Accreditation Decision and Report

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | West Coast District Hospital - Lyell House |
| **RACS ID:** | 8046 |
| **Name of approved provider:** | Tasmanian Health Service - North West |
| **Address details:** | 60-64 Orr Street QUEENSTOWN TAS 7467 |
| **Date of site audit:** | 07 August 2019 to 08 August 2019 |

**Summary of decision**

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| **Decision made on:** | 09 September 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the *Aged Care Quality and Safety Commission Rules 2018* (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 15 October 2019 to 15 October 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Standard 6 Feedback and complaints | | Met |
| Standard 7 Human resources | | Met |
| Standard 8 Organisational governance | | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

## Introduction

**This is the report of an assessment of West Coast District Hospital - Lyell House (the Service) conducted from 07 August 2019 to 08 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Acting director of nursing | 1 |
| Consumers | 11 |
| Representatives | 5 |
| Clinical nurse consultant | 1 |
| Endorsed enrolled nurse | 2 |
| Care staff | 2 |
| Cleaning staff | 1 |
| Senior administration officer | 1 |
| Cook | 1 |
| Laundry staff | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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:

2. The organisation:  
  
a) has a culture of inclusion and respect for consumers; and   
  
b) supports consumers to exercise choice and independence; and   
  
c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation demonstrated that all requirements under Standard 1 were met.

All consumers and representatives interviewed, including those who participated in the consumer experience report agreed that staff treat consumers with respect most of the time or always. The organisation uses complaints mechanisms and conducts surveys to ensure that consumers are satisfied that staff treat them with respect and support them to maintain their identity and live the life they choose. The Assessment Team observed staff interacting with care recipients in a kind and caring way.

The organisation demonstrated that consumers are treated with dignity and respect and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could readily identify consumers’ individual preferences and interests. Consumers described the ways their social connections are supported. The service promotes the value of culture and diversity through the conduct of assessment processes, to identify consumers’ needs and preferences. The service reviews staff training needs to identify if further education is required to ensure the delivery of personalised care. The service offers a variety of activities to meet the diverse backgrounds and preferences of consumers.

Consumers are satisfied that the service promotes and protects their privacy and confidentiality of information. The service demonstrates how its electronic management processes support the protection of confidential information including consumer information. The service promotes the value of privacy and dignity through staff training and performance management processes, as required.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. 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:

2. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that the organisation demonstrated that all requirements under Standard 2 were met.

Consumers and representatives are satisfied they get the care they need based on their input into care planning and assessments. Representatives provided examples of where they were consulted and following an incident and/or in response to a change in a consumer’s care needs. Staff described how care and services are reviewed regularly, when there is a change to consumers’ health or wellbeing status, needs or preferences. Management provided examples of how monitoring processes, including incidents, influence change to care delivery to minimise recurrence of adverse events.

Staff could describe how consumers and others who contribute to the consumer’s care (including medical practitioners, allied health professionals, carers and family) work collaboratively to ensure assessment and planning has a focus on optimising health and wellbeing in accordance with the consumers’ needs, goals and preferences.

Consumers and representatives are regularly consulted to ensure care reflects individual needs. This was demonstrated in consumers’ care plan documentation which included planning for end of life and regular care consultations.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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: Personal care and clinical care Met

#### 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:

2. 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

#### Summary of Assessment of Standard 3:

The Assessment Team found that the organisation demonstrated that all requirements under Standard 3 were met.

Of consumers and representatives interviewed, including those who participated in the consumer experience interviews, 100% agreed that consumers receive the care they need, always. Consumers and representatives are satisfied consumers feel safe and confident that they are receiving quality care. File review demonstrated examples of action taken in response to a change in clinical needs; this included consultation with health care professionals as required.

Staff could describe how they ensure consumers receive the care they need in accordance with personal preferences and health professional directives. Staff provided different examples of how collaborative and multidisciplinary care enhance consumers’ health and wellbeing in accordance with their preferences; this was further evidenced in care and planning documentation.

Management demonstrated that staff are provided with opportunities for ongoing education and training; both internally and externally. Opportunity for feedback regarding clinical care provision occurs through care consultation, complaints mechanisms, incident reporting and audit processes.

Whilst there was no consumer currently receiving end stage palliative care, the Assessment Team reviewed several consumer files which demonstrated how care planning processes incorporate collecting information regarding terminal care and resuscitation wishes. Management and staff described how comfort and dignity is maintained, during the palliative phase on one’s life, in accordance with specific needs and preferences.

Policies and procedures are readily available to guide staff in the delivery of personal and clinical care with education provided to further enhance clinical care provision. Care plan review by the Assessment Team demonstrated they are reviewed regularly.

#### Requirements:

##### Standard 3 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

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

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found that the organisation demonstrated that all requirements under Standard 4 were met.

Of consumers and representatives interviewed, including those who participated in the consumer experience report, the majority are satisfied that consumers have a say in their daily activities, most of the time or always. One consumer stated they are unable to leave the service by themselves, as they are unsteady on their feet. Arrangements have been put in place for them to go out with their friend, when they visit.

Of consumers and representatives interviewed, including those who participated in the consumer experience report, 100% agreed that they like the food at the service always or most of the time. Consumers described the support they receive for religious, spiritual and community activities. Consumers said staff support them when they were feeling down. Consumers stated they could participate in the activities provided in the service that are of interest to individuals and groups.

The service adequately demonstrated that it supports consumers to connect with the community and people outside the service. The service demonstrated how it supports consumers’ mental health and wellbeing. The service adequately demonstrated that it makes timely referrals to other organisations, provides meals of a suitable quality, variety and quantity and provides safe, suitable clean and well-maintained furniture.

Plans of care provided clear information about goals and strategies for achieving safe and effective services and supports for daily living, emotional and spiritual care, and accessing the community and personal relationships. Staff provided a number of meaningful examples of how they support individual needs and preferences in relation to this standard.

The organisation monitors and reviews each requirement in this Standard using a regular individual review program.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that the organisation demonstrated that all requirements under Standard 5 were met.

Of consumers and representatives interviewed, including those who participated in the consumer experience report, the majority of consumers agreed that they feel at home or most of the time or always. One consumer stated whilst home is different, Lyell House is safe, clean and comfortable and has everything they need. 100% of consumers and representatives interviewed, agreed consumers feel safe at the service most of the time or always. Consumers and representatives interviewed provided positive feedback about the organisation’s service environment. Consumers reported that:

* The service was well maintained, safe and kept clean and at a comfortable temperature.
* They have access to quiet rooms to meet family and friends and are encouraged to use all areas of the service.
* Management encourages feedback about the service environment.

The service was observed to be welcoming (with individual rooms decorated with memorabilia, photographs and other personal items), clean and well maintained. There was signage to help consumers navigate the service. Communal areas, that include the balconies and outdoor areas were observed to be safe, inviting and well maintained.

Consumers have freedom of movement and can access outside areas and the community either independently or with staff assistance, as required. Consumers are satisfied they have access to areas they wish to access.

A preventative and reactive maintenance program ensures a structured approach managing the living environment. Staff demonstrated an understanding of the service’s procedures to ensure a safe living environment. Management demonstrated that feedback and monitoring processes drive improvements.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

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

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the organisation demonstrated that all requirements under Standard 6 were met.

The service demonstrated consumers knew how to give feedback and make complaints. Of consumers and representatives interviewed, including those who participated in the consumer experience report, 100% are satisfied that staff follow up when they raise things with them most of the time or always.

Consumers and representatives are encouraged to provide feedback at regular meetings and there are feedback forms on display throughout the service. Information regarding the complaints process is also explained to consumers and/or their representatives on entry to the service. Whilst the service demonstrated that there are established processes to facilitate the submission of complaints, there has been no formal complaint documented as received for at least two years. Management stated that any feedback is usually positive, and any suggestions made are addressed as soon as possible.

Staff explained how they support consumers to provide feedback as required. Management demonstrated that appropriate action is taken in response to complaints and when things go wrong. The organisation has a ‘complaints management’ and ‘open disclosure’ policy and procedure which includes an electronic system to record, track and manage feedback and this in turn is used to improve the quality of care and services.

Management provided examples of where consumer feedback, submitted at either consumer meetings or via survey processes, had initiated changes to care and service.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found that the organisation demonstrated that all requirements under Standard 7 were met.

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

Consumers provided positive feedback about the workforce. Of consumers and representatives interviewed, including those who participated in the consumer experience report, 100% agreed that staff know what they are doing most of the time or always; are kind and caring; and that consumers get the care they need.

There are processes to ensure there are sufficient skilled and qualified staff to deliver safe, quality care and services. Management explained, and documentation confirmed, the service has processes in place for rostering of staff and replacing staff in the roster.

Staff were observed to be attentive, kind and caring in their interactions with consumers, families and other visitors to the service. Staff said they have sufficient time to complete their work load and unplanned leave is replaced.

Recruitment, selection, induction and orientation processes ensure staff have the required knowledge and skills to deliver services. Staff are recruited to specific roles requiring relevant qualifications and/or experience and are provided with relevant information to enable them to complete their tasks.

Management monitor staff compliance with nursing registrations and police certificates. Management discussed processes to monitor staff performance. All staff are required to participate in end of probation review and annual performance appraisals. Management and staff have access to policies and procedures to guide care and services and these are reviewed regularly. Management have access to a range of education to support them in their relevant positions. An education plan reflects current training needs. Staff said they have access to a range of education opportunities to support them in their respective roles. Staff gave examples of how they had been supported in personal development and further education.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

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

##### Standard 7 Requirement 3(d) Met

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

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found that the organisation demonstrated that all requirements under Standard 8 were met.

All consumer and representatives interviewed, including those who participated in the consumer experience report are satisfied the service is well run and that staff explain things to consumers, most of the time or always

The service demonstrated that they involve consumers in the design, delivery and evaluation of care and services, providing examples of how consumers are involved in the design of services and are engaged regularly. These include meetings, surveys, and shared decision-making processes. Consumers and representatives are satisfied they are involved in care planning, delivery and evaluation and examples were provided of how this occurs in practice.

Organisational wide governance systems support effective information management, continuous improvement, financial and workforce processes and regulatory compliance. There are established processes to identify, manage and report high impact or high prevalence risks, including incidence of elder abuse. The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint with policies, procedures and staff practice supporting this framework. Clinical key indicators are collected and reported quarterly and discussed at local and organisational meetings.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

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

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure