Sheoak Lodge

Performance Report

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**Commission ID:** 6510

**Provider name:** Limestone Coast Local Health Network Incorporated

**Site Audit date:** 13 July 2021 to 15 July 2021

**Date of Performance Report:** 10 September 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** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the 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 consumers, representatives, staff and others
* the provider’s response to the Site Audit report received 5 August 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

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

* described staff as kind, caring and supportive of consumers’ choices.
* felt staff were familiar with consumers’ likes and dislikes and demonstrated respect through their actions and conversations.
* staff know consumers’ preferred daily routine, or when they were going out with family or to appointments.
* felt encouraged to live the best life they can and the service found a way to support consumers’ choices in how this was done.
* receive updates by phone, text message and email, and staff will happily answer any questions they have.

Care planning documents sampled included information relating to consumers’ cultural and language needs, interests, culturally significant days and religious interests and supports. Staff spoke affectionately and respectfully when describing consumers and described who and what was important to each consumer. Additionally, staff were observed treating consumers with respect, addressing them by their preferred names and asking permission before commencing care.

Consumers felt encouraged to live the best life they can and felt the service supports their choices in how this is done. Care files included risk assessments which demonstrated consultation with consumers and/or representatives about the risks, goals and interventions to minimise the risk of harm. Staff were familiar with risks taken by individual consumers and described support strategies they implement to support them.

Care files included information relating to decision makers and emergency contacts, as well as preferences for visits from pastoral care services. Consumers stated staff recognise and welcome their visitors, they had made friends within the service, and are supported to spend time alone if they wish. Staff described ways they engage consumers in making informed choices about care and services they receive.

Consumers and representatives confirmed they receive information in a variety of ways to enable consumers to make decisions and exercise choice. All consumers said they felt respected by staff and provided examples of how caring staff are during interactions with them and staff described practices they implement to ensure consumer privacy. Consumer information is kept electronically and requires password log in access.

Based on the evidence documented above, I find Limestone Coast Local Health Network Incorporated, in relation to Sheoak Lodge, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team have recommended Requirements (3)(a) and (3)(e) in Standard 2 not met. The Assessment Team found the service was unable to demonstrate:

* assessment and planning, including consideration of risks to consumers’ health and well-being, informs the delivery of safe and effective care and services.
* care and services are regularly reviewed for effectiveness, and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-Compliant with Requirements (3)(a) and (3)(e). I have provided reasons for my finding in the specific Requirements below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and/representatives during interviews with the Assessment Team:

* staff know what is important to consumers and feel confident to say something if things change or they want something else.
* have elected to have family undertake care plan reviews , however, can speak with staff if they are concerned or want something changed.
* are not interested in their care plan and defer to their representative for management of this.

The service has processes to identify consumers’ goals, needs and preferences, including advance care planning and end of life planning. Discussions between representatives and Medical officers relating to advance care and end of life planning were noted in progress notes, with the information gathered used to inform expectations at commencement of end of life care.

Care plans sampled included information relating to family members, progress notes demonstrated communication with next of kin and representatives confirmed they are involved in care plan reviews and notified of changes to care and services. Clinical staff described involvement of representatives in care planning and communication, and management described involvement of other providers involved in consumer care and how information is shared.

Care plans are readily available to consumers and are written in the first person using plain language. Clinical and care staff described care provided to consumers in line with documented care plans. Staff stated they are notified of changes to consumers’ care and service needs through handover processes and were observed accessing consumer files, including care plans throughout the Site Audit.

Based on the evidence documented above, I find Limestone Coast Local Health Network Incorporated, in relation to Sheoak Lodge, to be Compliant with Requirements (3)(b), (3)(c) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team were not satisfied the service demonstrated that assessment and planning informs the delivery of safe and effective care and services. Deficiencies identified related to two consumers. This was evidenced by the following:

Consumer A

* The representative stated Consumer A experienced chronic pain from a previous fracture and entered the service with significant pain from a new fracture.
* An assessment or management plan for pain is not included on the entry initial summary care plan. Pain is referenced under Mobility and Sleep-rest, but strategies to manage pain are not included. The Discomfort/pain section of the comprehensive care plan has not been completed.
* Pain charting is undertaken as part of consumers’ daily care. Consumer A’s pain chart for a 30 day period noted:
  + No record of daily pain assessment or intervention on 10 occasions.
  + Where a carer massage was provided, assessment of location or severity of pain prior to or following the massage was not documented on 12 occasions.
  + A verbal pain score was noted on six occasions following massage, however, location or reassessment following intervention is not recorded.
* A Physiotherapy assessment details a history of pain, grimacing while walking, and a Visual analogue score indicating significant pain. There are no additional assessments of pain on the pain chart or strategies documented in the care plan.
* Eight witnessed/unwitnessed falls are recorded in progress notes over a 30 day period. These incidents have not prompted pain assessment or charting.
  + Following one fall, progress notes indicate the consumer expressed pain so intense, an ambulance was called for potential transfer to hospital.
* The last falls risk assessment was completed on 21 June 2021. Eight falls have been recorded since this date with no further review of the risk assessment or falls strategies undertaken.
* Consumer A has experienced increased confusion and resistiveness to care since entry. The summary and comprehensive care plan indicate the consumer has altered behaviours, is not at risk due to a lack of insight and does not have behaviours putting others at risk.
  + The behaviour section of the care plan is not completed. The Sleep-rest section indicates the consumer is not to have roommates as it causes agitation and notes the consumer is on a wanderer checklist.
  + Three behaviour assessments were commenced in May/June 2021 in response to challenging behaviours. The assessments were not reflected in the care plan and management strategies had not been implemented. Behaviours documented in progress notes were not identified on the care plan or behaviour assessments.

Consumer B

* Two falls experienced in July 2021 did not trigger a reassessment of the consumer’s falls risk or review of management strategies.
* A repeat falls risk reassessment was completed for a third fall in July 2021, however, strategies remained unchanged.

The provider’s response included further clarifying information directly addressing evidence in the Assessment Team’s report relating to both Consumer A and Consumer B as well as identification of areas for improvement. Additionally, the response indicated that in response to the Assessment Team’s report, a number of actions have been initiated, including, but not limited to, a comprehensive review of consumer records, carer handover sheets and discussions with staff . The provider’s response indicates, but are not limited to:

In relation to Consumer A

* The consumer has an underlying condition which causes chronic pain. A medical and Physiotherapy assessment confirms this and a treatment plan is in place for management of the chronic pain. The treatment plan was not included in the provider’s response.
  + Regular analgesia is prescribed, daily massages scheduled and included in the care plan, and location, duration and type of massage are documented in the individual massage plan.
  + As there is a clear massage plan documented, documentation of location and type of pain is not undertaken by carers as they follow the instructions provided. Assessment of outcome of pain practices is documented by exception, where the consumer exhibits signs of discomfort or the planned treatment is not successful.
* Following discussions with staff, identified that the consumer’s risk assessment was reviewed after each fall, there is comprehensive documentation in the progress notes post incident and assessment. Examples of progress note documentation was not included as part of the provider’s response.
  + On a number of occasions, no changes were made due to all identified interventions and assessments already being in place. However, staff failed to select ‘save’ on the electronic system, therefore, not capturing the document was opened and reviewed.
  + A comprehensive Physiotherapy review was completed on entry which informed care planning.
* As the interim care plan is not as comprehensive as the permanent resident care plan, daily handover sheets were updated to include fluctuating behaviour.

The provider’s response did not include information relating to falls management for Consumer B.

I acknowledge the provider’s response and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, assessment and planning processes did not effectively inform the delivery of safe and effective care. In coming to my finding, I have placed weight on information relating to Consumer A.

I have considered that risks to Consumer A’s health and well-being have not been used to inform safe and effective care and services. The representative indicated the consumer entered the service in April 2021 with significant pain resulting from a new fracture. Additionally, a Physiotherapy assessment in June 2021 indicated the consumer had significant pain. The provider’s response asserts a medical and Physiotherapy assessment confirms the consumer has a medical condition which causes chronic pain and a treatment plan is in place for the management of chronic pain. However, I have considered that the consumer’s summary interim care plan, used by staff on a daily basis to guide care and services does not include pain management strategies to ensure the consumer’s comfort is maintained and pain minimised.

I have also considered that three behaviour assessments commenced in response to challenging behaviours have not been used to inform assessment and planning for Consumer A. Assessment information, and notations in progress notes relating to behaviours, have not been used to develop management strategies to ensure the safety and well-being of the consumer and others is not compromised. The provider asserts the interim care plan is not as comprehensive as the permanent resident care plan. However, the behaviours are noted to have increased since entry in April 2021. Regardless of whether a consumer has entered the service as respite or permanent, I find it is not unreasonable for consumers to expect that risks related to their health and well-being are identified and where assessments have been implemented, that the information gathered is used to develop appropriate management strategies. Such actions would ensure staff are aware of and implement consistent management strategies, the consumer’s health and well-being is monitored and changes are identified in a timely manner.

In relation to falls management for Consumer A, I have considered the evidence in other Requirements which reflect the core deficiency associated with the evidence. I find the evidence provided aligns with Requirement (3)(b) in Standard 3 Personal care and clinical care and, as such, have considered it with my finding for that Requirement.

In relation to Consumer B, I have considered the evidence in other Requirements which reflect the core deficiency associated with the evidence. I find the evidence provided aligns with Requirement (3)(e) and, as such, have considered it with my finding for those Requirements.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Sheoak Lodge, to be Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) 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 were not satisfied the service demonstrated care and services are regularly reviewed for effectiveness, and when circumstances change or when incidents impact the needs, goals and preferences of consumers. Deficiencies identified related three consumers. This was evidenced by the following:

Consumer A

* Increasing falls, decreasing cognition and changes to behaviours experienced by Consumer A did not trigger reassessment, review of strategies or completion of the interim summary care plan.

Consumer B

* Two falls experienced in July 2021 did not trigger a reassessment of the consumer’s falls risk or review of management strategies. A repeat falls risk reassessment was completed for a third fall in July 2021, however, strategies remained unchanged.
* A hospital discharge instruction indicated to withhold opiates and sedatives and treat with an opioid analgesic as required. The pain assessment was not reviewed or regular pain charting commenced in response to the change in analgesia.
* A pain chart included two entries on one day by care staff undertaking massage. One carer recorded a pain score of three without indication of location of pain or reassessment. The other did not record any information relating to location, intensity or reassessment of pain following intervention.
  + Management indicated they were surprised and disappointed that pain charting had not commenced given the alteration to analgesia and agreed this was not in alignment with their requirements.

Consumer C

* A weight loss of 9.16kg was noted over a 10 month period in 2020/2021.
* A weight recorded in July 2021 was below the consumer’s reportable weight parameters. There is no indication in progress notes that the weight was reported to the Medical officer or Clinical nurses, nutritional needs assessed or referral to an allied health specialist initiated.
* A Malnutrition risk assessment has not been competed monthly in line with the service’s process, with the last assessment completed in April 2021.
* A care evaluation completed in April 2021 noted a reduction in weight and poor appetite with additional supplements commenced. There is no indication further assessments or evaluation have been completed in response to the strategies.

The provider’s response included further clarifying information directly addressing evidence in the Assessment Team’s report relating to all three consumers as well as identification of areas for improvement. The provider’s response indicates, but are not limited to:

In relation to Consumer A

* Following discussions with staff, identified that the consumer’s risk assessment was reviewed after each fall, there is comprehensive documentation in the progress notes post incident and assessment. Examples of progress note documentation was not included as part of the provider’s response.
  + On a number of occasions, no changes were made due to all identified interventions and assessments already being in place. However, staff failed to select ‘save’ on the electronic system, therefore, not capturing the document was opened and reviewed.
  + A comprehensive Physiotherapy review was completed on entry which informed care planning.
* As the interim care plan is not as comprehensive as the permanent resident care plan, daily handover sheets were updated to include fluctuating behaviour.

In relation to Consumer B

* The provider’s response did not include information relating to falls management for Consumer B.
* Pain management medication was altered due to an underlying medical issue and not due to uncontrolled pain.
  + Progress notes included as part of the provider’s response indicates the consumer returned from hospital and had ‘pain management and oxygen therapy’.
* The consumer’s regular pain medication for a chronic condition was maintained and progress notes reflect assessment, management and reassessment of pain, including administered analgesia and effect of same.
  + Progress notes for a two day period were included in the provider’s response. One episode of pain is noted, including one following a fall. The effect of the pain relief provided following the fall is noted as effective, approximately five hours later at 7.27am. However, the notation also indicates the consumer did not sleep well, was extremely restless, very anxious and becoming constantly confused.
* Acknowledge the pain management plan chart did not reflect the same information as that documented in the progress notes. In response, will provide staff an update relating to the process to document in the pain management plan and creating a progress note from this process.

In relation to Consumer C

* Review of records and discussions with the General practitioner identified awareness of gradual/fluctuating weight in relation to management of the consumer’s underlying medical conditions. The General practitioner did not feel weight loss was due to a nutritional deficit.
* The Malnutrition risk assessment is a separate tool from the electronic system. Discussions are being held in relation to opportunities to migrate this assessment into the electronic system.
* The newly introduced Dietetic visit will support a structured systemic review of consumers to support best practice in nutritional assessment and management.

I acknowledge the provider’s response and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, for three consumers, I find at the time of the Site Audit, care and services were not regularly reviewed for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of consumers. In coming to my finding, I have placed weight on information relating to Consumer B and Consumer C.

I have considered monitoring and assessment of pain for Consumer B was not sufficiently undertaken in response to a change in pain medication. The provider’s response asserts pain medication was altered in response to an underlying medical condition and not due to uncontrolled pain and progress notes provided reflect management, assessment and reassessment of pain. However, while progress notes for a two day period included in the provider’s response demonstrate one dose of an ‘as required’ pain medication, administered following a fall, as being effective, the progress notes do not demonstrate a planned approach to monitoring and assessing the consumer’s level of pain in response to changes in pain medication. Additionally, for Consumer B, two falls experienced in July 2021 have not resulted in reassessment of the consumer’s falls risk or review of management strategies.

For Consumer C, I have considered that despite a recorded weight loss in April 2021, Malnutrition risk assessments have not been undertaken on a monthly basis, in line with the service’s processes, to review and monitor effectiveness of management strategies implemented. I have also considered monitoring of Consumer C’s weight in my finding for Standard 3 Personal care and clinical care Requirement (3)(b).

In relation to Consumer A, I have considered the evidence in other Requirements which reflect the core deficiency associated with the evidence. I find the evidence provided aligns with Requirement (3)(a) in this Standard and Requirement (3)(b) in Standard 3 Personal care and clinical care and, as such, have considered it with my finding for those Requirement.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Sheoak Lodge, to be Non-compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team have recommended Requirement (3)(b) in Standard 3 not met. The Assessment Team found the service was unable to demonstrate:

* effective management of high impact or high prevalence risks, specifically in relation management of falls for two consumers.

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

In relation to all other Requirements in this Standard, the Assessment Team found overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* staff are well informed of their clinical care needs and willing to adapt if their needs change.
* feel confident staff would refer them to the local or regional hospital as required.
* staff seem to be kept updated with their needs and changes and representatives indicated staff keep them well updated following reviews, changes or incidents.
* they see their doctor or have allied health treatments if they choose.

The service demonstrated how consumers are provided with safe and effective clinical care that is best practice, tailored to their needs and optimises their health and well-being. Care plans sampled identified consumers’ goals and included tailored management plans of support, including in relation to management of diabetes and behaviours. Clinical staff ensure best practice care is provided through access to policies and protocols, education and by speaking with management or Medical officers. Consumer files sampled demonstrated appropriate processes are in place relating to management of restraint, skin integrity and pain.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Clinical staff identified consumers who were receiving comfort care and moving into the palliative care phase and described changes to their physical and emotional support needs. Care files for two consumers who had recently passed included personalised information relating to goals and care needs, preferences for treatment and preferred contacts.

Documentation viewed demonstrated where consumers were noted to have deteriorated or changes to their mental health or cognitive or physical function were identified, actions were initiated in a timely manner. Additionally, there are processes to ensure information about consumers’ condition, needs and preferences is documented and communicated within the organisation and with others where the responsibility for care is shared. Care staff described how concerns relating to consumers’ health and well-being are escalated and clinical staff described processes to ensure timely referrals to Medical officers and/or allied health specialists are initiated.

The service demonstrated appropriate infection control measures are in place. Staff described measures they implement to minimise spread of infection and clinical staff demonstrated an understanding of antimicrobial stewardship principles. Infection data is collated analysed and trended on a monthly basis. An Infection prevention control lead is in place.

Based on the evidence documented above, I find Limestone Coast Local Health Network Incorporated, in relation to Sheoak Lodge, to be Compliant with Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

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

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

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

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

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

The Assessment Team were not satisfied the service demonstrated effective management of high impact or high prevalence risks, specifically in relation to two consumers. This was evidenced by the following:

Consumer A

* The last falls risk assessment was completed on 21 June 2021. Eight falls have been recorded since this date with no further review of the risk assessment or falls strategies undertaken.
* Following a fall in July 2021, progress notes indicate the consumer complained of a sore knee. A pain assessment was not undertaken in response and consideration to the impact on reduced mobility or increased frequency of falls was not demonstrated or used to inform falls prevention or management strategies.
* Management indicated the consumer had recently become permanent and had not yet had all assessments and care plans completed.
* Management were aware of the consumer’s history of falls and increasing frequency with decreasing cognitive status but had not yet investigated the incidents or reviewed current strategies.

Consumer B

* The consumer’s care plan was updated in June 2021 following return from hospital. However, two falls sustained on the 5 and 9 July 2021 did not prompt review of strategies or needs.
  + Management indicated incident reports had not been investigated or reviewed at the time of the Site Audit.
* The consumer’s care plan was updated following a fall on the 15 July 2021 but did not include new strategies and or considered the consumer’s deterioration of health.

In coming to my finding, I have also considered information documented in the Assessment Team’s report in Standard 2 Requirement (3)(e) relating to Consumer C, including:

* A weight loss of 9.16kg was noted over a 10 month period in 2020/2021.
* A weight recorded in July 2021 was below the consumer’s reportable weight parameters. There is no indication in progress notes that the weight was reported to the Medical officer or Clinical nurses, nutritional needs assessed or referral to an allied health specialist initiated.
* A care evaluation completed in April 2021 noted a reduction in weight and poor appetite with additional supplements commenced. There is no indication further assessments or evaluation have been completed in response to the strategies.

The provider’s response included further clarifying information directly addressing evidence in the Assessment Team’s report relating to all three consumers as well as identification of areas for improvement. The provider’s response indicates, but are not limited to:

In relation to Consumer A:

* Following discussions with staff, identified that the consumer’s risk assessment was reviewed after each fall, there is comprehensive documentation in the progress notes post incident and assessment. Examples of progress note documentation was not included as part of the provider’s response.
  + On a number of occasions, no changes were made due to all identified interventions and assessments already being in place. However, staff failed to select ‘save’ on the electronic system, therefore, not capturing the document was opened and reviewed.
  + A comprehensive Physiotherapy review was completed on entry which informed care planning.

In relation to Consumer B:

* The provider’s response did not include information relating to falls management for Consumer B.

In relation to Consumer C:

* Review of records and discussions with the General practitioner identified awareness of gradual/fluctuating weight in relation to management of the consumer’s underlying medical conditions. The General practitioner did not feel weight loss was due to a nutritional deficit.
* The newly introduced Dietetic visit will support a structured systemic review of consumers to support best practice in nutritional assessment and management.

I acknowledge the provider’s response and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, high impact or high prevalence risks, specifically in relation to management of falls and weight, were not effectively managed for each consumer.

For Consumer A, the provider asserts falls risk assessments were reviewed after each fall and on a number of occasions, no changes were made due to all identified interventions and assessments already being in place. However, from the 21 June 2021, the consumer has had eight falls. Therefore, I find risk assessments and falls management strategies have not been effectively reviewed following each fall, or alternative strategies identified and/or implemented to minimise the consumer’s risk of falls, harm or injury. Additionally, despite management being aware of the consumer’s history of falls and increasing frequency, the incidents have not been investigated or current strategies reviewed.

I have considered for Consumer C that while weight loss was identified in April 2021 and additional management strategies implemented, these strategies were not monitored or evaluated for effectiveness with the consumer recording a further weight loss in July 2021. Additionally, no actions were initiated in response to the consumer’s weight being below reportable parameters in July 2021. I acknowledge the provider’s response indicating a review of records and discussions with the General practitioner identified gradual/fluctuating weight relating to underlying medical conditions and was not due to a nutritional deficit. However, these reviews and discussions occurred subsequent to the Site Audit and not as a result of the service’s processes for monitoring consumers’ high impact or high prevalence risks.

In relation to Consumer B, I have considered the evidence in other Requirements which reflect the core deficiency associated with the evidence. I find the evidence provided aligns with Standard 2 Requirement (3)(e) and, as such, have considered it with my finding for that Requirement.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Sheoak Lodge, to be Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and 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

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

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

* described how they are supported to participate in activities both within and outside of the service.
* their condition needs and preferences have been identified and are known by staff.
* have been referred to relevant allied health specialists to assist with their activities for daily living.
* meals are enjoyable, there is enough variety and they can make changes.

Consumers stated staff are supportive of their emotional, spiritual and psychological well-being. Initial and ongoing assessment processes identify what is important to consumers, life story, experiences, past and current interests and cultural and spiritual needs and preferences. Care plans are developed from the information gathered and identify consumers’ specific interests and preferences, including emotional, spiritual and psychological support strategies. Staff demonstrated an understanding of consumers’ needs, preferences, life experiences and interests in line with care plan documentation.

Staff described how the activity program is developed and tailored to consumers’ interests and described how they support consumers to do things of interest to them. An activity register is maintained and monitored to ensure consumers are regularly participating or being engaged by staff. The activity schedule is regularly reviewed and adjusted based on consumer feedback, attendance and evaluation of individual activities. Consumers were observed participating in both group and individual activities throughout the Site Audit.

Consumer files included information about how consumers wish to maintain relationships with their family and friends and included examples of consumers participating in activities within and outside of the service. Staff were knowledgeable about individual consumers’ interests and described how they support consumers based on these interests. Information relating to consumers’ condition, needs and preferences was reflected in care plans, assessments and progress notes and there are processes to refer consumers to appropriate allied health specialists where the need is identified.

Consumers and representatives indicated they were satisfied with the meals provided, they have input into the menu and concerns raised relating to meals are addressed and feedback is provided. A four-week rotating menu is in place and consumers are consulted on a daily basis in relation to meal preferences. Hospitality staff described how they accommodate for consumers with specific dietary needs.

Equipment used by lifestyle staff was observed to be clean and well maintained. Staff said there is enough equipment and it is in good working order. A maintenance program is in place which includes lifestyle equipment. A lifestyle cleaning document has been implemented ensuring lifestyle equipment is regularly cleaned.

Based on the evidence documented above, I find Limestone Coast Local Health Network Incorporated, in relation to Sheoak Lodge, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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

* the environment is nice and welcoming and they like the ability to personalise their rooms.
* the environment is safe, clean and well-maintained and they can access all areas of the service.
* furniture, fittings and equipment are maintained and suitable for their needs.
* feel safe when staff use the equipment to aid them and where issues with equipment are identified, the maintenance team respond promptly.

The Assessment Team observed the environment to be safe, clean and well maintained with consumers moving freely both indoors and outdoors. The environment was noted to be welcoming, easy to navigate and had sufficient space for consumers to sit or partake in activities in communal spaces. Consumer rooms were noted to be personalised and consumers indicated they felt comfortable in their rooms.

Communal areas are large and spacious and the service environment was noted to be bright, open and adequately lit. Outdoor courtyards, garden areas and pathways were maintained and free from hazards. The Assessment Team identified two wall mounted systems without a safety/locking mechanism located in communal kitchenettes accessible to consumers. A door to the kitchenette area was also noted not to be able to be secured; the lock was fixed during the Site Audit following feedback to management. Additionally, an oxygen cylinder storage room was not secured with management indicating they would address the issue identified.

Staff described how maintenance tasks are identified, reported and actioned. There are preventative and reactive maintenance processes, and staff described how maintenance tasks are prioritised in line with a schedule. External contracted services assist with aspects of the service’s maintenance program. Cleaning processes were observed to be undertaken throughout the Site Audit and cleaning staff stated they undertake their work in line with a cleaning schedule. Furniture, fittings and equipment were observed to be safe, clean, well-maintained and fit for purpose.

Based on the evidence documented above, I find Limestone Coast Local Health Network Incorporated, in relation to Sheoak Lodge, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

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

* they did not feel the need to make any complaints, however, felt confident they could speak with staff or management if they did.
* felt confident they could speak with staff about any concerns and had not needed to consider other avenues.
* had received prompt communication following incidents, including updates and explanations.

Consumers are provided with information about internal and external feedback and complaints mechanisms and advocacy services on entry. Feedback forms, external complaints and advocacy information were observed on display. A Feedback box is available and allows for consumers, representatives and others to lodge complaints anonymously if they wish.

Staff described actions they take if a consumer or representative raise concerns, including completing feedback forms on consumers’ behalf. Consumers are encouraged to provide feedback and complaints through various avenues, including directly with staff, through meeting forums, surveys and completion of feedback forms.

The service demonstrated how complaints are followed up with the complainant and an open disclosure approach is applied. Progress notes sampled demonstrated communication with representatives occurs following consumer incidents. A Feedback log is maintained and actions implemented following investigation of complaints are documented. Complaints data is reviewed and analysed to identify trends and is used to improve the quality of care and services provided.

Based on the evidence documented above, I find Limestone Coast Local Health Network Incorporated, in relation to Sheoak Lodge, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

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

* there are enough staff and they are adequately trained to meet consumers’ clinical and care needs.
* consumers do not have to wait long for staff to attend to their needs, and call bells are answered quickly.
* satisfied with the skills and knowledge of staff and feel staff are recruited and trained to provide safe and effective care.

There are processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Staff rosters are planned six to eight weeks in advance and once released, changes to staffing levels are not made, even in response to decreased occupancy. Staff stated they have enough time to attend to consumers’ care needs and are able to complete required duties. Complaints documentation demonstrated there have been no complaints received in relation to staffing.

Consumers and representatives stated staff are kind and caring, they treat consumers with respect, are responsive to their needs and understand their preferences and interests. The Assessment Team observed staff interacting with consumers in a calm and caring manner and observation of mealtimes showed consumers enjoying the dining experience, with consumers’ requiring assistance being attended to in a dignified way.

Initial recruitment processes are targeted to recruit employees that are not only qualified, but align with the service’s culture and values. Duty statements outline minimal qualification requirements and work instructions guide staff in performing their roles. A training schedule is based on core competencies staff require to perform their role and there are processes to monitor staff completion of mandatory training components, including competencies. Staff stated they feel supported in their roles and additional training is provided if they request it.

Staff performance appraisals are conducted bi-annually, and on an as required basis. Additionally, staff performance is assessed, monitored and reviewed through direct observation, feedback processes and incident data. There are processes to manage staff performance issues.

Based on the evidence documented above, I find Limestone Coast Local Health Network Incorporated, in relation to Sheoak Lodge, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team found overall, sampled consumers considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers are engaged in the development, delivery and evaluation of care and services, including through meeting forums, feedback processes, surveys and care plan review processes. The organisation’s governing body promotes a culture of safe, inclusive and quality care and services. A range of reporting mechanisms are in place at a service and organisational level, ensuring the Board are aware of and accountable for the delivery of services.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported, including to the Board.

The organisation demonstrated effective risk management systems and practices relating to managing high impact or high prevalence risks; identifying and responding to abuse and neglect; supporting consumers to live the best life they can and managing and preventing incidents. An Incident management reporting system is in place and ensures reporting is in line with legislative obligations, such as the Serious Incident Response Scheme, and to inform of any trends or risks. There are processes to support consumers to live the best life they can and to ensure they maintain their independence in a safe manner.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff demonstrated an awareness of these policies and provided examples of how they implement these in-line with their scope practice.

Based on the evidence documented above, I find Limestone Coast Local Health Network Incorporated, in relation to Sheoak Lodge, to be Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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

**Standard 2 Requirements (3)(a) and (3)(e)**

* Ensure staff have the skills and knowledge to:
  + initiate assessments and develop and/or update care plans in response to changes in consumers’ condition, health and well-being.
* Ensure consumer care plans are updated in response to consumers’ changing condition and clinical incidents to enable staff to provide quality care and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

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

* Ensure staff have the skills and knowledge to:
  + review and/or develop and implement appropriate falls management strategies in response to incidents and monitor effectiveness of strategies to ensure impact on consumers’ safety is minimised.
  + monitor and review effectiveness of strategies implemented in response to changes in consumers’ health and/or condition.
* Ensure policies, procedures and guidelines in relation to management of high impact or high prevalence clinical risks, including management of falls and weights are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management of high impact or high prevalence clinical risks, including weight and falls management.