Pine Lodge Home for the Aged

Performance Report

18 Balham Road
ROCKLEA QLD 4106
Phone number: 07 3277 5841

**Commission ID:** 5054

**Provider name:** The Russian Benevolent Association for Homes for the Aged

**Site Audit date:** 25 January 2022 to 28 January 2022

**Date of Performance Report:** 11 March 2022

# Performance report prepared by

Melissa Frost, 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) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-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) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report, which also contained the provider’s response to an additional request for information in relation to Standard 3 Requirements (3)(a) and (3)(b). The provider’s response was received on 27 February 2022.
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers and their representatives confirmed consumers feel valued and respected by staff at the service and supported to maintain their varied cultural identities. Consumers considered the care and services are culturally safe. Care planning documents reflect consumers’ individual life histories, cultural, spiritual and linguistic needs. Staff described how they deliver care in line with consumers’ needs, including through communicating with consumers in the consumer’s preferred language and using cue cards.

Consumers and their representatives said consumers are supported to exercise choice and independence. The service supports consumers to use technology to maintain relationships and operates an internal post-box to support letter writing. Consumers were observed spending time together. Consumers’ preferences are listed in care planning documents. Staff were observed offering consumers choices.

The service supports consumers who choose to take risks. Care planning documents show the nature of the risks that consumers choose to engage in and contain risk assessments that evidence discussion of risk with the consumer, consistent with the service’s dignity and choice policy. Consumers said they were satisfied with their opportunities to take risks.

Consumers said they receive the information they need to make informed choices about their care and daily living. Representatives were satisfied with the information they receive from the service. The service provides information to consumers that is current and supports choice, including through a newsletter, an activity calendar, activity board and a menu in the dining room. Staff were observed interacting with consumers in various languages and information was displayed in multiple languages in the service, including signage being in English and Russian.

Staff described the practical ways they respect consumers’ privacy, such as knocking before entering rooms, closing doors and curtains when delivering care, and communicating with consumers prior to delivering care. Consumers and their representatives said they were satisfied with how staff maintain privacy and confidentiality. Consumer records were observed to be securely kept.

## 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-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

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

The non-compliance is in relation to Requirement (3)(b) as the Assessment Team found a number of sampled consumer care plans did not reflect current care needs, goals and preferences. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers and their representatives considered staff involve them, listen to them and respect their choices about consumers’ care. Assessment and care planning is conducted in partnership with consumers and representatives on entry to the service, and then at each three-monthly review. Staff follow the service’s policies and procedures to develop care plans. Care planning documentation reflected that assessment and planning processes identify risks specific to individual consumers’ health and well-being and risk-minimising strategies are included.

In addition to periodic review, care plans are reviewed when circumstances change for a consumer. Care planning documentation reflected the involvement of allied health professionals, medical officers and other services, including assessments and directives to support safe care delivery. When an incident occurred, care plans reflected assessment by health professionals and any changes or updates to consumers’ care needs were noted.

Consumers and their representatives considered the results of assessment and planning were explained to them and that they can access care plans if they want to. Care planning documents are accessible to staff and other individuals and services involved in consumer care, in electronic and paper format. The service also uses handover and communication books to inform staff of relevant information to support safe care delivery consistent with current needs.

## Assessment of Standard 2 Requirements

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

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

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

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

The Assessment Team found advanced care planning and end of life planning was reflected in consumers’ care planning documentation. However, most sampled care plans were missing information or were not up to date regarding consumers’ current needs, goals and preferences.

Care planning documentation for four of five sampled consumers, which had been recently reviewed, did not reflect current consumer needs. The Assessment Team brought forward two examples of named consumers whose daily care needs had changed, including one consumer who could no longer operate pieces of equipment and another who needed support to wear medical garments. These changed needs were not reflected in the consumers’ care plans.

The Approved Provider responded on 27 February 2022 and stated that a review is in place to ensure care planning documentation is accurate and staff training is occurring. Regarding the named consumers, the Approved Provider stated how their care is monitored and recorded in care planning documentation to support their safety. However, some of the additional evidence provided did not support that one of the consumers is being monitored as frequently as the Approved Provider’s response stated. While I am satisfied the Approved Provider’s actions are addressing the deficiencies, at the time of the Site Audit the care planning documentation was not reflective of the consumers’ current needs, and therefore these examples demonstrate non-compliance with this Requirement.

A further two named consumers provided feedback to the Assessment Team that they choose not to follow health professional recommendations regarding their safety. The Assessment Team noted that neither of these consumer care decisions were documented in their care plans and had not been subject to risk assessment. However, staff were aware of those consumers’ choices.

The Approved Provider’s response supplied evidence that the choices of the two named consumers had been risk assessed and their risk was being actively managed at the time of Site Audit (refer to Standard 3 Requirement (3)(b) for further detail). The risk assessment documentation for both consumers was dated prior to the Site Audit. There was some reference in care planning documents to the relevant risks for both consumers, though not as specific as the risk assessments reflect. In light of the risk assessment information to supplement the care plan records, I consider these examples are reflective of compliance with this Requirement.

I acknowledge the Approved Provider’s commitment to addressing the deficiencies brought forward in the Site Audit Report. However, at the time of Site Audit the service did not consistently demonstrate its assessment and planning identifies and reflects the consumer’s current needs, goals and preferences.

For the reasons detailed above, I find Pine Lodge Home for the Aged to be non-compliant with Standard 2 Requirement (3)(b).

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-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

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

The Assessment Team recommended Requirement (3)(g) was not met as they found deficiencies in staff handling of infectious waste during the Site Audit. Further information was sought from the Approved Provider regarding Requirements 3(a) and 3(b), regarding the service’s care delivery and risk management practices.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response. I find the service is Compliant with Requirements (3)(a) and (3)(b) and Non-compliant with Requirement (3)(g). I have provided reasons for my findings in the respective Requirements below.

The service demonstrated that the needs, goals and preferences of consumers nearing the end of their lives are identified and practical steps taken to ensure their comfort is maximised and dignity preserved. Consumer care planning documentation contained end of life plans and advanced health directives, in line with consumers’ wishes, and identified consumers with palliative care needs.

Consumers said staff respond in a timely manner when there are changes to the consumer’s condition. Care planning documents reflected this, including referral of consumers to other services or hospital, and updates regarding changes given to others who share care responsibility.

Consumers said their care needs were adequately communicated between staff. Communication about consumer needs, preferences and changes in condition were evidenced in handover reports, communication books and dietary preference forms and as well as through electronic alerts that notify staff of changes in consumers’ health status. Appropriate and timely referrals are made for consumers to access medical officers, allied health professionals and other services.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team considered the service provides each consumer with safe and effective, individually tailored personal and clinical care. Consumers and representatives considered consumers receive the clinical care they require. Care planning documentation showed individually tailored clinical care in relation to medical condition management, administration of time-sensitive medication and wound care.

The Site Audit Report brought forward examples that demonstrated expected practice in relation to skin integrity care and best practice in relation to pain management. However, concerns were raised regarding the service’s identification and management of consumers subject to chemical restraint. The Assessment Team found the service to be compliant with legislative requirements for restrictive practices including having behaviour support plans and documented and current informed consent. Staff described how they minimise use of chemical restraint, such as through using alternative interventions.

The Site Audit Report noted the service did not have a clear record of the number of consumers subject to chemical restraint, with multiple diagnoses and symptoms listed next to medication on the psychotropic medication register. A response was sought from the Approved Provider to address how consumers subject to chemical restraint are identified and supported to receive safe and effective, best practice care.

The Approved Provider responded on 27 February 2022, with an updated list of consumers subject to chemical restraint and a revised psychotropic medication register. The Approved Provider acknowledged that at the time of the Site Audit, their records did not clearly identify the connection between the consumers’ medication, diagnosis, symptoms and treatment. The updated records listed different numbers of consumers as being subject to chemical restraint across the two documents.

As outlined above, the Assessment Team did not raise concerns regarding the service’s compliance with legislative requirements for consumers subject to restraint. No negative consumer or representative feedback was brought forward regarding this issue. No consumer impact was identified as a result of the lack of clarity in the documentation. Therefore, I do not consider this is reflective of non-compliance with this Requirement.

For the reasons detailed above, I find Pine Lodge Home for the Aged to be compliant with Standard 3 Requirement (3)(a).

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

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

The Assessment Team brought forward mixed evidence in support of their finding that the service effectively manages high impact and high prevalence risks. Consumer feedback, staff evidence and consumer care planning examples supported that risks were being suitably managed. However, risk assessments were not sighted for two named consumers who were not following health professional recommendations regarding their safety (previously discussed in relation to Standard 2, Requirement (3)(b)). A response was sought from the Approved Provider to address how the risks for those consumers was managed.

The Approved Provider responded on 27 February 2022. They supplied risk assessments, dated prior to the Site Audit, and other care planning document extracts relating to the named consumers. These documents supported that the service was managing the risks associated with the consumers. The Approved Provider also described amendments that occurred after the Site Audit to better document the consumers’ decisions and applicable care strategies. Neither consumer raised concerns about their care with the Assessment Team, and no evidence of care deficiency was presented in the Site Audit Report. Therefore, I consider these examples are reflective of compliance with this Requirement.

For the reasons detailed above, I find Pine Lodge Home for the Aged to be Compliant with Standard 3 Requirement (3)(b).

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

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

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

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

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

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

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

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

### Requirement 3(3)(g) Non-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 Site Audit Report reflected that the service had documented policies and procedures in place to prevent and control infection and to promote antimicrobial stewardship. The service demonstrated preparedness for an infectious outbreak, and there were observed infection control precautions in place. However, Assessment Team observations during the Site Audit raised concerns about care staff handling of infectious waste and soiled linen and clothes.

The Assessment Team observed, on two occasions, care staff carrying soiled items from a consumer room, rather than taking a receptacle room to room. Care staff reported this as ordinary practice, contrary to management’s advice that staff had been educated otherwise. The Approved Provider’s response of 27 February 2022 acknowledged the deficiencies identified by the Assessment Team and noted the purchase of additional receptacles for staff to take room to room, additional monitoring of care staff practices by registered staff and the introduction of yearly infection control education for all staff.

The Assessment Team identified concerns regarding the service’s handling of pathology samples, noting that the specimen refrigerator temperature was in the range of less than 10 degrees and there were missed recordings in the temperature logs. Management said that staff would be educated on complying with record and maintenance of the temperature. The Approved Provider’s response noted that daily temperature checks for the refrigerator had been embedded into the existing clinical review schedule and staff were counselled to ensure daily checks occur, with regular audits planned.

I acknowledge the Approved Provider’s commitment to addressing the deficiencies identified by the Assessment Team, and the improvement activities they have commenced. However, at the time of Site Audit, as per the above examples the service failed to implement standard and transmission-based precautions to prevent and control infection.

For the reasons detailed above, I find Pine Lodge Home for the Aged to be non-compliant with Standard 3 Requirement (3)(g).

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers and their representatives considered consumers are supported to do the things like to do, within and outside the community and to maintain relationships of choice. The service demonstrated effective processes to ensure consumers receive safe and effective services and supports for daily living, with a lifestyle program which takes into consideration consumers with different levels of functional ability.

The service provides individual and group activities to support consumers’ emotional, spiritual, and psychological wellbeing. For example, consumers were observed being read Russian newspapers by staff and completing jigsaw puzzles together. There is a Polish language Bible and hymn group, a relaxation group and live-streamed church services.

Consumers confirmed they can talk to staff or access other supports when they are feeling low. Consumers described being supported to use technology to stay in touch with their family members and being supported to attend activities external to the service, for example a local club to listen to music.

Consumer care plans record and communicate consumers’ lifestyle needs, preferences and goals. Information about consumer condition, needs and preferences is communicated internally and with others who share care via care plans, progress notes, handovers, alerts on the electronic care management system and at staff meetings.

Consumers are supported by other organisations, support services and providers, including a visiting Russian Orthodox priest and a hairdresser.

Overall, consumers confirmed they receive meals which are of good quality and suitable to their dietary preferences. Kitchen staff described consumers’ dietary needs and preferences, consistent with documented information. The kitchen and dining environment was observed to be clean and tidy, with safety protocols followed.

Equipment that supports consumers in their activities of daily living was observed to be safe, suitable, clean and maintained and stored appropriately. Staff confirmed they have access to equipment they need.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 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

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

The non-compliance is in relation to Requirement (3)(b) as the Assessment Team observed boxes stored in communal living areas, various items blocking egress from a fire exit in one wing of the service, and outdoor areas with knee-length grass inhibiting free movement. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers confirmed they feel happy and at home in the service. Consumers have personalised their rooms with photographs and cultural decorations. The environment is welcoming, with signage to guide consumers and visitors. Consumers considered the service is easy to navigate. Observations confirmed consumers can move freely throughout the interior of the service and there are handrails and signage to assist consumers to move about. The service has several outdoor areas which consumers can access.

The service has scheduled and reactive maintenance programs in place, and a cleaning schedule. Audits and testing are scheduled to maintain health and safety protocols.

Furniture and equipment was observed to be clean and suitable. Shared equipment was observed to be appropriately stored and cleaned. Consumers confirmed they are satisfied the cleanliness of the service environment and equipment. They considered maintenance requests are quickly attended to, and felt safe when staff are providing care using equipment.

## 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 found that the service has systems and processes in place to maintain a safe, clean and comfortable environment. However, the service did not ensure free movement in indoor and outdoor areas because of long grass in garden areas and inappropriate storage of equipment. A fire exit was observed to be obstructed in one wing. As a result, the Site Audit Report recommended this Requirement was not met.

The Approved Provider responded on 27 February 2022. They confirmed the grass in the garden areas was overgrown at the time of Site Audit, as the regular scheduled lawn contractor was unable to attend the service unexpectedly and no replacement was available. They stated the garden areas had not been in use due to hot weather, that lawn services were completed shortly after the Site Audit concluded and an alternative lawn services contractor has been identified for use when the regular contractor is unable to attend.

Regarding the storage of equipment, personal protective items were stored in the television room and along walls. This obstructed consumer access to the television, restricted staff from adequately cleaning the area and posed a trip hazard. The Approved Provider acknowledged the deficiency and noted the surge supply of equipment was moved to a dedicated storage room.

Regarding the fire exit obstruction, a linen trolley, laundry skips and a rubbish bin were blocking egress from a fire exit in one wing. This was raised during the Site Audit, and only the linen trolley was moved. The Approved Provider’s response acknowledged the obstructions as a deficiency and outlined that the service had conducted a review of their processes, and circulated a memorandum to staff regarding their responsibility to keep exits clear.

I acknowledge the Approved Provider’s commitment to addressing the deficiencies identified by the Assessment Team, and the improvement activities implemented. However, I find that at the time of Site Audit, the service failed to ensure the service environment was maintained in a way that enabled consumers to move about freely in indoor and outdoor areas. I also find that the service’s storage posed a safety hazard by blocking identified fire exits.

For the reasons detailed above, I find Pine Lodge Home for the Aged to be non-compliant with Standard 5 Requirement (3)(b).

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

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

# 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

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

The Assessment Team recommended Requirements (3)(a), (3)(c) and (3)(d) were not met, regarding consumers feeling supported to make complaints and give feedback, and action and continuous improvement taken by the service following complaints. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response. I find the service Non-compliant with Requirement (3)(d) and Complaint with Requirements (3)(a) and (3)(c). I have provided reasons for my finding in the respective Requirements below.

Some consumers were not aware how they might access external advocates or language services, however no negative impact to those consumers was brought forward as a result of this. The workforce at the service is diverse and has staff members who speak consumers’ preferred languages. Those staff are relied upon to meet the diverse language needs of consumers. Posters and information on how to access advocacy and interpreting services were observed to be displayed at the entrance foyer of the service.

## 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.*

The Site Audit Report brought forward mixed feedback from consumers and their representatives regarding whether they are encouraged and supported to give complaints and feedback. Most sampled consumers said they felt comfortable to make a complaint or provide feedback to the service, though some expressed that they did not always feel supported to do so. Representatives had been reminded of the complaint process following a November 2021 survey which reflected some were unaware. Staff described how they respond to complaints.

The Assessment Team observed information on display regarding the complaint process and a form to be placed into a suggestion box, however during the Site Audit the suggestion box was unavailable. The Assessment Team observed the form was available in English and Russian, but there was not support for other languages. The service’s register of concerns and compliments did not reflect content from any forms.

The Approved Provider responded on 27 February 2022 and addressed the items raised in the Site Audit Report. Regarding the complaint forms and suggestion box, the Approved Provider said the box has been returned to the foyer and is checked each weekday for new forms. They said the form has been simplified and a further four languages have been added, with opportunities to add additional languages as relevant. They said details of verbal complaints and feedback should be documented by staff, and have circulated a memorandum to staff reminding them of responsibility to support consumers’ rights to complain and pass on information to management.

Regarding the named consumer who had completed forms and spoken with staff about concerns for themselves and other consumers, the Approved Provider said an investigation into the issues commenced during the Site Audit. They provided records of a meeting held with the consumer to discuss a series of concerns and suggestions and the practical strategies discussed with the consumer to support their ongoing feedback. Although some of this action took place after the Site Audit, I am satisfied that the service has clarified the process for the consumer and this example is not reflective of non-compliance with this Requirement.

Regarding the named consumer who would prefer alternative meals and expressed they sometimes feel raising complaints may create ill will against them, the Approved Provider said they conduct regular menu audits to inform improvement, and consumers are offered alternatives for meals. No further examples were brought forward in the Site Audit Report suggesting that available menu options were a source of concern to other consumers. While I accept the consumer’s comments were reflective of their feelings, I do not consider this consumer’s evidence is reflective of non-compliance, as they have articulated that they are comfortable in raising feedback with staff.

I consider the service failed to provide all consumers the opportunity to submit feedback and make complaints because the complaint form was only available English and Russian. At the time of Site Audit, the complaint forms were complex and written in a way that did not easily facilitate consumers to provide feedback. The removal of the suggestion box may have prevented consumers, representatives and others from making complaints in anonymous manner, or simply at a time and in a manner that suited them.

However, the Site Audit Report did not bring forward consumer impact as a result of the above deficiencies. Some of the items listed in the Site Audit Report regarding this Requirement, such as how complaints are captured action taken following complaints, are further dealt with at Requirements 6(3)(c) and (d) below. Despite some actions being in progress during the Site Audit, it is apparent that consumers were raising concerns and complaints with staff. Therefore, on balance I am satisfied that consumers were supported to provide feedback and make complaints.

For the reasons detailed above, I find Pine Lodge Home for the Aged to be Compliant with Standard 6 Requirement (3)(a).

### 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.*

The Site Audit Report reflected that most consumers and their representatives considered they are informed when things go wrong, however the service was not consistently taking action in response to complaints. The Assessment Team gave examples from staff and consumer representatives of the use of an open disclosure process, and observed incident records that showed consumer representatives were contacted following incidents.

The Assessment Team brought forward an example of a consumer who had provided feedback and complaints regarding themselves and other consumers, as referenced at Requirement 6(3)(a). The Assessment Team was advised this consumer’s complaint forms had not been brought to the attention of management.

The Approved Provider responded on 27 February 2022 and outlined steps they had taken after the time of Site Audit to address the consumer’s concerns, including meeting with the consumer and all staff memorandum previously described above under Requirement 6(3)(a). Although this action occurred after the Site Audit, the supporting material provided reflects potential miscommunication regarding the method used to convey some of the concerns. Overall the consumer had all of their feedback addressed in some form through the meeting, with comments regarding the way forward and how the current and future concerns would be addressed. I have further considered this example at Requirement 6(3)(d).

The Approved Provider also issued an additional staff memorandum regarding one of the consumer’s concerns, identifying the potential impact from the consumer’s concerns and instructing staff how to take action to address the consumer’s concerns. Despite this occurring after the Site Audit, there had not been sufficient time passed during the Site Audit for the service to have fully understood and resolved the consumer’s concern.

As no further examples of inaction following complaints were brought forward, I consider this consumer’s example in isolation is insufficient to support a finding of non-compliance for this Requirement.

The Assessment Team brought forward comments that staff could not describe action taken in response to feedback and complaints. I consider this information is more relevant in relation to Requirement 6(3)(d) below.

The Approved Provider’s response said that following a review of the complaints process at the service, every form of complaint will be put on a ‘comments and concerns’ form and forwarded to the nominated manager for handling. The service has also implemented a policy that every complainant will be contacted within 24 hours and an investigation commenced. The service evidenced their improvements with a memorandum advising all staff of the new requirements.

Having regard the evidence in the Site Audit Report and the Approved Provider’s response, I find that at the time of Site Audit, the service did not have a consistent and uniform process for recording and responding to all forms of complaint. However, in the absence of further examples of consumer impact as a result, I do not consider this is sufficient evidence to determine non-compliance with this Requirement.

For the reasons detailed above, I find Pine Lodge Home for the Aged to be compliant with Standard 6 Requirement (3)(c).

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

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

The Assessment Team considered the service did not demonstrate that complaints are reviewed and used to inform improvements in the quality of care and services. Two examples were brought forward from consumer complaints in the Site Audit Report, which have been outlined at Requirement 6(3)(a).

Regarding the named consumer who had completed complaint forms regarding an issue, and who had not received acknowledgement, the issue has since been dealt with as outlined at 6(3)(c), with a meeting with the consumer and staff memorandum. I consider that the service did not demonstrate a robust process for obtaining complaints at the time of the Site Audit, and as a result of this the named consumer’s complaint was not able to be properly reviewed and used to inform improvements in line with the service’s process. This example is reflective of non-compliance with this Requirement.

The Assessment Team raised that staff could not describe how complaints are consistently documented and used to improve the quality of care and services, and that staff could not provide examples of changes made. Staff said few complaints were received and there were no trends.

Other evidence brought forward by the Assessment Team included that not all documented complaints in the service’s complaints folder were reflected in the register of concerns and compliments, the named consumer’s suggestion forms were not found in complaints folder and the 2021 Continuous Improvement logs contained a project to document all simple complaints, however the project had not been completed at the time of Site Audit.

The Approved Provider responded on 27 February 2022. They stated a complaint management review has occurred, complaint outcomes will be analysed and continuous improvement opportunities will be identified. They have added complaint analysis as an item on the service’s audit schedule. I acknowledge the Approved Provider’s actions. However, as these items were not in place at the time of the Site Audit, I consider that the service did not have a robust process for recording, reviewing and analysing complaints for improvement opportunities and therefore is Non-compliant with this Requirement.

For the reasons detailed above, I find Pine Lodge Home for the Aged to be Non-compliant with Standard 6 Requirement (3)(d).

# 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

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

The non-compliance is in relation to Requirement (3)(e) as the service failed to regularly assess staff performance. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers considered they receive quality care and services when they need them from staff that are kind, caring, respectful of their diversity. Representatives said they are happy with the care provided by staff. The service has effective processes in place to ensure sufficient staff and mix of skills are available. Staff were observed to be patient and unrushed when delivering care. Call bell records reflected that staff attend to consumers promptly.

Staff are required to have relevant qualifications and registrations for their role, and currency and renewal of this information is monitored. Roles have core competencies documented and staff are guided by duty lists and position descriptions. Staff undergo initial and periodic training to support their effectiveness. Staff described attending training, and how they can nominate further education topics. Training records showed the majority of staff were up to date with training.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

The Assessment Team reviewed the performance appraisal schedule for staff and noted that only seven out of approximately 83 staff received appraisals in the preceding year. Management stated that appraisals were to occur annually, however changing commitments caused delays. During the Site Audit, improvements were made to the service’s monitoring system. The Assessment Team observed evidence that the service was conducting performance management when relevant.

The Approved Provider responded on 27 February 2022. They confirmed processes have been revised to provide an alert for overdue appraisals. Since the Site Audit, 73% of staff have received their annual appraisal, with the outstanding appraisals due to occur in March 2022.

I acknowledge the Approved Provider’s commitment to addressing the deficiencies. However, the service did not have an effective system in place prior to the Site Audit to demonstrate regular assessment, monitoring and review was occurring for all staff. I find that at the time of Site Audit, the service did not demonstrate compliance with the Requirement as a significant portion of the workforce had not received an appraisal in the past 12 months.

For the reasons detailed above, I find Pine Lodge Home for the Aged to be Non-compliant with Standard 7 Requirement (3)(e).

# 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

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

The non-compliance is in relation to Requirement (3)(c) due to deficiencies in the service’s information management, regulatory compliance, workforce governance, continuous improvement and feedback and complaints systems. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers and their representatives considered the service is well managed and said they are involved in the evaluation and development of care and services through their participation in monthly consumer meetings. The seeks consumer and representative feedback through a representative satisfaction survey and a leisure and lifestyle questionnaire.

The service reports to the governing body on a monthly basis, against indicators including numbers of complaints, incidents, and clinical issues. Policies reflect the governing body’s accountability. The Chairperson of the governing body said they regularly visit the service and invite feedback, and described initiatives implemented to improve the quality of care and services.

The service has effective risk management policies and a clinical governance framework implemented. Staff had shared understanding of antimicrobial stewardship, restraint minimisation, falls prevention and management, and open disclosure policies. The service demonstrated their incident reporting system is effective and has been used to respond to incidents in line with legislative requirements.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The Assessment Team considered the service had effective organisation-wide governance systems relating to financial governance. However, they found deficiencies relating to the systems for information management, continuous improvement, complaints and feedback, regulatory compliance, and workforce governance.

The Approved Provider responded on 27 February 2022. Regarding information management, they acknowledged the deficiencies in care plan accuracy identified by the Assessment Team. The response reported the deficiencies were rectified following the Site Audit and a review of all consumer care plans commenced, to confirm care plan accuracy. As the service’s own governance systems had not identified the deficiencies, I consider this item is reflective of non-compliance with this Requirement.

The Assessment Team noted the service’s continuous improvement plan reflected action taken against all issues in the 2021 plan excepting those relating to complaints, and a staff training item. The Approved Provider’s response stated the complaint-related items have been transferred to the 2022 plan, and that the staff training item has since been addressed.

Regarding feedback and complaints, the Assessment Team noted the service had not evidenced that these items were being recorded or escalated. The Approved Provider gave a copy of their complaint management policy and stated it outlines responsibilities for staff. The policy, dated prior to the Site Audit, outlines how staff should manage complaints. However, there were deficiencies identified with the feedback and complaints process, as outlined at Requirement 6(3)(d). The service had not adequately identified and rectified the deficiencies before the Site Audit, noting the changed action date in the service’s continuous improvement plan. Therefore I consider this item is reflective of non-compliance with this Requirement.

Regarding regulatory compliance, the Assessment Team considered the service had not demonstrated compliance with COVID-19 vaccination exemption requirements. Management acknowledged non-compliance regarding this during the Site Audit. The Approved Provider stated action has been taken following the Site Audit to address the issues raised by the Assessment Team. While I am satisfied the issues are now resolved, the service’s systems had not identified the deficiencies, and as such I consider this item is reflective of non-compliance with this Requirement.

Regarding workforce governance, the Assessment Team considered the service had not sufficiently demonstrated effective processes due to the lack of action to identify and rectify outstanding performance appraisals, as outlined at Requirement 7(3)(e). The Approved Provider stated they have reviewed guidelines and rewritten the process to ensure compliance in future. While I am satisfied the issues are now being addressed, the service’s systems had not identified the deficiencies, and as such I consider this item is reflective of non-compliance with this Requirement.

I acknowledge the Approved Provider’s commitment to addressing the deficiencies identified by the Assessment Team, and the improvement activities they have commenced. However, at the time of Site Audit, as per the above examples the service failed to demonstrate that its governance systems were effectively identifying deficiencies, and failed to take action to address those deficiencies before they were brought forward by the Assessment Team.

For the reasons detailed above, I find Pine Lodge Home for the Aged to be Non-compliant with Standard 8 Requirement (3)(c).

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

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

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

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

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

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

# Areas for improvement

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

Standard Two

* Requirement 2(3)(b): Ensure consumer care plans are accurate and up to date, reflecting the consumers’ current needs, goals and preferences identified through assessment and planning.

Standard Three

* Requirement 3(3)(g): Ensure minimisation of infection-related risks through staff following relevant processes to prevent and control infection, particularly regarding soiled items and pathology samples.

Standard Five

* Requirement 5(3)(b): Ensure the service environment is safe, well maintained and enabling consumers to move freely, through preventing obstructions to egress routes, storing equipment appropriately and conducting regular outdoor maintenance.

Standard Six

* Requirement 6(3)(d): Ensure complaints and feedback from all sources are actioned, monitored and trends are identified, and used to inform continuous improvement activities at the service.

Standard Seven

* Requirement 7(3)(e): Ensure staff are monitored, including through regular performance appraisals.

Standard Eight

* Requirement 8(3)(c): Ensure effective organisation wide governance arrangements are in place in relation to workforce governance, regulatory compliance, feedback and complaints, continuous improvement and information management. This will enable the service to proactively identify deficiencies and take corrective action.