The Carlyle On Cross

Performance Report

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**Commission ID:** 6809

**Provider name:** Fairlux Pty Ltd

**Site Audit date:** 3 August 2021 to 6 August 2021

**Date of Performance Report:** 8 November 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** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **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) | 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 staff, consumers, representatives and others
* the provider’s response to the Site Audit report received 1 September 2021
* further information received on 5 October 2021 following the response to the Site Audit report.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

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

* staff were respectful, courteous, kind and caring and they feel they are treated with dignity and respect
* are encouraged to do things for themselves and staff know what is important to them
* receive information about services available which helps them to make informed decisions about their care
* staff respect their privacy when providing care and services

Consumer files sampled showed assessments and care plans documented an understanding of consumers’ needs and expectations with respect to their identify and diversity. Staff were able to describe individual consumers past and current circumstances and how an understanding of these impact on the delivery of care and services.

The organisation demonstrated consumers care and service needs are identified through working with the consumer and any other persons they nominate to identify, understand, and provide culturally safe care which meets the preferences and needs of each consumer. Wellbeing care plans are created on entry to the service and regularly reviewed in consultation with the consumer and others,

Sampled consumers confirmed they are supported to exercise choice and independence. This includes how they wish to have their care and services delivered and how the service supports them in making decisions and maintaining relationships. Staff could describe how each consumer is supported to make informed choices about their care and services

Consumers who choose to take risks have risk assessments completed in line with their goals and preferences to maintain independence. Consumers interviewed were satisfied with how the service supports them in exercising choice and managing their individual risks.

Consumers are provided information, which is accurate, current, timely and communicated clearly and enables them to exercise choice. A range of documentation sampled, including care plans, lifestyle programs and the menu demonstrated consumers are supported to effectively exercise choice.

Observations made by the Assessment Team confirmed staff ensure consumers’ privacy is respected. Consumers are consulted regarding their privacy requirements and staff are guided by the Privacy policy and the service’s Code of Conduct.

Based on the evidence documented above, I find Fairlux Pty Ltd, in relation to The Carlyle on Cross, 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 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

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

The Assessment Team have recommended Requirement (3)(b) in the Standard as not met. The Assessment Team found the service was not able to demonstrate assessment and planning consistently identifies and addresses consumer’s needs, goals and preferences, including advance care planning and end of life planning. Two consumer files viewed did not have end of life planning completed prior to their death despite evidence indicating both consumers were nearing end of life.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have come to a differing view to that of the Assessment Team. I have found the service Compliant with Requirement (3)(b). I find the service had demonstrated assessment and planning identifies and addresses consumer’s needs, goals and preferences, including advance care planning and end of life planning. I have provided reasons for my finding in the specific Requirement below.

## In relation to all other Requirements in this Standard, the Assessment Team found that most consumers 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 during interviews with the Assessment Team:

* confirmed satisfaction with their care planning experience
* people important to them are involved in assessment and planning
* their care is regularly reviewed

A range of clinical and lifestyle assessments are completed on entry and on an ongoing basis, including when a change in consumers’ health and well-being is identified. The service has an electronic documentation system to support assessment and care planning. Assessment and care plans include considerations of risk to guide staff practice*.*

Clinical staff described how consumers and representatives are involved in assessment and care planning on entry, four monthly scheduled reviews and on a needs basis if there are changes in the consumer’s care and service needs.

Overall, assessment and care planning documents sampled showed assessment and planning occurs in partnership with the consumer and other persons the consumer wishes to be involved. The service has an electronic documentation system to support staff in documenting relevant information and paper based where required. Outcomes of assessment and planning are effectively communicated and documented in a care and service plan. Care and service plans are available in both electronic and hard copy format.

Processes support the regular review of care and services which includes a care review schedule and a range of monitoring processes. This includes a range of audits.

Based on the evidence documented above, I find Fairlux Pty Ltd, in relation to The Carlyle on Cross, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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) 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 the service was not able to demonstrate assessment and planning identifies and addresses consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes, specifically for consumers who are nearing end of life. The Assessment Team provided the following evidence:

* In relation to Consumer A;
* Medical notes record ‘End of life likely’ for Consumer A four days before the commencement of the Site Audit and the consumer was commenced on end of life medications.
* Evidence viewed by the Assessment Team indicate Consumer A was nearing end of life prior to the commencement of end-of-life medications which did not result in a Palliative Care Assessment being completed. This included progress notes showing in the month preceding the consumer was displaying episodes of unresponsiveness, less responsive, refusing of meals and medications and drowsiness.
* Clinical staff documented in progress notes an end of life pathway to commence two days before the commencement of the Site Audit. No evidence was provided to or viewed by the Assessment Team to indicate an end-of-life pathway was commenced which was confirmed by staff. No assessment process was completed to identify end of life wishes.
* The representative said end of life needs and wishes were never discussed with them in relation to Consumer A.
* In relation to Consumer B;
* Ten days after entering the service on respite, Consumer B was reviewed by a medical officer following a rapid deterioration who recommended Consumer B for comfort care in the service and not to be transferred to hospital.
* Management confirmed they did not complete a Palliative Care Assessment or End of Life Care Pathway following this information or at any point following.
* The consumer died 16 days after entering the service and seven days following the medical review which recorded the consumer was for comfort care.
* The representative of Consumer B said they did not have a discussion with the service in relation to specific end of life needs, goals and preferences.

The Approved Provider submitted a response to the Assessment Teams’ report which refutes the information in the Assessment Team’s report and asserts that information in the report as being inaccurate and indicates the service was compliant at the time of the Site Audit.

* In relation to Consumer A
* The service disputes Consumer A was declining at an earlier date and provided evidence to demonstrate refusing meals and drowsiness was reviewed addressed and planed for.
* Evidence provided indicates the medical officer was unsure if the consumer was nearing end of life on the first day of the Site Audit.
* A paper-based End of Life Care Pathway was completed on the same day as the medical review dated two days before the commencement of the Site Audit.
* A copy of the Palliative Care Assessment was completed on the second day of the Site Audit which had identified the consumers wishes in relation to Spiritual Care and choice of music. The Palliative Care Assessment identifies the consumer’s clinical and non-clinical needs, goals and preferences in relation to end of life care. This includes clinical information such as goals and preferences related to pain, oral and dental, skin and medication management and non-clinical information such as goals and preferences related to cultural and spiritual needs and personal goals and beliefs.
* In relation to consumer B
* The response indicates Consumer B entered the service for respite and not for palliative care or end of life care and had died 16 days following entering the service.
* The medical officer reviewed the consumer following the deterioration seven days since entering for respite and ceased the majority of Consumer B’s medication in addition to indicating for comfort care. Two days following the review the consumer was reviewed by the medical officer and the response indicates the consumer was better, still very frail, but not imminently in danger of dying soon.
* The response indicates the service had attempted on multiple occasions to be provided with an advanced care directive from the representative.

Based on the Assessment Team’s report, the Approved Provider’s response and consideration of the evidence used for the recommendation of the assessment. I find at the time of the Site Audit, the service was able to demonstrate assessment and planning identified and addressed the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. I find for both Consumer A and B, the service completed a range of assessments to inform service delivery and in particular sufficient and relevant end of life and advanced care planning for both consumers.

In relation to Consumer A, the service provided evidence to demonstrate an End of Life Care Pathway was commenced two days before the Site Audit and evidence to demonstrate a Palliative Care Assessment was completed on the second day of the Site Audit. In addition, the service provided evidence to demonstrate that whilst the consumer had some indications of worsening health status such as refusing meals and drowsiness these were addressed through reviews by the medical officer and behaviour care planning. In addition, I have considered the evidence from the provider which indicates the medical officer was unsure if the consumer was nearing end of life whilst noting the service had identified and implemented assessment strategies to identify and assess end of life wishes.

In relation to Consumer B, I note whilst the consumer entered the service on respite. The consumer did display rapid deterioration ten days later, was reviewed by the medical officer who had ceased a number of Consumer B’s medications and the consumer was recommended for comfort care and not to be transferred to hospital. I note the consumer had an improvement in health status and was reviewed by the medical officer who indicated the consumer is not approaching end of life. Whilst I acknowledge the consumer died shortly after, I have considered the evidence from the medical officer and placed weight on their assessment and have come to a view the consumer’s death was unexpected. I also acknowledge the service did attempt to have the representative bring an advanced care directive on multiple occasions which I have considered reasonable to inform end of life planning and assessment.

For the reasons detailed above, I find Fairlux Pty Ltd, in relation to The Carlyle on Cross, Compliant with Requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) 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 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 Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team have recommended Requirement (3)(c) in this Standard as not met. The Assessment found the service was unable to consistently demonstrate the needs, goals and preferences of consumers nearing end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Two consumers who were nearing end of life did not have appropriate assessments completed to support the delivery of effective care and services to maximise their comfort and dignity.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have come to a differing view to that of the Assessment Team. I have found the service Compliant with Requirement (3)(c). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements, the Assessment Team found most consumers sampled considered that they receive personal care and clinical care that is safe and right for them. Overall, consumers interviewed stated they get the care they need and are satisfied with the personal and clinical care provided. The following examples were provided by consumers during interviews with the Assessment Team:

* are satisfied they get the care they need that is right for them
* were satisfied with how staff deliver care and services in line with their care needs
* satisfied with referral mechanisms.
* have access to doctors and other relevant health professionals when required.

Assessment processes support staff in delivering personal care and clinical care that is best practice and tailored to consumers’ needs. Policies and procedures are reviewed on a schedule set to inform and guide staff practice.

High-impact or high-prevalence risks are identified and planned for to support staff to deliver care and services. Consumer files sampled showed areas of risk in relation to nutrition and hydration, pain, infection and falls management had been identified and planned for. Clinical and care staff interviewed were aware of individual consumers’ high impact or high prevalence risks and strategies to manage relevant risks.

Consumer files sampled demonstrated a range of monitoring tools and assessments are completed on entry and on an ongoing basis to identify and evaluate changes to consumers’ health, condition and abilities. Staff interviewed provided examples of when deterioration for individual consumers had occurred and how they implemented relevant actions.

The service has processes to ensure information about the consumer’s condition needs and preferences is documented. This includes handover documentation and care plans. Documentation sampled showed staff refer consumers to a range of health professionals to inform care planning and delivery.

Infection control practices within the service ensure infection related risks are minimised. Staff interviewed were able to describe infection control and antimicrobial stewardship principles. Consumer files sampled showed the service is identifying and managing infections with the support of the medical officer.

Monitoring processes include monthly incident analysis reports, audits and scheduled care plan reviews. These processes support staff delivering personal and clinical care.

Based on the evidence documented above, I find Fairlux Pty Ltd, in relation to The Carlyle on Cross, to be Compliant with all Requirements 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) Compliant

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

### 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.*

The Assessment found the service was unable to consistently demonstrate the needs, goals and preferences of consumers nearing end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Two consumers who were nearing end of life did not have appropriate assessments completed to support the delivery of effective care and services to maximise their comfort and dignity. The Assessment Team provided the following evidence:

* Care staff interviews confirmed they did not have specific end of life care plans to follow for both Consumers A and B.
* Staff were able to describe the provision of end of life care for consumer A which included oral care, repositioning and continence. In relation to Consumer B staff said the consumers death was unexpected.
* In relation to Consumer A
	+ The representative was not satisfied the service had identified and implemented strategies to maximise the comfort of Consumer A and specifically in relation to spiritual care.
	+ The consumer was not involved in care planning discussions.
* In relation to Consumer B
	+ The representative was not satisfied the service had identified and implemented strategies to maximise the comfort of Consumer B whilst the consumer was at the service.
	+ Consumer B entered the service with a diagnosed infection and was on respite whilst at the service.
	+ An Oxygen Therapy Assessment completed shows Consumer B required intermittent oxygen therapy for the management of their shortness of breath.
	+ Progress notes showed Consumer B would experience shortness of breath when not provided oxygen therapy.
	+ Progress notes show 17 days after entering the service, the Consumer’s Oxygen therapy is removed following an incident. Progress notes show Consumer B was found deceased one and a half hours after the removal of the oxygen delivery equipment and therapy.

The Approved Provider submitted a response to the Assessment Teams’ report which refutes the information in the Assessment Team’s report and asserts that information in the report as being inaccurate and indicates the service was compliant with the Requirement at the time of the Site Audit with the following information provided:

* In relation to Consumer A
	+ An End of Life Care Pathway was completed and showed the consumer was regularly provided care and services in relation to end of life and palliative care. In addition the consumer had a Palliative Care Assessment completed.
	+ Evidence provided shows the service had offered spiritual support for consumer A which was declined.
* In relation to Consume B
	+ The service acknowledges staff did not sufficiently document all relevant monitoring between the time of the incident and the time the consumer died, however, had undertaken appropriate monitoring.
	+ The consumer was provided pain relief following the incident and had requested additional pain relief approximately one hour following the incident. The response indicates the consumer’s room is in a high traffic area and the consumer’s door was open and was adequately monitored by care and nursing staff whilst the consumer was without the oxygen therapy.
	+ The response indicates the consumer was not end of life and the medical officer was regularly reviewing the consumer. The consumer was reviewed by the medical officer on the day the consumer died and the review did not indicate the consumer was nearing end of life.

Based on the Assessment Team’s report, the Approved Providers response and consideration of the evidence used for the recommendation of the assessment. I find at the time of the Site Audit, the service was able to demonstrate the needs, goals and preferences of consumers nearing end of life are recognised and addressed, their comfort maximised and their dignity preserved. I find for one consumer the service had recognised the consumer had deteriorated and implemented care and services to address their end of life care needs goals and preferences. For another consumer, I find whilst the consumer was found deceased, the information provided indicates the consumer was frail but not end of life.

In relation to Consumer A, I find the service had undertaken appropriate care and service provision in relation to end of life care. The provider submitted in the response a completed End of Life Care Pathway and a Palliative Care Assessment. The pathway showed staff had been regularly providing care and services and included managing the consumer’s comfort, pain, skin and spiritual care and service needs. In addition I have accepted the evidence which indicates spiritual care was offered which was declined.

In relation to Consumer B, I find the service had undertaken appropriate care and service provision in relation to end of life care. I have come to a view Consumer B was not end of life and the consumer’s death was unexpected. I find the consumer was diagnosed with an infection and the consumer’s oxygen saturation was fluctuating whilst at the service. I note the consumer did experience episodes of shortness of breath and continued to remain on as required oxygen for the management of the consumer’s shortness of breath. I note the consumer had regular medical officer reviews and had a review on the day the consumer died. I accept the response from the provider which indicates the consumer was regularly monitored when the oxygen delivery equipment was removed following an incident whilst noting this level of monitoring was not documented and this was not in line with contemporary practice.

For the reasons detailed above, I find Fairlux Pty Ltd, in relation to The Carlyle on Cross, Compliant with Requirement (3)(c) in Standard 3 Personal and Clinical Care.

### 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 COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team have recommended Requirement (3)(b) in this Standard as not met. The Assessment team found the service was unable to demonstrate services and supports for daily living consistently promote each consumer’s emotional and psychological well-being. One consumer experienced emotional distress and the service was not able to demonstrate how the services and supports promoted the consumer’s emotional and psychological well-being.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have come to a differing view to that of the Assessment Team. I have found the service Compliant with Requirement (3)(b). I find the service demonstrated services and supports for daily living promote each consumer’s emotional and psychological well-being. I have provided reasons for my finding in the specific Requirement below.

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

* are supported to do activities which they enjoy and are able to have social and personal relationships
* identified care and service needs are shared with consumers
* are satisfied with the type and cleanliness of the equipment provided
* were satisfied with the quality, quantity and choice of the food provided

Overall, initial and ongoing assessment processes identify consumer’s needs and preferences in relation to services and supports for daily living and are used to inform the care and service plan. Assessment documentation sampled included information on lifestyle preferences, life history and cultural and spiritual needs.

The activity calendar included a range of activities such as alphabet bingo, art and craft, football tipping and is devised each month based on consumer’s preferences and requests.

Consumers are supported to have social and personal relationships both within and outside of the service. Consumer files viewed showed care planning documentation identified relationships with external providers, activity preferences, and social and personal relationships from information gathered at entry and ongoing reviews of leisure, lifestyle and wellbeing assessments.

Care documents sampled demonstrated information about consumer needs and condition is communicated through a range of mechanisms and documents. Staff interviewed said they are kept updated and informed through handover process. The service has established networks with external organisations and individuals and refers consumers where appropriate. This includes referrals to volunteer groups and hearing service providers.

Meals are provided of suitable quality and quantity with consumers being able to choose from a rotating menu. Meal services were observed to be respectful and pleasant. Consumer care planning documents included information on preferences, specialised dietary needs and changes.

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

Based on the evidence documented above, I find Fairlux Pty Ltd, in relation to The Carlyle on Cross, to be Compliant with all Requirements in Standard 4 Services and support 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.*

The Assessment Team found the service was not able to demonstrate services and supports for daily living consistently promote each consumer’s emotional and psychological well-being. One consumer experienced emotional distress and the service was not able to demonstrate how the services and supports promoted the consumer’s emotional and psychological well-being. This was evidenced by:

* The consumer entered the service for respite with a diagnosed mental health condition and was unwell whilst at the service.
* Progress notes viewed by the Assessment Team demonstrates the consumer’s emotional and psychological wellbeing was declining following entering the service whilst on respite. This included the consumer isolating themselves, wanting to leave and seeking emotional support.
* One day prior to the consumer’s death. The consumers is noted to be awake most of the night calling out and telling staff they were scared and staff noting strategies provided minimal effect.
* Approximately seven hours before the consumer died the consumer was anxious and unsettled, stated they wanted to go home, upset and disorientated.
* One and a half hours prior to the consumers death, the consumer was involved in a significant incident.
* Family members were restricted from visiting the consumer to provide emotional support due to the COVID-19 restrictions.
* Lifestyle staff were not able to describe how they supported and promoted the consumer’s emotional wellbeing prior to their death.

The Approved Provider submitted a response to the Assessment Teams’ report which refutes the information in the Assessment Team’s report and asserts that information in the report as being inaccurate and indicates the service was compliant at the time of the Site Audit.

* The consumer’s emotional needs had been assessed through the initial care plan, lifestyle wellbeing assessment, client profile form and social/lifestyle history completed. Emotional support and monitoring was provided through the settling in process.
* Records showed the service had provided the consumer emotional support by sitting with the consumer and having ‘chats’ and was monitored via the settling in checklist.
* The responses refutes the consumer was emotionally declining and provided evidence and notes the first indication the consumer was emotionally distressed was one day prior to their death at which time staff provided emotional support and noted it was minimally effective. Evidence provided indicates the following day the consumer was anxious and unsettled. The consumer was reviewed by the medical officer and recommenced on medication specific to manage their emotional state and notes the consumer was well. The medication chart shows the consumer’s medication for the treatment of a mental health condition was ceased for approximately eight days prior to the significant incident due to their poor health status.
* The response states, four days prior to the consumer’s death the representative spoke with the manager who supported the family member to visit the consumer. The manager was informed by the representative the family member had attended the service.
* The response acknowledges, receiving a message from the representative about attending to support the consumer three days prior to their death and confirmed this was regrettably not followed up.

Based on the Assessment Team’s report, the Approved Provider’s response and consideration of the evidence used for the recommendation of the assessment. I find at the time of the Site Audit, the service was able to demonstrate services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

In coming to my finding, I acknowledge the consumer entered the service with a diagnosis of a mental health condition, was unwell whilst at the service and was on respite. Evidence provided in the response demonstrates the consumer was monitored via the settling in checklist and regular monitoring had occurred. I have considered the incident involving the consumer shortly prior to their death and noted the medical review completed on the same day which recorded the consumer as being well and recognised the consumer as displaying symptoms associated with a mental health condition and the implemented medical treatment plan. I have also considered and accept the consumer was on respite and unwell and find the service had completed a lifestyle and well-being assessment to identify and promote the consumer’s emotional, spiritual and psychological wellbeing.

For the reasons detailed above, I find Fairlux Pty Ltd, in relation to The Carlyle on Cross, Compliant with Requirement (3)(c) in Standard 4 Services and support for daily living.

### 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 have recommended Requirement (3)(c) in this Standard as not met. The Assessment team found that service was unable to demonstrate furniture, fittings and equipment are safe and well maintained and suitable for consumers. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the Approved Provider’s response and have come to a differing view and find the service Compliant with Requirement (3)(c). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements, The Assessment Team found overall, consumers sampled considered they feel they belong in the service, can move freely both indoors and outdoors and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* All consumers interviewed said they feel safe living at the service, can manoeuvre around the service with ease and are able to move freely indoors and outdoors.
* Sampled consumers confirmed they found the environment welcoming and comfortable.
* Consumers indicated they were satisfied with the cleanliness of the facility and said if something needs fixing, it is attended to in a timely manner.

The environment is welcoming and easy to navigate and optimises the consumer’s sense of belonging, independence, interaction and function. The entrance to the service includes a circular lounge, café style seating and a grand piano. The environment is welcoming with ample communal spaces for consumers to engage with each other or take part in activities.

The environment is safe, clean, well maintained, comfortable and enables consumers to move freely, both indoors and outdoors. Outdoor courtyards are accessible to consumers. Documentation sampled confirmed regular maintenance and cleaning occurs.

Overall furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Staff are aware of reporting mechanisms to ensure furniture, fittings and equipment are well maintained. A range of audits and monitoring mechanisms ensure equipment, furniture, fittings and the environment is safe.

Based on the evidence documented above, I find Fairlux Pty Ltd, in relation to The Carlyle on Cross, to be Compliant 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.*

The Assessment Team found the service was unable to demonstrate furniture, fittings and equipment are safe and well maintained and suitable for consumers. One consumer experienced falls with a potential contributing factor to injury being a type of fitting. The Assessment Team provided the following evidence:

* The representative of a consumer advised they were concerned a metal toilet roll dispenser in the bathroom had caused four skin tears following two falls within the last month.
* One incident report indicates the fall had occurred in the consumer’s living area and not in the consumer’s bathroom.
* Progress notes show another incident of an injury where the consumer said they had a fall on the same day and had knocked themselves on the metal bracket fitting which holds the roll of toilet paper.
* The consumer’s bathroom showed two toilet roll dispensers, one of which had a metal toilet roll holder and was observed to have rough edges posing a skin tear risk.
* The Clinical Manager (CM) said they had identified the issues with the metal toilet roll holder and had entered it into the maintenance log to be reviewed and actioned prior to the site audit which was confirmed by the Assessment Team.
* Walking aids and wheelchairs being used by consumers were observed to be clean and well maintained.
* Staff described the cleaning schedule and task list when cleaning consumer rooms and communal areas.
* Staff consistently described how to report maintenance matters or faulty equipment via the maintenance request folder.
* Preventative maintenance folder showed weekly, monthly, and quarterly schedules. The schedule was up to date to July 2021.

The approved provider refutes the information as being inaccurate and indicates the service was compliant with the Requirement at the time of the Site Audit with the following information provided:

* Confirmed a maintenance request had been completed prior to the Site Audit, the service was aware of the issues involving toilet roll holders and the maintenance officer was on short term leave.
* Following the Site Audit all but one of the metal toilet roll dispensers were removed due to consumer preference.

I acknowledge the provider’s response and have come to a differing view to that of the Assessment Team. I find at the time of the Site Audit, the service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. I find the service had identified the potential risk and had implemented a plan of action proportionate to the level of risk for the fittings in question. In addition, overall evidence provided by the Assessment Team indicates furniture and equipment is clean and well maintained with internal processes confirmed through staff interviews.

For the reasons detailed above, I find Fairlux Pty Ltd, in relation to The Carlyle on Cross, Compliant with Requirement (3)(c) in Standard 5 Organisation’s service environment.

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

* felt comfortable and supported to provide feedback.
* have access to provide feedback through a range of forums
* were satisfied with the feedback process.

Consumers, their families, friends and carers are supported to provide feedback. This includes feedback forms located throughout the service, regular surveys, consumer meetings and the care plan review process. The Assessment Team viewed the Resident Handbook provided to consumers at entry to the service which included a section on giving feedback or making a complaint.

Staff interviewed are aware of alternative pathways for consumers to raise their concerns which included advocacy services and other methods for raising complaints. The service regularly engages with Older Persons Advocacy Network and Aged Care Advocacy Services.

Appropriate action is taken in response to complaints and staff interviewed are aware of open disclosure practices. Policies and procedures viewed by the Assessment Team guide staff in ensuring feedback and complaints are identified, captured and actioned.

Feedback and complaints are reviewed and used to improve the quality of care and services. A feedback register is maintained, and feedback received is collated and used to identify opportunities for improvement. Staff interviewed were able to describe improvements within the service which have improved the quality of care and services for consumers. This included improvements in catering services and outdoor living environment.

Based on the evidence documented above, I find Fairlux Pty Ltd, in relation to The Carlyle on Cross, 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 that consumers considered that 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 during interviews with the Assessment Team:

* Overall there are sufficient staff
* staff treated them with respect and are kind
* were confident staff know their roles

Processes ensure the skill mix of employees is considered in addition to staffing level based on occupancy rates and acuity of consumers. The service monitors planned staff leave and has processes to ensure there are sufficient staff in the event of unplanned staff leave. Call bell data is collated and analysed weekly to inform staff planning.

Staff interactions with consumers were observed by the Assessment Team to be kind, respectful and caring. Management discussed recently implemented improvements to monitor staff performance to ensure staff are kind and caring. The service recruits and retains workforce with appropriate qualifications and knowledge. Staff complete competency assessments and formal training when initially recruited.

Staff practice is monitored, and ongoing training is provided to ensure staff have relevant skills. Training is based on feedback, audits, performance indicators appraisals and clinical indicators. Training records viewed showed the Assessment Team provides regular training opportunities to staff. Personnel files viewed showed the service has a planned approach to monitoring performance of staff. Policies and procedures support managers in monitoring staff performance and staff have access to a Code of Conduct.

Based on the evidence documented above, I find Fairlux Pty Ltd, in relation to The Carlyle on Cross, 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 that overall, consumers and representatives sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by consumers during interviews with the Assessment Team:

* are able to provide feedback on the way care and services are delivered and can participate in meetings and provide suggestions to staff to inform the delivery of their care and services.
* the service is well run, and staff and management are supportive.

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement through a range of mechanisms which includes consumer feedback forms, monthly consumer meetings, feedback to care worker surveys, clinical and quality audits, focus groups, a range of surveys and internal feedback mechanisms. Recent improvements included a review and further refinement of the menu involving consumers.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation has an Organisational Governance Framework that sets out roles and responsibilities of key personnel.

The organisation has a range of reporting mechanisms to ensure the executive team is aware and accountable for the delivery of services. These include regular situation reports, monthly clinical and non-clinical statistical data reviews, and results from quality and clinical audits. 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.

The organisation has effective risk management systems and practices. The Clinical Governance Committee oversees high-impact, high-prevalence risks relating to the care of consumers. Mandatory training of elder abuse is conducted at induction and twice yearly to ensure staff are aware of their responsibilities regarding responding to and reporting allegations or suspicion of abuse and neglect of consumers. Consumers are supported to live the best lives they can through risk assessment processes and via health and wellness programs delivered at the service. The organisation has an incident management system to ensure necessary steps are followed in accordance with the organisation’s policy and procedures and relevant legislation where appropriate.

The organisation has a clinical governance framework which included a range of policies and procedures to support staff practice in antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and described how they apply them in their roles.

Based on the evidence documented above, I find Fairlux Pty Ltd, in relation to The Carlyle on Cross, 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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.