Standard 8 Requirement (3)(e). Taking all the other evidence available into consideration, I have come to a decision different to the Assessment Team’s recommendation and find the service is Compliant with this requirement.

### Requirement 8(3)(e) Non-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.*

The Assessment Team found the management were not able to demonstrate an effective clinical governance system in relation to antimicrobial stewardship and minimising the use of restraint. The Assessment Team found management and staff did not understand chemical and environmental restraint. Management said no consumers were subject to chemical restraint, however the Assessment Team identified four consumers during the audit.

The provider’s response included additional information that the organisation is a contributing member of a regional antimicrobial stewardship committee where infection history and use of antimicrobials is reported and reviewed. I note this additional information.

The provider’s response included information that two consumers diagnosed with dementia are prescribed psychotropic medications, and both have had regular reviews, with one consumer’s psychotropic medication reduced in consultation with the Aged Persons Mental Health team. I note this information, however, administering psychotropic medication for behavioural and psychological symptoms of dementia is classified chemical restraint for as long as the consumer is administered the drug, irrespective of whether reviews have resulted in a reduction in use of the medication. Legislation requires first treatment options should be non-pharmacological.

The provider’s response stated there had been a formatting error on the psychotropic medication monitoring tool and included an updated register. The updated register records that none of 13 consumers on the register are chemically restrained, however review of the ‘name of the psychotropic’ and ‘reason medication prescribed’ for consumers indicates five consumers on the register are currently subject to chemical restraint.

Under this requirement, I have considered the Assessment Team’s evidence located in Standard 3 Requirement (3)(a) in relation to verbal content, rather than informed written consent being obtained in relation to environmental restraint. I have also considered evidence that required processes were not followed prior to administration of chemical restraint.

Taking the all above evidence into consideration, I am satisfied management do not have an effective understanding chemical and environmental restraint and are not aware of the legislated responsibilities and processes associated with minimisation of chemical restraint. I am satisfied the service is not aware of consumers who are subject to chemical restraint.

I thus find governance systems in relation to minimising the use of restraint are not effective and find this requirement Non-compliant.

# 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.

### Requirement 1(3)(d)

* Ensure processes to enable consumers live the best life they can include dignity of risk and are tailored to needs and preferences of the individual consumer.

### Requirement 2(3)(a)

* Ensure the processes of assessment and planning for care are effective for all consumers and include consideration for risk to consumers’ health and wellbeing.
* Ensure staff have the skills and knowledge to meet the above.
* Implement monitoring processes to ensure assessment and planning is effective. risks.

### Requirement 2(3)(b)

* Ensure assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.
* Ensure staff have the skills and knowledge to meet the above.

### Requirement 2(3)(c)

* Ensure effective processes are in place to involve the consumer and others the consumer wishes to involve in the assessment, planning and review of consumers’ care and services.
* Implement monitoring processes to ensure effectively of above.

### Requirement 2(3)(d)

* Implement process to ensure outcomes of assessment and planning are communicated to consumers and/or their representatives.
* Implement processes to ensure plans of care are readily available to consumers and others the consumer wishes to involve.

### Requirement 2(3)(e)

* Implement effective processes for the regular review of consumers.
* Implement monitoring processes to ensure consumer reviews are effective.
* Ensure the knowledge and skills of staff reviewing care and services are relevant to the consumer’s needs and requirements.

### Requirement 3(3)(a)

* Review staff practices in relation to pain management.
* Review staff practices in relation to skin integrity and pressure injuries.
* Review processes and staff practices in relation to use of restrictive practices.
* Ensure staff have the skills and knowledge in relation to above.
* Ensure there are effective processes to monitor above.

### Requirement 3(3)(b)

* Ensure effective processes are in place to manage staff practice in relation to high impact high prevalence risks.

### Requirement 3(3)(d)

* Ensure staff are skilled to recognise and respond to change or deterioration in a consumer in a timely manner.

### Requirement 3(3)(e)

* Review processes used to communicate information within the service and others where responsibility for care is shared.
* Implement monitoring processes to ensure above processes are effective.

### Requirement 5(3)(b)

* Ensure processes enable the timely maintenance of the internal and external service environment.
* Review processes in relation to consumer access to external areas.

### Requirement 5(3)(c)

* Ensure processes enable the timely maintenance of the service’s fittings.

### Requirement 6(3)(a)

* Ensure consumers, representatives and others feel encouraged and supported to raise feedback and complaints.
* Ensure the service’s processes and mechanisms encourage and support consumers, representatives and others to raise feedback and complaints.

### Requirement 6(3)(b)

* Ensure the service’s processes enable consumers and representatives to be aware of and have access to advocates, language services and other methods for raising and resolving complaints.
* Ensure staff are aware of these processes and are able to assist consumers access these services.

### Requirement 7(3)(a)

* Ensure the service’s workforce planning and skills mix enables the delivery and management of safe and quality care and services.

### Requirement 7(3)(c)

* Ensure staff have the required skills and knowledge to perform their role, including in use of the electronic care documentation system.
* Ensure monitoring systems identify staff knowledge and skills deficits.

### Requirement 8(3)(a)

* Implement effective processes to ensure consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

### Requirement 8(3)(c)

* Ensure the care documentation system is used effectively to current and accurate is available to staff and management.
* Implement monitoring processes to ensure information systems in the service are effective.
* Review information systems to ensure stakeholders access timely and accurate information.
* Ensure workforce planning enables the service to efficiently and effectively meet the care and services for consumers.
* Ensure relevant skills are deployed to oversee clinical care.

### Requirement 8(3)(e)

* Ensure management and staff understand and can identify chemical restraint.
* Ensure legislated principles associated with minimising chemical restraint are applied for consumers subject to chemical restraint.
* Ensure the service has effective systems to monitor psychotropic medications.