Fullarton Lutheran Homes

Performance Report

14 Frew Street   
FULLARTON SA 5063  
Phone number: 08 8372 3555

**Commission ID:** 6047

**Provider name:** Lutheran Homes Inc

**Site Audit date:** 11 July 2022 to 14 July 2022

**Date of Performance Report:** 8 September 2022

# Performance report prepared by

Marek Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | 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** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-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** | **Non-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) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the Site Audit report received 10 August 2022.

# STANDARD 1 NON-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 Non-compliant as two of the six specific requirements have been assessed as Non-compliant.

The Assessment Team have recommended Requirements (3)(d) and (3)(f) not met. The Assessment Team were not satisfied the service demonstrated:

* each consumer is supported to take risks to enable them to live the best life they can; and
* each consumer’s privacy is respected and personal information is kept confidential.

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

The following information and examples were provided by consumers in relation to the Standard:

* confirmed each consumer’s identity, culture and diversity is valued; and
* described the type of information they receive to help them make decisions, including how the service provides this information. This included information regarding activities, advocacy resources and supported decision-making.

Consumers are treated with dignity and respect, with their identity, culture and diversity valued. Staff members demonstrated familiarity with consumers’ background and could identify cultural and religious events important to their identity. Care planning documentation included information in relation to what was important to consumers.

Care and services are culturally safe. Staff demonstrated awareness of cultural identity for individual consumers, citing Greek, Italian and German consumers and described various celebrations. The service has procedures in place to support the provision of culturally safe care.

Consumers are supported to exercise choice and independence about their own care. The organisation has policies and procedures in place to ensure consumers are supported to exercise choice and independence regarding the care and services they receive. Staff could describe how consumers are supported to maintain relationships of choice.

Information provided is clear, easy to understand, current, accurate and timely and communication is provided to consumers and representatives which enables them to exercise choice. Staff described the ways in which they provide information to consumers about food options, lifestyle activities and choices for how services are to be delivered.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(e).

## 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) Non-compliant

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

The Assessment Team found the service was unable to demonstrate each consumer is supported to take risks to enable them to live the best life they can. This specifically related to consumers who leave the service, smoke and/or drink alcohol. The Assessment Team’s report provided the following evidence relevant to my finding:

* Policies and procedures outline staff are to complete a risk assessment where an activity undertaken includes an element of risk and review the risk assessment on a six monthly basis.
* Consumer A had a risk assessment completed five months prior to the Site Audit to leave the service independently with the support of their representative. Progress notes and incident forms showed the consumer had seven falls since the last risk assessment was completed, including two falls whilst off site. Further strategies were not developed and the consumer’s risk assessment was not reviewed. The representative and the consumer were satisfied with the strategies and informed of the risks.
* Consumer B leaves the service independently and has a history of falls. In addition, the consumer has a kettle and a fridge in their room. No risk assessments or documents were completed. Management said the consumer is low risk.
* Consumer C has access to alcohol, however, a risk assessment has not been completed.

The provider neither acknowledged or refuted the Assessment Team’s recommendation and commenced implementing a range of improvements, including reviewing consumers identified in the Assessment Team’s report and providing further education for staff. The following evidence was provided:

* The two falls Consumer A experienced occurred on the same day and the consumer was transferred to hospital as they were experiencing an acute event.
* Staff were supporting the choices of Consumer C and no adverse events have previously occurred.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate each consumer is supported to take risks to enable them to live the best life they can.

In coming to my finding, I have relied on the evidence which showed for Consumers B and C, relevant risk assessments were not developed to effectively support the consumers to enable them to live the best life they can. For Consumer B, I relied on the evidence which showed the consumer has a history of falls and was leaving the service independently without relevant and appropriate strategies developed. In addition, for Consumer B, I relied on the evidence which showed the consumer also has access to a kettle and microwave in their room all of which can pose a risk to the consumer. Finally, in relation to Consumer A, I note whilst the consumer had a risk assessment completed in relation to leaving the service, the risk assessment was not reviewed for effectiveness following incidents of falls or alternative strategies implemented to better support the consumer.

For the reasons detailed above, I find the provider, in relation to the service Non-compliant with the Requirement.

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

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

### Requirement 1(3)(f) Non-compliant

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

The Assessment Team found the service was unable to demonstrate each consumer’s privacy is respected and personal information is kept confidential. This specifically related to staff practices in relation to taking photographs of wounds with personal phones, using personal emails to send wound photos to the service and observations of staff practice in relation to consumer privacy. The Assessment Team’s report provided the following evidence relevant to my finding:

* Three staff said they take photos of consumers’ wounds on their personal phones, send them to their personal email address and then forward them onto their work email address prior to uploading onto the service’s computer. Clinical staff reported this occurs weekly. Management said they were aware of the practice.
* On the first day of the Site Audit, the Assessment Team observed the nurses’ station door open and unsecure with no staff present for approximately 20 minutes on two occasions. The nurses’ station contained consumers’ personal information, such as care plans and assessments, and an unlocked medication trolley.
* The Assessment Team observed three kitchenette doors open on the first day of the Site Audit with no staff present. Each kitchenette contained consumers’ personal information regarding dietary needs and preferences.
* On the morning of the first day of the Site Audit, the Assessment Team observed from the corridor a staff member assisting a consumer with personal care and both the door to their room and the door to their bathroom were left open by the staff member.

The provider neither acknowledged or refuted the Assessment Team’s recommendation and commenced implementing a range of improvements. The following evidence was provided:

* Management were unaware of the staff practice of using personal phones and emails to transfer photographs of wounds.
* All staff were notified to cease the practice of taking photos with their personal phones and additional monitoring processes were implemented to ensure personal information is secured.
* Reviewed automatic access points to ensure doors close automatically.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate each consumer’s privacy is respected and personal information is kept confidential*.*

In coming to my finding, I have relied on the evidence which showed staff were using their personal phones and emails to document and record clinical information within the service. In addition, I have relied on the observations made by the Assessment Team which showed consumer privacy was not consistently maintained when staff were providing personal care to a consumer. Finally, to further support my view I have noted the observations made by the Assessment Team in relation to the ineffective storage of personal and confidential information.

For the reasons detailed above, I find the provider, in relation to the service Non-compliant with the Requirement.

# 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 four of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team have recommended Requirements (3)(a), (3)(b), (3)(c) and (3)(e) not met. The Assessment Team were not satisfied the service demonstrated:

* assessment and planning, including consideration of risks to the consumer’s clinical needs, informs the delivery of safe and effective care and services, specifically in relation to comprehensive assessment;
* assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, specifically in relation to end of life planning and advance care planning;
* assessment and planning is based on ongoing partnership with the consumer and others the consumer wishes to be involved; and
* 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.

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

The following information and examples were provided by consumers in relation to the Standard:

* Four consumers and representatives said they were informed of outcomes following incidents.

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. Care plans included detailed information and individualised strategies relating to each consumer’s goals, needs and preferences for personal care, clinical care and lifestyle. The organisation has a range of policies and procedures to guide staff practise which includes a care planning policy which provides guidance to staff.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with Requirement (3)(d).

## 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 found the service was unable to demonstrate assessment and planning, including consideration of risks to the consumer’s clinical needs, informs the delivery of safe and effective care and services, specifically in relation to comprehensive assessment for consumers sampled. The Assessment Team’s report provided the following evidence relevant to my finding:

* Four of six consumer files viewed did not have all relevant assessments completed.
* Consumer A’s diabetic management plan did not provide guidance in relation to the frequency of blood glucose level (BGL) monitoring. In addition, the consumer has a specific preferences for a type of food in alignment with their culture, however, the nutrition and hydration care plan recorded no cultural or religious needs. One clinical staff member was unsure about the frequency of checking BGLs.
* Consumer B sustained a fall the month prior and said to the Assessment Team they had significant pain at the time. Progress notes and charting indicate there was a 28-hour delay before pain charting commenced and pain charting was undertaken inconsistently and had not been evaluated.
* Consumer C’s oxygen therapy care plan did not provide guidance, such as to when the nasal cannula needs to be changed, the oxygen rate of administration or specific guidance for monitoring oxygen saturation levels. Staff provided the Assessment Team inconsistent information regarding the management of the consumer’s oxygen therapy.
* Consumer D experiences behaviors of concern. Strategies developed were generic and not individualised. Specific strategies which were described by staff were not included in the behavior support plan.

The provider neither acknowledged or refuted the Assessment Team’s recommendation and commenced implementing a range of improvements. The following evidence was provided:

* Developed a new work instruction for pain management.
* All consumers who require oxygen therapy had their oxygen therapy care plan reviewed.
* Consumer D’s behaviour support plan was updated with additional strategies to manage their behaviours of concern.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrateassessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. This specifically related to assessment and planning in relation to management of diabetes, pain, oxygen therapy and behaviours of concern.

In coming my finding, I have considered the evidence which showed for Consumers A, B, C and D, appropriate assessment and planning was not undertaken in relation to management of diabetes, pain, oxygen therapy and behaviours of concern. I have noted the improvements implemented following the Site Audit and the proactive approach in rectifying the identified deficits.

For the reasons detailed above, I find the provider, in relation to the service Non-compliant with the Requirement.

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

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

The Assessment Team found the service was unable to demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, specifically in relation to end of life planning and advance care planning. The Assessment Team’s report provided the following evidence relevant to my finding:

* All six consumer files sampled did not contain any initial end of life wishes or preferences.
* Clinical staff reported they did not have any guidance for end of life and quite often, care plans are initiated when the consumer reaches their terminal phase.
* The clinical risk register for the previous month showed 79 of 178 consumers did not have end of life directives in place.
* Management said they are in the process of updating all consumers’ care plans and have appointed a Clinical Nurse to assist with this process. At the time of the Site Audit, not all consumers have had their care plans updated to reflect their current needs.
* Management said end of life discussions are difficult and they do not want the consumers to think they are coming to the home to die. They said staff are not confident to ask about end of life decisions on entry.
* A representative of a deceased consumer said end of life discussions had not been undertaken with them until their family member was in the terminal phase and a care plan was initiated prior to their death. The palliative care plan sampled did not provide sufficient instruction for certain areas of the consumer’s care.

The provider neither acknowledged or refuted the Assessment Team’s recommendation and commenced implementing a range of improvements. The following evidence was provided:

* Staff will be provided additional training to support their understanding and planning in relation to end of life and advance care planning.
* Regular reminders will be communicated to consumers to encourage discussion in relation to end of life and advance care planning.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrateassessment and planning identifies and addresses the consumer’s current needs, goals and preferences, specifically in relation to advance care planning and end of life planning.

In coming to my finding, I have placed weight on the evidence which showed six consumer files sampled did not contain any initial end of life wishes or preferences. In addition, I have noted feedback from staff in relation to not having the relevant guidance and care plans often being initiated when the consumer reaches their terminal phase. Finally, I have noted the feedback from the representative in relation to end of life discussions being only commenced when the consumer was in the terminal phase of their life to support my finding.

For the reasons detailed above, I find the provider, in relation to the service Non-compliant with the Requirement.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found the service was unable to demonstrate assessment and planning is based on ongoing partnership with the consumer and others the consumer wishes to be involved. The Assessment Team’s report provided the following evidence relevant to my finding:

* Nineteen of 22 consumers and representatives sampled regarding care plan reviews stated they had not been involved in the care planning process.
* The care evaluation checklist states care plans are reviewed in partnership with the resident, their representative and other stakeholders. Care plans are to be reviewed every 6 months. An invitation to participate letter is sent to representatives.
* Four of four care files viewed did not demonstrate consultation with consumers and/or representatives had been undertaken as part of the reassessment or review process.

The provider neither acknowledged or refuted the Assessment Team’s recommendation and commenced implementing a range of improvements. The following evidence was provided:

* Commenced providing training to clinical staff to ensure consumers are involved in the assessment and reassessment process.
* Improve recording processes to capture the involvement of consumers and representatives in the assessment processes.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate assessment and planning 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. I find, however, the service was able to demonstrate assessment includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

In coming to my finding in relation to assessment and planning being based on a partnership with the consumer, I have placed weight on the evidence which showed nineteen of 22 consumers and representatives sampled regarding care plan reviews indicated they had not been involved in the care planning process which was supported through the review of care files. In relation to the involvement of other organisations, individuals and other providers, I have considered the evidence presented in other areas of the Assessment Team’s report which showed the service engages with other providers, such as Physiotherapists, Dementia Support Australia and wound specialists.

For the reasons detailed above, I find the provider, in relation to the service Non-compliant with the Requirement.

### 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 found the service was unable to demonstrate 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. This specifically related to four consumers in relation to scheduled care plan reviews and following incidents.

* Consumer A experienced multiple falls and their care and services were not effectively reviewed or their falls risk assessment updated, in line with the organisation’s processes.
* Consumer B had not had a pain assessment updated following identification of an unstageable pressure injury. Pain had been assessed on the wound care chart and indicated the consumer experiences mild pain. The consumer had been reviewed by the Physiotherapist in the month prior due to a change in their condition due to deterioration, however, recommendations had not been incorporated into the care plan until 22 days after the review.
* Consumer C had a wound identified three days prior to the Site Audit which identified the consumer is experiencing pain. The most recent pain assessment was completed approximately nine months prior.
* Management said they are in the process of updating all consumers’ care plans and have appointed a Clinical Nurse to assist with this process.

The provider neither acknowledged or refuted the Assessment Team’s recommendation and commenced implementing a range of improvements. The following evidence was provided:

* All consumers identified in the report had been reviewed.
* Reviewing policies and procedures in relation to management of pain, falls, wounds, skin and commenced providing training to staff.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate 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. This specifically related to three consumers in relation to pain, falls and deterioration.

In coming to my finding, I have considered the evidence for Consumers A , B and C. In relation to Consumers A, their falls risk assessment was not updated following ongoing falls. In relation to Consumer B, they experienced deterioration and pain with relevant assessments not being updated to support effective care planning. In relation to Consumer C, they experienced pain to a newly acquired wound and the relevant assessments were not update or reviewed.

For the reasons detailed above, I find the provider, in relation to the service Non-compliant with the Requirement.

# 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 have been assessed as Non-compliant.

The Assessment Team have recommended Requirements (3)(b) and (3)(g) not met. The Assessment Team were not satisfied the service demonstrated:

* effective management of high impact or high prevalence risks associated with the care of each consumer; and
* effective management of multiple COVID-19 outbreaks or learnings implemented in response to outbreaks to prevent further reoccurrence.

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

The following information and examples were provided by consumers in relation to the Standard:

* Consumers said they receive the care they need. This included care in relation to management of medication, continence and pain; and
* Consumers are satisfied with referral processes.

A range of assessments are completed on entry and on an ongoing basis to support the delivery of personal and clinical care. A range of policies and procedures support best practice care. Consumer files sampled demonstrated effective management of weights and psychotropic medications.

Care files sampled demonstrated the needs, goals and preferences of consumers nearing the end of life are identified and they are provided end of life care to preserve their dignity and maintain comfort. The organisation has a policy and procedures to guide staff practice in relation to end of life care.

Documentation sampled demonstrated deterioration and changes to a consumer’s health and/or condition had been responded to in a timely manner. Clinical staff interviewed spoke of ways they recognised and responded to a deterioration or change in the consumer’s condition and health status. Management advised, and review of documentation demonstrated, consumers’ changes in care needs are discussed and monitored daily via 24 hour progress note reviews.

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. Progress notes showed timely referrals to allied health professionals, such as Physiotherapists, Dietitians or Speech Pathologists for assessment and management following clinical changes.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g).

### 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 found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Specifically, in relation to effective skin and wound care for three consumers and falls management for one consumer. The Assessment Team’s report provided the following evidence relevant to my finding:

* One staff member was not aware of consumers at risk of choking in one area of the service. Records showed there were three consumers who were at risk of choking in the area.

Consumer A

* The consumer is at moderate risk for pressure injuries and sustained a pressure injury five months prior to the Site Audit, initially identified as a Stage 2 pressure injury. A range of strategies were implemented initially which included nutritional supplementation and pressure relieving strategies. Records show the wound has not shown any improvement and other strategies, such as engaging wound experts, have not been considered. Staff were aware of how to manage the consumers’ skin integrity

Consumer B

* The consumer had a wound identified three days before the Site Audit. A wound chart was commenced, however, areas, such as details of the wound, characteristics and pain were not complete.
* A staff member who attended the wound on the second day of the Site Audit confirmed the consumer was in in pain.

Consumer C

* The consumer was assessed as a high risk of falls and experienced three falls in the month prior to the Site Audit with one resulting in a hospitalisation. Progress notes show the consumer experienced a fall approximately two weeks prior to the Site Audit and all strategies listed in the plan were not implemented at the time of the fall. In addition, observations made by the Assessment Team showed staff are not always following strategies to manage the consumer’s risk of falls.

The provider neither acknowledged or refuted the Assessment Team’s recommendation and commenced implementing a range of improvements. This included reviewing all consumers with wounds, implementing a wound treatment chart tool and a falls evaluation template tool. The following evidence was provided:

* Consumer A was subsequently reviewed by a wound specialist.
* Consumer B was referred to the Medical Officer on the second day of the Site Audit and specific recommendations were implemented.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to managing falls and pressure injuries.

In relation to Consumer A, I find the service did not manage the consumer’s high impact or high prevalence risk associated with pressure injuries. I have placed weight on the wound being identified as a stage 2 and evidence indicating the wound has shown limited improvement. In addition, I have noted further alternative strategies where not considered when the wound failed to improve.

In relation to Consumer B, I find the service did not appropriately assess the consumer’s wound to support the delivery of effective wound care and pain management. I have relied on the evidence which showed the consumer’s wound was not appropriately assessed and feedback from staff which indicated the consumer was in pain.

In relation to Consumer C, I find service did not manage the consumer’s high impact or high prevalence risks associated with their risk of falls. I have placed weight on observations made by the Assessment Team and records in progress notes indicating staff were not following all relevant strategies to manage the consumer’s risk of falls.

I have considered the feedback in relation to one staff member’s awareness of consumers who are at risk of choking and noted the staff was aware of generic strategies. I would consider this an area for improvement within the service.

For the reasons detailed above, I find the provider, in relation to the service Non-compliant with the Requirement.

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

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

### Requirement 3(3)(d) 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.*

The Assessment Team found the service was unable to demonstrate effective management of multiple COVID-19 outbreaks or learnings implemented in response the outbreaks to prevent further reoccurrence. However, other aspects in relation to minimisation of infection related risks were able to be demonstrated. The Assessment Team’s report provided the following evidence relevant to my finding:

* The service experienced a number of infection related outbreaks since the beginning of the year, with some outbreaks contained to a single wing whilst others impacting multiple wings.
* Limited analysis and learnings were described to the Assessment Team following the outbreaks.
* Clinical staff demonstrated an understanding of minimising use of antibiotics. This included checking pathology reports and documenting all infections on incident forms.
* Infection rates are monitored by the Infection Control Coordinator who reports at the clinical risk management and governance meetings monthly.
* Records showing infection control practices were implemented in relation to consumers who were suspected of an infection.

The provider refuted the Assessment Team’s recommendation. The following evidence was provided:

* A work instruction outlining the COVID-19 response plan in the event of an outbreak dated four days prior to the Site Audit.
* A written response indicating a range of improvements were implemented following each COVID outbreak.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find the service was able to demonstrate effective minimisation of infection related risks through implementing standard and transmission based precautions to prevent and control infection and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

In coming to my finding, I have placed weight on the information which showed clinical staff were aware of how to minimise infection related risks through practices to promote antimicrobial stewardship. In addition, I have placed weight on the evidence which showed when a consumer displayed signs of an infection, relevant infection precautions were implemented. I recognise the service experienced a number of infection related outbreaks and at the time of the Site Audit, limited improvements were able to be described to the Assessment Team. I have considered the evidence in the response and viewed the updated version of an outbreak management plan which was completed prior to the Site Audit. In addition, I have noted the service has processes to monitor the rate of infections within the service to identify opportunities for improvement and monitor effectiveness of precautions implemented.

For the reasons detailed above, I find the provider, in relation to the service Compliant with the Requirement.

# STANDARD 4 NON-COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team have recommended Requirements (3)(a), (3)(c) and (3)(f) not met. The Assessment Team were not satisfied the service demonstrated:

* each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences, specifically in relation to activities;
* services and supports for daily living assist each consumer to do things of interest to them; and
* meals are varied and of suitable quality.

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

The following information and examples were provided by consumers in relation to the Standard:

* Consumers said staff are supportive of their emotional, spiritual and psychological well-being; and
* Consumers’ preferences had been identified and were known by staff, including their religious affiliations, personal/family relationships and emotional needs.

Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Five lifestyle care plans viewed included information relating to how the service supports the consumer’s emotional, spiritual and psychological well-being. Lifestyle staff described how they provide emotional, spiritual and psychological support to promote consumers’ well-being.

Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. The service has an electronic clinical management system that records the consumer’s condition, needs and preferences. Progress notes detail consumers’ needs and preferences demonstrating this information is communicated internally and externally when required.

Processes support the timely and appropriate referral to individuals, other organisations and providers of other care and services. Various meeting minutes showed referral to external organisations and providers of care and services. Equipment provided is safe, suitable, clean and well maintained. Staff described how equipment is provided to consumers and maintained by staff.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with Requirements (3)(a), (3)(b), (3)(d), (3)(e) and (3)(g).

## Assessment of Standard 4 Requirements

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

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

The Assessment Team found the service was unable to demonstrate each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences, specifically in relation to activities. The Assessment Team’s report provided the following evidence relevant to my finding:

* Thirteen of 21 consumers and/or representatives who were asked about lifestyle services and supports for daily living said they were not always suited or optimised for consumers. Examples were provided, such as not being appropriate, insufficient and unengaging.
* The service was not able to provide information in relation to how the service monitors activities to meet consumers’ needs, goals and preferences.
* Eight consumers said they enjoyed services and supports offered by the service. Three consumers said they attend the activities they enjoy, however, they are quite independent and keep themselves occupied a lot of the time.
* The service utilises approximately 80 registered volunteers to assist with various activities.
* One-to-one visits are conducted by lifestyle staff and this is monitored through a schedule to ensure those consumers identified as needing one-to-one visits receive them.
* The Assessment Team observed consumers participating in activities throughout the Site Audit.
* Consumer meeting minutes dated six days before the Site Audit showed 27 consumers and others attended the meeting and the minutes showed consumers were satisfied with the activity program.

The provider neither acknowledged or refuted the Assessment Team’s recommendation and commenced implementing a range of improvements. This included reviewing and undertaking a lifestyle survey, reviewing the lifestyle program and reviewing consumer care files to ensure the lifestyle plan is consistent with consumers’ goals and preferences. The following evidence was provided:

* Lifestyle activity plan for one consumer.
* Schedule for one-to-one therapy/face time.
* Template of a lifestyle evaluation.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find the service was able to demonstrate 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.

In coming to my finding, I have considered the deficits identified in the Assessment Team’s report identified in this Requirement related specifically to Requirement (3)(c) in this Standard, specifically services and supports for daily living to assist each consumer to do the things of interest to them. To support my finding, I have considered the information in the Assessment Team’s report which shows consumers get services and supports to optimise their independence, health, well-being and quality of life. This included evidence which showed consumers are involved in an assessment process to support the delivery of their meals and evidence which showed consumers are able to maintain relationships. In addition, consumers are provided emotional, spiritual and psychological services to support their overall well-being. Finally, I have noted services and supports, such as the cleaning of individual consumer rooms and the washing of consumer laundry, as further evidence of services and supports provided to support my view of compliance in this Requirement.

For the reasons detailed above, I find the provider, in relation to the service Compliant with the Requirement.

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

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

### Requirement 4(3)(c) Non-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.*

The Assessment Team found the service was unable to demonstrate services and supports for daily living assist each consumer to do things of interest to them. This was evidenced by:

* Thirteen of 27 consumers and representatives who were asked about lifestyle services and supports for daily living said consumers are not always able to participate in activities or do things of interest to them. Examples were provided in relation to staff not supporting consumers to access the activities, activities not being engaging and activities not being suitable.
* Five staff members said overall, the activities offered are not of interest to many consumers.
* Lifestyle staff were asked about consumers who are involved in the wider community both inside and outside the service, examples provided were consumers who leave the service independently, pastoral services and a group that makes items to raise funds for the service.
* Three consumers said the service supports them to maintain relationships that are important to them, such as involving families with services and supports or helping to facilitate friendships within the facility.
* Two consumers said they are very independent and like to go to the communal areas to have a coffee and meet with other consumers.
* Lifestyle staff said the service provides some consumers with materials specific to their interests.
* Observations of communal areas showed consumers and representatives sitting and enjoying the areas at various times during the day.

The provider neither acknowledged or refuted the Assessment Team’s recommendation and commenced implementing a range of improvements. This included reviewing the lifestyle program and implementing additional activities. In addition, the provider clarified they have two Lifestyle Coordinators who are supported with a number of staff who have a range of qualifications, including Certificate IV in Lifestyle and Leisure and Certificate III in Aged Care.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate services and supports for daily living assist each consumer to do the things of interest. I find the provider was able to demonstrate services and supports for daily living assist each consumer to participate in their community and have social and personal relationships.

In coming to my finding, I have considered and placed weight on the feedback from consumers and representatives which indicated a number of consumers are not satisfied they are supported to do things of interest. To further support my view, I have noted the feedback from staff which supports the view of the consumer feedback. I have noted effective processes which support consumers to participate in the community and the feedback from consumers which indicated they are supported to maintain personal relationships.

For the reasons detailed above, I find the provider, in relation to the service Non-compliant with the Requirement.

### 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) Non-compliant

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

The Assessment Team found the service was unable to demonstrate meals are varied and of suitable quality. The Assessment Team’s report provided the following evidence relevant to my finding.

* Fifteen of 22 consumers and representatives said the food is not of suitable quality, consumers do not enjoy a lot of the food and it is often not cooked correctly. Examples were provided in relation to the flavour, variety and quality.
* Four staff members said they often receive, almost every shift, negative feedback from consumers about the quality of food, however, a lot of the time they are unable to do anything because it is regarding the quality of the food itself.
* Management said they are working towards improving the menu regarding choice and quality and acknowledged there is scope for improvement based on the new executive personnel’s observations and consumer feedback.
* Management said the service has already implemented some measures based on previous feedback, such as the introduction of trolleys that are able to keep the meals at serving temperature for an extended period of time as consumers were complaining of lukewarm or cold food being served.
* Management said a significant improvement to improving the quality of food will be the appointment of a newly created role titled Hotel Services Manager, commencing next month who will oversee the entire catering, cleaning and laundry operations at the service. This will enable greater oversight of the quality of the meals being provided.
* The last food focus group was conducted in June 2021. No further evidence was provided that focus groups or food related audits have been performed.

The provider neither acknowledged or refuted the Assessment Team’s recommendation and commenced implementing a range of improvements. This included reviewing the current menu, commencing bi-monthly food focus groups and appointing a Hotel Service Manager to oversee catering services.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate where meals are provided, they are of suitable quality.

In coming to my finding, I have placed weight and considered the feedback from consumers, representatives and staff in relation to the meals and consumer dissatisfaction. To further support my view, I have noted monitoring processes, such as food focus groups had been ceased for a period of time impacting on the ability for the service to monitor consumer satisfaction in relation to meals. I have noted the range of improvements implemented by the service following the Site Audit, including the development of a new position to oversee the quality of meals and the proactive approach addressing the deficits, including the recommencement of bi-monthly food focus groups.

For the reasons detailed above, I find the provider, in relation to the service Non-compliant with the Requirement.

### 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 following information and examples were provided by consumers in relation to the Standard:

* they felt safe, found the environment welcoming, easy to navigate and well-furnished confirmed furniture, fittings and equipment are safe, clean and well maintained;
* furniture, fittings and equipment were maintained and suitable to their needs; and
* the service is always clean.

The environment was welcoming and had enough space for consumers to sit or conduct activities in communal spaces, including outdoor areas. Rooms were observed to be personalised. Multiple outdoor areas were observed to be well maintained. The service environment is safe, clean, well maintained and comfortable. Outdoor spaces and communal indoors spaces were observed to be accessible to consumers. Regular updates are provided to consumers and representatives regarding any building works planned or in progress and the impact it will have on the service environment. Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Staff described how the service’s environment, equipment and consumers rooms are cleaned and maintained. The service has a maintenance and cleaning schedule.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in the Standard.

## 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 have recommended Requirement (3)(c) not met. The Assessment Team were not satisfied the service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I find the service Compliant with Requirement (3)(c). I have provided reasons for my finding in the specific Requirement below.

The following information and examples were provided by consumers and representatives in relation to the Standard:

* confirmed they are encouraged and supported to provide feedback, including the raising of complaints; and
* they have access to advocates, language services and other methods for raising and resolving complaints.

Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. Consumers are aware of feedback and complaint processes which include direct discussion with staff, formal feedback and other methods. Feedback forms were observed to be in the reception area and in each wing.

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Management described how they support consumers to use interpreting services and how they support consumers to access advocates. Contact information on the Commission’s complaints scheme, Senior’s Rights Service and other services are included in the welcome pack.

Feedback and complaints are reviewed and used to improve the quality of care and services. The service has an electronic continuous improvement plan which identifies continuous improvement initiatives in response to feedback.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in this Standard.

## 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.*

The Assessment Team found the service was unable to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The Assessment Team’s report provided the following evidence relevant to my finding.

* The policy states feedback is logged on a tracking spreadsheet, a risk rating applied and actions implemented are to be documented. Documentation sampled, and feedback received from consumers, representatives and staff demonstrated this does not consistently occur.
* Consumers interviewed generally spoke positively regarding the responsiveness of management but could not always recall if any apology had been offered, however, they were satisfied overall with the response by management at the time.
* Eight of 14 complaints were shown as open with the oldest dated approximately two months prior. Of these open complaints, four had a severity rating, however, there was no information on actions taken by the service, nor any updates indicating any response to complaints. Eight of the 14 logged complaints related to food quality.
* The service provided a Consumer Experience Survey completed approximately one month prior which showed that 20 per cent of the 15 consumers surveyed responded they like the food all the time and 40 per cent like the food some of the time. The executive summary states the key themes of the survey are food, staffing levels and call bell wait times. Food issues are noted to be quality, variety and presentation. Staffing levels and wait times are noted to be due to staff shortages. No actions are noted.
* One complaint dated approximately three weeks prior to the Site Audit in relation to staffing was not resolved. Management said they would spend more time with the consumer to work through the issue.
* Records showed a complaint by a representative logged with the Commission. Documentation showed the complaint related to meals and staffing. The representative advised they considered the complaint closed due to the response, however, actions were not recorded in the documentation.
* One consumer advised they made a verbal complaint about food to management the week prior to the Site Audit, however, this complaint had not been logged on any of the records provided.
* A representative said they complained approximately two weeks prior regarding the care and had lodged a complaint. The representative received a call from the manager. Records showed the complaint was recorded the month prior and follow up actions were not recorded.
* The organisation has an open disclosure policy to guide management on this process. As part of this process the organisation has established some principles to follow which includes communicating with stakeholders in a culturally safe way and in a manner that builds trust and confidence.
* Four staff members were able to explain that senior management would be involved in discussions and open disclosure would be undertaken when there was a clinical error or issue. Interviewed staff members were not all able to explain what open disclosure meant but indicated that apologies are made whenever a mistake has been made.

The provider neither acknowledged or refuted the Assessment Team’s recommendation and commenced implementing a range of improvements. This included communicating to staff regarding open disclosure, developing a training package and adding complaints to the regular consumer meeting.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find the service was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

In coming to my finding I have placed weight on the evidence specifically which showed overall, consumers spoke positively regarding the responsiveness of management and were satisfied overall with the response by management. In addition, I have noted the evidence which showed staff members were aware of open disclosure processes. I have considered the evidence which showed eight of 14 complaints were shown as open with the oldest dating two months prior to the Site Audit with no actions recorded. I have noted this as an opportunity for improvement within the service. In relation to feedback in relation to dissatisfaction with meals, I have considered this information in Standard 4 Requirement (3)(f) in my finding of Non-compliance.

For the reasons detailed above, I find the provider, in relation to the service Compliant with the Requirement

### 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 have recommended Requirements (3)(a) and (3)(c) not met. The Assessment Team were not satisfied the service demonstrated:

* 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; and
* the workforce is competent and members of the workforce have the knowledge to effectively perform their roles specifically in relation to incident reporting in line with legislative requirements, restrictive practices, manual handling, fire safety and lifestyle.

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

The following information and examples were provided by consumers and representatives in relation to the Standard:

* staff are kind and caring, they treat consumers with respect, are responsive to their needs and understand their preferences; and
* staff know what they are doing and are able to meet consumers’ care and service needs.

Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Care staff were observed talking to consumers respectfully and when interviewing staff, they spoke of consumers kindly. Complaints information viewed showed no negative feedback in relation to workforce interactions

The workforce is recruited, equipped, and supported to deliver the outcomes required by these Standards. Care and clinical staff said they are provided online training opportunities which allow them to conduct their role confidently and competently. Staff participation records show mandatory training has been conducted within specified time frames.

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service has a performance appraisal and development process for newly employed and existing staff, as well as a process for staff that do not meet the standards set by the organisation. The service has a staff performance framework which is supported by policies and procedures.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in this Standard.

## 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.*

The Assessment Team found the service was unable to demonstrate 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. Feedback from staff, consumers and representatives indicated the number of care staff is insufficient to meet consumer needs. The Assessment Team’s report provided the following evidence relevant to my finding:

* Twenty five of 27 consumers and representatives interviewed said the service is short staffed or there are not always enough care staff to provide the care and services consumers need. The majority of consumers and representatives who said there is not enough staff did not report any serious negative impact. The primary concerns were regarding staff being rushed.
* Four consumers and/or representatives provided specific examples, such as delays in personal care attendance or delays in consumers being ready.
* With the exception of two staff members, 11 care and clinical staff stated there is not enough staff to attend to consumers’ needs in a timely manner or deliver lifestyle activities. Two staff provided examples in relation to delays in continence care. One staff worker provided an example in relation to supervising consumers at risk of falls. One staff worker provided an example in relation to managing consumers with behaviours of concern.
* Management said they have not received any feedback from staff regarding staffing levels.
* The Assessment Team viewed staff allocation sheets for the previous two weeks and noted minimal unfilled shifts for care and clinical staff.
* Management said staffing levels are sufficient based on current consumer care needs with the service having 16 vacant beds.

The provider refuted the Assessment Team’s recommendation. The following evidence was provided:

* Staffing levels are benchmarked against other aged care service providers with the service exceeding industry staffing levels.
* Acknowledged they are aware of the feedback and had commenced implementing a roadshow to improve morale.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find the service was able to demonstrate 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.

In coming to my finding, I have considered the evidence which showed a planned approach to staffing levels to deliver quality care and services. This included the evidence which showed minimal unfilled shifts for care and clinical staff and the evidence which indicated the service has 16 vacant beds. I have considered the evidence which showed whilst the majority of consumers and representatives indicated insufficient staffing levels, sufficient evidence to support this view was not provided by the Assessment Team. I have also considered evidence in Standard 3 Requirement (3)(a) where consumers and representatives interviewed by the Assessment Team confirmed consumers receive the care they need. This included care in relation to management of medications, continence and pain.

For the reasons detailed above, I find the provider, in relation to the service Compliant with the Requirement.

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

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

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

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

The Assessment Team found the service was unable to demonstrate the workforce is competent and members of the workforce have the knowledge to effectively perform their roles, specifically in relation to incident reporting in line with legislative requirements, restrictive practices, manual handling, fire safety and lifestyle. The Assessment Team’s report provided the following evidence relevant to my finding:

* Five consumers said staff are not well trained, three referred to new staff. This included in relation to them needing guidance from experienced staff and not knowing their routine. One representative said they had concerns staff are not adequality trained to use the hoist, however, he has not witnessed any incidents.
* One consumer and two staff said they don’t believe lifestyle staff have relevant lifestyle qualifications and skills.
* Five of 11 staff interviewed who were asked specifically about incident management or restrictive practices did not consistently demonstrate knowledge of consumers’ care needs or understanding of legislative requirements.
* The Assessment Team asked three care staff members on their understanding of the service’s fire evacuation procedure and training. Staff said training is online and they would prefer if there was some type of practical walk through training. The three staff were unable to provide a detailed explanation of fire evacuations procedures for their area or in line with their role.
* Seven consumers and representatives who were asked about staff knowledge and competency said staff know what they are doing and have confidence in them to perform their roles effectively.

The provider neither acknowledged or refuted the Assessment Team’s recommendation and commenced implementing a range of improvements. This included implementing additional training on fire and emergency, manual handling wound care and dementia awareness.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles and specifically in relation to legislative requirements in relation to incident reporting and restrictive practices, manual handling, fire safety and lifestyle.

In coming to my finding, I have considered the evidence in relation to staff knowledge on incident management and restrictive practices, however, this evidence was not supported in the Assessment Team’’ report, specifically in Standard 3 Personal care and clinical care and Standard 8 Organisational governance. In relation to fire evacuation and manual handling, I have noted the service has commenced implementing further improvements, including additional training. In addition, I have placed weight on the consumer and representative feedback that indicated overall, they were satisfied with the competence of staff.

For the reasons detailed above, I find the provider, in relation to the service Compliant with the Requirement.

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

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

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

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

# STANDARD 8 NON-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 Non-compliant as one of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team have recommended Requirement (3)(c) not met. The Assessment Team were not satisfied the service demonstrated governance systems in relation to information management were effective in ensuring the delivery of safe and quality care and services. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I have come to a different view and find the service Compliant with Requirement (3)(c), however, Non-compliant with (3)(e). I have provided reasons for my finding in the specific Requirements below

In relation to all other Requirements in this Standard, consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers and/or representatives are asked for feedback or suggestions for re-development and redesign projects at the service. 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 a range of reporting mechanisms to ensure the Board is aware and accountable for the delivery of services. The governing body promotes a culture of safe, inclusive and quality, care and services through the development of relevant policies and procedures. The governing body is also responsible for overseeing the service’s strategic direction to meet the Standards.

Processes support effective risk management systems and practices. The organisation has a risk management system which utilises data from incidents as well as clinical care issues to review performance and how quality care and services are provided to consumers. The organisation has a documented risk management framework which includes policies and procedures in relation to high impact or high prevalence risks, abuse and neglect of consumers, supporting consumers to live the best life they can and incident management.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with Requirement (3)(a), (3)(b), (3)(c) and (3)(d)

## 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.*

The Assessment Team found the service was unable to demonstrate governance systems in relation to information management were effective in ensuring the delivery of safe and quality care and services. However, the Assessment Team found the service was able to demonstrate effective governance systems in relation to continuous improvement, financial governance, workforce governance and regulatory compliance. The Assessment Team’s report provided the following evidence relevant to my finding:

* Consumer care plans do not consistently identify and address the consumer’s goals and preferences regarding end of life care.
* Of six consumer files sampled, none contained any initial end of life wishes or preferences and there was no discussion at the six monthly care plan review.
* The clinical risk register for June 2022 identified 79 of 178 consumers had no end of life directives in place and five of 178 consumers had palliative care plans in place.
* Clinical staff reported they did not have any guidance for end of life preferences and quite often, care plans are initiated when the consumer reaches their terminal phase.
* Management reported staff are not confident to ask about end-of-life decisions on entry.
* Two representatives had not had an end of life discussion completed.
* Continuous improvement initiatives are discussed at the service’s leadership meeting.
* The organisation has a human resources management system to support staff.
* The budget is set by the organisation’s executive team and managed by the General Manager.
* The organisation’s executive team engages with industry and relevant peak professional bodies to receive regular updates on legislative changes.
* Feedback and complaints are overseen and reported on at staff and management meetings and a range of subcommittees.

The provider neither acknowledged or refuted the Assessment Team’s recommendation and commenced implementing a range of improvements.

* The organisation is reviewing their assessment processes, including implementing a range of checklists.
* The organisation is developing a process to monitor care plan reviews to ensure they are completed six monthly.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find the service was able to demonstrate effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities, regulatory compliance and feedback and complaints.

In coming to my finding, I have considered the deficits in relation to information management and end of life assessment and planning relate to clinical governance and I have considered this information in Requirement (3)(e) in this Standard. To support my view of compliance, I have noted and relied on the evidence which showed the service has an electronic documentation system and policies and procedures to support work force planning and complaints. I have also noted the service has effective workforce governance processes, including a human resource department. In addition, continuous improvements are undertaken and overseen by the leadership team and are reported on in addition to feedback and complaints. Finally, I have noted there are processes to monitor the financial expenditure and processes to support and monitor regulatory compliance.

For the reasons detailed above, I find the provider, in relation to the service Compliant with the Requirement.

### 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) Non-compliant

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

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

The Assessment Team found the service was able to demonstrate a clinical governance framework, including but not limited to antimicrobial stewardship minimising the use of restraint and open disclosure. The Assessment Team’s report provided the following evidence relevant to my finding:

* A documented clinical governance framework, polices in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.
* Staff were aware of processes in relation to managing urinary tract infections, opens disclosure processes and minimisation of restrictive practices.

I have considered the recommendation and information in the Assessment Team’s report and have come to a different view and find the service was not able to demonstrate an effectiveclinical governance framework.

To support my view, I have considered the information in the Assessment Team’s report in Requirement (3)(c) in this Standard and deficits in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care. I have considered the role of clinical governance and the responsibility of oversight in the context of clinical deficits identified by the Assessment Team. These deficits included assessment and management of diabetes, pain, oxygen therapy, end of life, falls, pain and wounds. I recognise the service has been proactive in addressing the deficits identified and has commenced implementing a range of improvements which include additional training, review of policies and procedures and increased monitoring processes overseen by the clinical governance committee.

For the reasons detailed above, I find the provider, in relation to the service Non-compliant with the Requirement.

# 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 1 Requirement (3)(d)**

* Review policies and procedures to ensure consumers who take risks, such as leave the service or have access to or use items which can pose a risk to themselves are appropriately supported.
* Ensure staff are aware of and follow relevant policies and procedures to support consumers to enable them to live the best life they can.

**Standard 1 Requirement (3)(f)**

* Review policies and procedures to ensure consumer privacy is respected and personal information is kept confidential.
* Ensure staff are aware of and follow relevant policies and procedures to ensure consumer privacy is respected and personal information is kept confidential. This is to include relevant training to ensure clinical information is not recorded or stored on personal devices and sensitive information is securely stored.

**Standard 2 Requirement (3)(a)**

* Review policies and procedures in relation to assessment and planning, in particular management of pain t, diabetes, oxygen therapy and behaviours of concern.
* Ensure staff are aware of and follow relevant policies and procedures in relation to assessment and planning, in particular management of pain, diabetes, oxygen therapy and behaviours of concern.

**Standard 2 Requirement (3)(b)**

* Review policies and procedures in relation to assessment and planning, in particular end of life and advance care planning.
* Ensure staff are aware of and follow relevant policies and procedures in relation to assessment and planning, d in particular in relation to end of life and advance care planning.

**Standard 2 Requirement (3)(c)**

* Review policies and procedures in relation to assessment and planning, in particular how the service involves others that the consumers wishes.
* Ensure staff are aware of and follow relevant policies and procedures in relation to assessment and planning, in particular how the service involves others that the consumers wishes.

**Standard 2 Requirement (3)(e)**

* Review policies and procedures in relation to review processes, in particular in relation to pain, falls and deterioration.
* Ensure staff are aware of and follow relevant policies and procedures in relation to review processes, in particular in relation to pain, falls and deterioration.

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

* Review policies and procedures in relation to managing high impact or high prevalence risks, specifically in relation to managing falls and pressure injuries.
* Ensure staff are aware of and follow relevant policies and procedures in relation to managing high impact or high prevalence risks, specifically in relation to managing falls and pressure injuries.

**Standard 4 Requirement (3)(c)**

* Review policies and procedures in relation to *se*rvices and supports for daily living, in particular to support consumers to do things of interest.
* Ensure staff are aware of and follow relevant policies and procedures in relation to *se*rvices and supports for daily living, in particular to support consumers to do things of interest.
* Ensure consumers’ services and supports being delivered are tailored to their assessed needs, goals and preferences.

**Standard 4 Requirement (3)(f)**

* Review processes to ensure where meals are provided they are of varied and of suitable quality and quantity
* Ensure staff have the necessary skills and training to provide meals which are varied and of suitable quality and quantity in accordance with the consumer’s dietary needs goals and preferences.

**Standard 8 Requirement (3)(e)**

* Review policies and procedures to ensure where clinical care is provided a clinical governance framework, including but not limited to the antimicrobial stewardship, minimising the use of restraint, open disclosure is effectively used to ensure quality outcomes.
* Ensure improvements implemented specifically addressing deficits identified in the Assessment Team’s report, including management of diabetes, pain, oxygen therapy, end of life, falls, pain and wounds are monitored to ensure staff practice is consistent with relevant policies and procedures.