Hakea Lodge Residential Aged Care Service

Performance Report

9 Batman Avenue
SHEPPARTON VIC 3630
Phone number: 03 5821 0594

**Commission ID:** 4348

**Provider name:** Shepparton Retirement Villages Inc

**Site Audit date:** 23 August 2022 to 26 August 2022

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

# Performance report prepared by

V Stephens, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-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) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* The Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The approved provider’s response to the Site Audit report received on 6 October 2022.
* A Notice to Agree issued on 26 August 2022 in relation to non-compliance under:
* section 54-1(1)(d) of the *Aged Care Act 1997* to comply with the Aged Care Quality Standards set out in Schedule 2 to the *Quality of Care Principles 2014.*
* The approved provider’s response to the Notice to Agree received on 30 August 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Most sampled consumers stated staff respect their culture, values and diversity and consumers described how this informs the daily provision of the care and services they receive. Most consumers said they were supported by staff to take risks and were encouraged to live the best life they can. Most consumers expressed satisfaction with the information provided and felt their privacy was respected. Care planning documentation reviewed by the Assessment Team reflected the cultural needs, interests and preferences of consumers.

Staff described instances where risk assessments were required and how consumers are supported to understand the risks and benefits of specific activities. The Assessment Team observed notice boards in communal areas of the service which communicated menu options, an interim activities program, and information on advocacy services.

Consumers provided mixed feedback regarding being treated with dignity and respect, exercising choice, making decisions about their care and services, and being supported to maintain relationships that are important to them.

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

## 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.*

The Assessment Team observed staff treating consumers with respect and staff demonstrated understanding of individual consumer preferences. Consumer care planning documents included individual preferences and information on important relationships. However, the Assessment Team found some sampled consumers did not feel they were always treated with respect by staff or that they were valued as individuals. One consumer felt that due to criticising the quality of meals provided by the service, they had been prevented from dining with their friends. For another consumer, a trial of new continence aids had not been implemented as per allied health recommendation.

In their response to the Assessment Team report, the approved provider submits documentary evidence that the issue regarding seating arrangements in the dining room was formally resolved in June 2022, prior to the site audit, and that dining tables had been separated for social distancing purposes only. In relation to new continence aids for a consumer, the approved provider submits this was not a trial and that the service was not advised of any issues relating to continence aids by the allied health provider as the provider is responsible for managing this aspect of the consumer’s care.

I accept the evidence submitted by the approved provider in relation to findings made by the Assessment Team. Based on the approved provider’s response, assessor observations of staff treating consumers with respect, staff interviews and consumer care documents which reflect individual consumer preferences, I am satisfied the service complies with this requirement.

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

*Care and services are culturally safe. Only.*

### 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.*

The Assessment Team received mixed consumer feedback in relation to this requirement. While some consumers felt supported to exercise choice and independence, others did not. One sampled consumer is regularly late to meal services due to delays in staff administering medication, and two consumers are prevented by the service from watching televised sport together.

In their response to the Assessment Team report, the approved provider submits the issue of consumers watching televised sport together was promptly resolved during the site audit and the two consumers have been reassured they can socialise with whomever they choose. In relation to the consumer who is delayed attending meal services, the approved provider states there may have been occasions when staff shortages resulted in delayed medication administration. However the consumer’s general practitioner has specified the time medication is to be administered and the service aims to comply with these directives. The approved provider states that since the site audit, medication has been consistently administered on time for this consumer.

I accept the arguments submitted by the approved provider in relation to this requirement. I also note the Assessment Team report finding that three other consumers and one consumer representative expressed satisfaction that consumers could exercise choice and make decisions regarding their care and services, while being supported to maintain relationships that are important to them. Accordingly, I am satisfied the service complies with this requirement.

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Quality Standard is assessed as non-compliant as four of the five specific requirements have been assessed as non-compliant. My reasons and findings are explained under each requirement.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found the service did not demonstrate assessment and planning adequately considered risks to sampled consumers or informed the delivery of safe and effective care and services. Risk assessments have not been completed for two consumers who refuse care interventions. In addition, documentation was inaccurate and did not adequately reflect the pain and wound management care needs of one consumer upon their admission to the service.

In their response to the Assessment Team report, in relation to the two consumers who did not have risk assessments, the approved provider accepts formal dignity of risk forms were not completed. However, the approved provider states risk assessments were completed and discussion regarding risks are documented in care planning documentation for both consumers, with supporting documentary evidence provided. I have reviewed each consumer’s care planning documentation submitted by the approved provider and I find that acceptable risk assessments are now documented for the two sampled consumers.

In relation to documentation deficiencies for one consumer upon their entry to the service, the approved provider submits that this consumer had the majority of the care plan completed on the day of their admission (the day before the site audit commenced), and that in accordance with the service’s processes, a full clinical assessment has now been completed. The service also acknowledged that wound charting should have commenced on the same day as the wound was detected, however the short delay in wound charting did not impact on the consumer’s care. I also note that neither the Assessment Team report, nor the approved provider’s response addresses whether the pain experienced by this consumer has resolved.

I accept the evidence submitted by the approved provider in relation to assessment and planning deficits identified by the Assessment Team. I accept that these deficits have now been rectified. Accordingly, I conclude that the service complies with this 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 identified outdated or conflicting care information for two sampled consumers and that information was not updated in a timely manner to reflect current care needs. For a palliating consumer, there were no specific strategies documented about how to best treat the consumer’s ongoing pain which was not being charted or managed effectively. In addition, the behaviour assessment and support plan for another consumer did not contain accurate behaviour management strategies.

In their response to the Assessment Team report, in relation to the palliating consumer experiencing ongoing pain, the approved provider submits it has administered pain medication in accordance with directions from the consumer’s general practitioner and that the service was in regular contact with this consumer’s general practitioner as demonstrated by progress note documentation attached with the submission. I have reviewed this documentation which demonstrates the consumer was seen by their general practitioner once on 2 August 2022, prior to the consumer’s cancer diagnosis. This single instance is not regular contact as asserted in the approved provider’s response. The approved provider also submits that since the site audit, the service continues to liaise closely with the consumer’s general practitioner and the hospice team who continue to adjust pain medication as required. I note that no evidence has been submitted to support this claim, and as such, there is no evidence before me that this consumer’s ongoing pain is being effectively documented and managed.

In relation to the consumer whose support plan did not contain accurate behaviour management strategies, the approved provider submits the consumer’s care documentation has since been updated. I have reviewed the documents submitted and accept updates have been made. The approved provider also submits that all advance care directives have now been reviewed.

I have considered the approved provider’s response and find it does not displace the findings of the Assessment Team in relation to inadequate identification of and planning for the current needs of a palliating consumer experiencing ongoing pain. Accordingly, I find the service is non‑compliant with this 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 assessment and planning did not always involve and align with the consumer and/or their representative’s expectations. Three consumers and/or their representatives expressed dissatisfaction with the communication regarding changing care needs. Two consumer representatives could not recall being part of a formal care plan consultation. Four consumers and/or their representatives expressed overall dissatisfaction in the communication from the service to keep them updated with changes to care needs, including a consumer who had recently entered the service. In addition, for a palliating consumer experiencing ongoing pain, the Assessment Team found planning did not always involve ongoing partnership with the consumer and input from external service providers.

In their response to the Assessment Team report, the approved provider submits that in relation to a consumer who had recently been admitted to the service, while they acknowledge the concerns of the consumer and their representative, it is not standard practice to be reviewed by a general practitioner immediately upon entering the service. Had urgent medical attention been required this would have been arranged. I accept this argument and also note that this consumer had been in hospital immediately prior to entering the service. In relation to two other consumers identified in the Assessment Team report, the approved provider submits these consumers were the subject of resident of the day reviews most recently on 11 May 2022 and 30 May 2022 respectively. I accept this argument.

I have considered the approved provider’s response, however I find it does not displace the findings of the Assessment Team in relation to a palliating consumer experiencing ongoing pain as there is no evidence before me that assessment planning was based on an ongoing partnership with both the consumer and others involved in their care. The service failed to arrange the urgent medical attention required by this consumer. Accordingly, I find the service is non‑compliant with this requirement.

### Requirement 2(3)(d) Non-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.*

The Assessment Team found the service did not demonstrate the outcomes of assessment and planning are consistently communicated in a care and services plan that is readily available to the consumer. Two consumers and/or their representatives expressed dissatisfaction with communication regarding outcomes of assessment and planning.

In their response to the Assessment Team report, the approved provider states all consumers and their families will be reminded they can request copies of care plans. The approved provider also submits there is insufficient context regarding one of the sampled consumers for them to be able to comment and the other consumer has recently been reviewed as part of a resident of the day process.

I have analysed the Assessment Team report in relation to these two sampled consumers and while I am cognisant of the approved provider’s response, I find assessors have clearly demonstrated a lack of effective communication in regards to the ongoing care of these two sampled consumers in relation to the service following up referrals with allied health providers. Accordingly, I find the service is non‑compliant with this requirement.

### 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 did not demonstrate that care and services are reviewed regularly or when circumstances changed for three sampled consumers. Reassessment of depression for two consumers with low mood did not occur, and for another consumer reassessment of pain management and palliative care needs following a terminal cancer diagnosis did not occur resulting in significant ongoing pain.

In their response to the Assessment Team report, the approved provider submits that updated assessments have now been completed in relation to the two consumers with low mood. In relation to the palliating consumer, the approved provider acknowledges there was no formalised pain charting for a four-day period after pain medication was increased, however the provider states the consumer did not complain of pain and asserts that appropriate pain monitoring has subsequently occurred.

I have considered the arguments put forward by the approved provider, however I place great weight on information provided by one consumer whereby delays in review and assessment of their care resulted in them experiencing significant ongoing pain. Accordingly, I find the service is non‑compliant with this requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as non-compliant as five of the seven specific requirements have been assessed as non-compliant. My reasons and findings are explained under each requirement.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found not all consumers receive safe and effective clinical care. Significant gaps were identified in pain management for a palliating consumer who verbally reported ongoing pain and exhibited non-verbal signs of pain to assessors.

A Notice to Agree (the Notice) was issued to the approved provider on 26 August 2022. The Notice advised the service has not complied with its responsibilities under:

* section 54-1(1)(d) of the *Aged Care Act 1997* to comply with the Aged Care Quality Standards set out in Schedule 2 to the *Quality of Care Principles 2014*.

The Notice documents the following deficits in relation to this requirement:

* ‘the failures of staff to ensure care recipients are receiving safe and effective personal and clinical care in areas of pain management and medication management’.

In its written response to the Notice the approved provider agrees to a number of actions, including:

* Appointing an eligible advisor to assist it to comply with its responsibilities in relation to care and services for a period of three months.
* Provision of training for all employees in palliative care, pain management, medication management and clinical governance of these areas.

In its response to the Assessment Team report, the approved provider acknowledges there was no formalised pain charting for a four-day period after pain medication was increased for the palliating consumer. However, the provider states the consumer did not complain of pain and asserts that appropriate pain monitoring has subsequently occurred. The provider also acknowledged pain charting omissions were identified in periodic audits of pain charting prior to the site audit and the service had proactively included this in an updated staff education program.

I have considered the information and risks posed to consumers as outlined in the Notice and arguments put forward by the approved provider. I am cognisant that despite previously identifying deficiencies in pain charting, charting the effectiveness of pain medication was not sufficiently embedded in practice to prevent a palliating consumer from experiencing ongoing pain. Accordingly, I find the service is non‑compliant with this requirement.

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

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

The Assessment Team found the service did not demonstrate effective management of high impact or high prevalence consumer risks including diabetes care and making a timely referral following ongoing weight loss. In addition, documentation gaps were identified in wound management and behaviour support management.

In its response to the Assessment Team report, the approved provider acknowledged errors or gaps in sampled consumer care documents. The approved provider also acknowledged that a dietician referral could have been followed up more promptly. The service demonstrated it has made significant improvements to diabetes management procedures since the site audit.

I have considered the arguments put forward by the Assessment Team and approved provider and accept that there were gaps and errors in documentation. However, there is no evidence before me that any of these errors or omissions in documentation adversely impacted consumer care as there is no evidence of wound deterioration, inadequate behaviour support or inadequate diabetes care. Accordingly, I find the service complies with this requirement.

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

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

The Assessment Team found the service did not demonstrate it recognised or addressed the comfort and needs of one palliating consumer, significantly impacting their quality of life. Delays in monitoring and reviewing pain management and obtaining a palliative care assessment resulted in the consumer experiencing significant ongoing pain and distress.

In its response to the Assessment Team report, the approved provider referenced submissions made earlier in its response in relation to this consumer and further submitted it persistently followed up on the progress of referrals with allied health professionals. The approved provider also submitted staff training regarding recognising pain and evaluating the effectiveness of pain relief will be provided.

I acknowledge these arguments from the approved provider, however I find that one consumer experienced significant and ongoing pain while palliating in the service’s care. Accordingly, I find the service is non‑compliant with this requirement.

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

One consumer with a recent history of heart attacks, experienced a 12-hour delay in receiving medical intervention after the onset of cardiac symptoms which were later confirmed as a heart attack.

In its response to the Assessment Team report, the approved provider acknowledged the consumer’s clinical deterioration was not managed in a timely manner and that they should have been transferred to hospital at the first definitive sign of chest and arm pain. The approved provider recognises the seriousness of this error and has counselled staff involved and provided staff training.

While I acknowledge the remedial action taken by the service in counselling and training staff, this is an example of serious clinical error which has the potential to cause severe harm or death. Accordingly, I find the service is non‑compliant with this requirement.

### Requirement 3(3)(e) Non-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.*

The Assessment Team found the service did not demonstrate that all information about a consumer’s condition, needs and preferences are documented or communicated within the organisation. The details of one consumer’s stage 3 pressure injury were not adequately documented to inform appropriate care.

In their response to the Assessment Team report, the approved provider acknowledged documentation gaps, and also acknowledged that wound charting should have commenced on the same day as the wound was detected.

While I am cognisant there is no evidence before me that these errors in documentation impacted consumer care, the lack of accurate documentation and charting in relation to a consumer’s stage 3 pressure injury has the potential to cause serious harm. Accordingly, I find the service is non‑compliant with this requirement.

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

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

The Assessment Team found the service did not demonstrate timely and appropriate referrals had occurred for consumers in relation to pain management and weight loss.

In its response to the Assessment Team report, the approved provider states it contacted the hospice team promptly and acknowledged that a referral to a dietician should have been followed up more promptly.

I have considered the arguments put forward by the provider, and while I find there is room for improvement in the service following up referrals, there is insufficient evidence before me to form the view that the service does make timely referrals. Accordingly, I find the service complies with this requirement.

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found the service did not demonstrate minimisation of infection-related risks. The service’s outbreak management plan did not contain sufficient detail to guide staff in the event of an outbreak. During the site audit the Assessment Team observed staff continually readjusting and touching the front of their face masks and not then performing hand hygiene. The Assessment Team also made multiple observations of staff pulling face masks down when talking to each other in nurses’ stations and staff rooms, and staff wearing face masks under their chin while on breaks.

In its response to the Assessment Team report, the approved provider submits that the service meets this requirement and also details a number of actions taken or planned since the site audit, including arranging for a comprehensive review of the service’s outbreak management plan by an external infection control consultant, and staff education in the use of personal protective equipment.

While I recognise the remedial action taken by the service in relation to this requirement, there is no evidence before me that deficiencies in the outbreak management plan have been addressed or that safe use of personal protective equipment by staff has been embedded into everyday practice to prevent and control infections. Accordingly, I find the service is non‑compliant with this requirement.

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Most sampled consumers expressed satisfaction with the supports provided to meet their needs, goals and preferences, and that timely and appropriate referrals to external service providers are made. Staff demonstrated an understanding of consumer interests and lifestyle preferences. Sampled consumer lifestyle care plans were up-to-date and reflected current lifestyle needs and preferences. The Assessment Team observed a range of equipment used by clinical and lifestyle staff, and noted equipment was clean, suitable, and well maintained.

However, some sampled consumers stated that the service was not effectively caring for their emotional, spiritual and psychological well-being, or providing services and supports for daily living. Three sampled consumers expressed dissatisfaction with meals.

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

## Assessment of Standard 4 Requirements

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

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

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

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

The Assessment Team found that some sampled consumers considered that the service is not effectively caring for their emotional, spiritual and psychological well‑being. Consumers indicated that due to visitor restrictions coupled with a lack of lifestyle staff, there has been a significant reduction in individual and group activities to support their interests and general well-being. Several consumers said that weekly religious programs on free to air television were their only opportunity to participate in spiritual care and worship.

In their response to the Assessment Team report, the approved provider submits that the service has experienced a number of COVID-19 outbreaks with consequent restrictions and social distancing impacting regular activities. While activities may have been limited, the service continued to offer one-on-one activities, activities outside the service were facilitated and video conferencing with family and friends was encouraged. The approved provider submitted an activity calendar for September and October to demonstrate the activities now on offer at the service. In relation to spiritual care, the approved provider states that during periods of restriction, consumers were able to access spiritual services through other means and that religious services have now returned to the service.

I accept the evidence submitted by the approved provider in relation to deficits identified by the Assessment Team. Based on the approved provider’s response, while noting there are no activities over the weekend, I am satisfied regular activities including religious services have resumed at the service. Accordingly, I am satisfied the service complies with this requirement.

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

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

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

The Assessment Team found that sampled consumers are not currently supported by the service to participate in regular recreational activities, which has adversely impacted their well-being. According to sampled consumers and staff, current visitor restrictions imposed by the service have resulted in the suspension of the usual activity schedule. Activities such as bingo, happy hour, library visits and concerts have been suspended until further notice. Religious services and individual pastoral care have also been postponed indefinitely due to current visitor restrictions imposed by the service.

In their response to the Assessment Team report, the approved provider submits that activities have now been reinstated following the resolution of the most recent outbreak and reduction in risk in the local community, and while pausing some portions of the lifestyle program is not ideal, this pause was necessary due to health orders.

I accept the evidence submitted by the approved provider in relation to deficits identified by the Assessment Team. Based on the approved provider’s response, while noting there are no activities over the weekend, I am satisfied services and supports for daily living have resumed at the service. Accordingly, I am satisfied the service complies with this 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.*

The Assessment Team found most consumers said they have access to timely and appropriate referrals to external service providers. However, the service did not action a dietitian referral in a timely manner for one consumer who experienced ongoing weight loss and referrals to re-assess depression for two consumers experiencing low mood were not actioned.

In their response to the Assessment Team report, the approved provider submits that a referral was made to a dietician and that one of the sampled consumers does not experience low mood and the other has had their depressive illness managed by their general practitioner for a lengthy period.

I place great weight on the Assessment Team’s finding that most consumers are satisfied they have access to timely and appropriate referrals, and find the deficits identified by the Assessment Team to be very minor when considering the requirement as a whole. Accordingly, I am satisfied the service complies with this requirement.

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

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

The Assessment Team found some sampled consumers expressed dissatisfaction with meals at the service, indicating meals lacked flavour, were not well‑presented, were too small and were unappetising.

In their response to the Assessment Team report, the approved provider submits the Assessment Team have given unreasonable weight to the opinions of a handful of consumers. I agree with this submission. The approved provider’s response also demonstrated the service has gone to considerable lengths to provide satisfactory meal options for two sampled consumers and that all consumers have the option to order additional food from a mini menu should they be hungry or unhappy with the meals offered. Accordingly, I am satisfied the service complies with this 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

Most sampled consumers stated that the service environment was welcoming and homely. Consumers and their representatives said that despite the age of the service, the service is safe, clean and well maintained. Most consumers expressed satisfaction with the cleanliness and safety of equipment at the service.

Maintenance documentation indicated that cyclical maintenance and cleaning schedules are in place, as well as reactive maintenance and cleaning. The Assessment Team observed that the circular design of the service allows for easy navigation by consumers, staff and visitors. However, en suite bathrooms and corridors are narrow which is potentially challenging for consumers who use mobility aids.

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

## 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

While some consumers are dissatisfied with complaint resolution outcomes, consumers and representatives said they know how to provide feedback and make complaints. They said staff are responsive to any concerns they raise and assist consumers to complete complaint forms. The service provides information on advocacy services and external complaint organisations through admission pack information, the consumer handbook and a display of pamphlets and information is available at the front entrance of the service. The service demonstrated that feedback and complaints are reviewed and used to inform continuous improvement.

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

## 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 consumers and their representatives consistently said the service does not take adequate action to resolve complaints. A review of the service’s complaints register revealed feedback forms received held little information on the investigation of the complaint and only one feedback form in the past three months indicated an apology was provided. Staff did not demonstrate an understanding of the principles of open disclosure. Management acknowledged current feedback forms had not been actioned and escalated appropriately.

In its response to the Assessment Team report, the approved provider submits that the complaints referenced by the Assessment Team are historical and have been resolved. Documentary evidence is provided to support this claim. The approved provider further submits that while consumer satisfaction is always the desired outcome, it is not always possible and this does not necessarily equate to a breakdown in the complaints process. In relation to unactioned feedback forms, all forms were included on the register prior to assessors completing the site audit.

In relation to open disclosure, the approved provider has confirmed open disclosure training is mandatory and are therefore unsure why staff were not aware of this terminology. The provider states that no specific examples of when open disclosure was not practised are provided and therefore a finding that open disclosure is not practised is unsubstantiated.

While noting some deficits in relation to how complaints and complaint outcomes are recorded, I accept the arguments put forward by the approved provider. I have reviewed the supporting documentary evidence which demonstrates historical complaints have been resolved to the greatest extent possible by the service. I find that there is insufficient evidence to support a finding that open disclosure does not occur. Accordingly, I am satisfied the service complies with this requirement.

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

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

The Assessment Team found consumers and their representatives were not aware of any improvements to services following their complaints and feedback. The Assessment Team reviewed the service’s plan for continuous improvement and found it did not reflect individual consumer feedback informing any improvements to care and services. In addition, staff were unable to describe any examples of improvements within the service being made following consumer feedback.

In its response to the Assessment Team report, the approved provider submits improvements are regularly made however these could be better communicated in future. The approved provider also submits that while staff may recognise improvements, they may not be aware that these improvements have resulted from specific complaints, and that this lack of staff knowledge is not evidence of non‑compliance with this requirement. In addition, the service continues to make improvements to the evening meal service in response to previous consumer feedback. The approved provider acknowledges the service’s plan for continuous improvement does not reflect individual feedback. The new facility manager has rectified this by updating the plan.

While I note there are gaps in the service’s performance in relation to this requirement, having reviewed the specific consumer examples presented by the Assessment Team, and documents submitted by the approved provider in response to those specific complaints, I find the service has used consumer feedback and complaints to improve the quality of care and services. Accordingly, I am satisfied the service complies with this requirement.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Sampled consumers provided positive feedback regarding staff being kind, caring and understanding what is important to them. Some consumers spoke of individual staff members who go the ‘extra mile’ when providing care and spending time with consumers. The organisation has a schedule for all staff to complete bi-annual performance reviews and sampled staff provided positive feedback on their involvement in performance appraisals. However, the service does not have a competent workforce that enables the delivery of safe care and services and outcomes required by these standards.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 some consumers said staff are generally meeting their personal care needs at their preferred time, however the majority of sampled consumers said they have to wait long periods for staff to respond to their call bells. Staff generally provided feedback that there are sufficient staffing levels. Lifestyle staff rosters reflect a number of vacancies which limits the provision of consumer activities, with no weekend activities available. The Assessment Team reviewed a rotating two week roster and found a total of 15 enrolled nurse shifts were vacant, 10 lifestyle shifts were vacant and a number of personal care staff shifts were unfilled. The Assessment Team also found deficits in the availability of registered nurses to supervise enrolled nurses, especially after hours.

In its response to the Assessment Team report, the approved provider acknowledges that staffing has not been optimal given the pressure caused by the pandemic. The approved provider submits the average call bell response time is 3-5 minutes (within the service’s benchmark), there is adequate registered nurse oversight and there is always access to a registered nurse. The approved provider contends the while the Assessment Team noted unfilled shifts on the roster, there is no evidence the roster is not *planned* or that these absences have impacted consumer care.

Whilst acknowledging staffing pressures arising from the pandemic, the evidence provided by the Assessment Team under this requirement and under Standard 2 and Standard 3 demonstrates that a lack of clinical staff/clinical oversight has negatively impacted on the health and well-being of consumers at the service. Accordingly, I find the service is non‑compliant with this 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) Non-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 that members of the workforce are required to have appropriate qualifications for their designated roles and responsibilities. However, the Assessment Team found deficits in the assessment, care planning and provision of safe and quality care for a number of sampled consumers.

In their response to the Assessment Team report, the approved provider states they require a Certificate III in Aged Care for all personal care staff to ensure they are adequately skilled to undertake their role. In response to the Notice, the approved provider has agreed to provide training for all employees in palliative care, pain management, medication management and clinical governance of these areas.

While I acknowledge that staff may have appropriate qualifications, based on the extensive non-compliance found in Standard 2 and Standard 3, I am unable to find that the service’s workforce is fully competent as there have been serious impacts on the health and well-being of consumers at the service. Accordingly, I find the service is non‑compliant with this requirement.

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

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

The Assessment Team found the service is supported by the organisation’s human resources and training departments to recruit, and provide onboarding and induction processes. The organisation provides an electronic training platform for all staff to engage and complete training modules. The service demonstrated staff had completed or were supported to complete mandatory training modules and education sessions related to the Quality Standards, open disclosure, the Serious Incident Response Scheme and restrictive practices. However, specific training modules for clinical staff reflected a low completion rate and many of the clinical modules had not been completed by any staff. Modules on medication management, palliative care and recognising end of life had very low completion rates. Some staff said they had not been able to access the online training program and were frustrated that there was no one to assist them to reset their access.

In its response to the Assessment Team report, the approved provider accepts that mandatory and optional training has not been completed by enough staff at this stage of the year, however they had already recognised this issue and appointed a clinical educator in August who has improved the training regime. In response to the Notice, the approved provider has agreed to provide training for all employees in palliative care, pain management, medication management and clinical governance of these areas. The approved provider further submits the education year is not complete and as the end of the year approaches, line managers will ensure training is completed within the required timeframes.

While acknowledging the approved provider’s response, I am satisfied that the evidence provided by the Assessment Team demonstrates that staff have not received sufficient training and support to manage pain medication, to recognise deterioration in consumer condition, and to maintain accurate clinical records. I do not find that the approved provider’s response changes the weight of information provided by the Assessment Team. Accordingly, I find the service is non‑compliant with this requirement.

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers are engaged in the evaluation and development of care and services and the organisation has a governing body that is informed of the risks and performance of each residential service. The governing body, including organisational management is accountable and promotes a culture of safe, inclusive and quality care and services. However, the service did not demonstrate effective risk management, clinical governance, or governance systems relating to information management and workforce governance.

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

## 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.*

The Assessment Team found the service did not demonstrate that it consults with consumers, nor seeks to engage consumer representation at organisational level committees and meetings. Consumer and representative feedback indicated the service does not generally involve them in formal care plan consultations regarding their individualised care. All sampled consumers said they were aware of bi-monthly resident meetings, and most stated meetings have been cancelled due to ongoing restrictions on social gatherings due to the pandemic. The service has held only two resident meetings in 2022. Management said the organisation does not have consumer representatives on any committees or interview panels, nor are consumers invited to participate in service development forums.

In their response to the Assessment Team report, the approved provider submits individual resident of the day meetings occur every three months and consumers and their representatives may not recognise this process as they may feel it is informal. The approved provider submits that feedback forms are available throughout the home and that they engaged a dietician to review the menu based on consumer feedback. The approved provider states they are working towards the establishment of a consumer representative committee, noting this is not currently mandatory. In addition, regular resident meetings have resumed and the service will now provide a video conferencing link. Finally, the approved provider highlights that Requirement 6(3)(a), that consumers and others are encouraged and supported to provide feedback and make complaints, has been assessed as compliant.

Having considered all of the evidence before me, based on the arguments put forward by the approved provider summarised above, the evidence put forward by the approved provider outweighs the evidence from the Assessment Team report. I find the service supports consumers to provide input into care and services. Accordingly, I find the service complies with this requirement.

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

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

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

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

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

The Assessment Team found the organisation has governance systems in place to oversee financial governance, information management and regulatory compliance. However, feedback and complaints processes were not effective in resolving complaints to the satisfaction of consumers and representatives. I note that I have formed a different view in relation to complaints, finding the service complies with all requirements in Standard 6.

The Assessment Team found deficits in the monitoring and provision of training for staff as documented in Requirement 7(3)(d). The inability of staff to meet consumer care needs are documented in Requirement 7(3)(a), and not all consumers are being provided with safe and effective clinical care as documented in Requirement 3(3)(a) and Requirement 7(3)(c).

In their response to the Assessment Team report, the approved provider submits they have effective governance systems in relation to continuous improvement, workforce governance and feedback and complaints.

However, I consider that findings of non‑compliance in Standard 3 and Standard 7 demonstrate deficits in workforce governance, namely that the organisation does not support and develop its workforce to deliver safe and quality care and services. Therefore, I find the organisation does not have effective workforce governance. Accordingly, I find the service is non‑compliant with this 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.*

The Assessment Team identified deficits for one sampled consumer in relation to providing effective pain management and for another consumer experiencing a heart attack.

In their response to the Assessment Team report, the approved provider disagrees with the Assessment Team’s findings, reiterating that the service’s clinical care is effective and that a resident of the day process is in place. In addition, the approved provider submits there is no evidence that the service’s systems have contributed to specific issues.

I consider that organisations are required to escalate risks to allied health professionals and other medical officers and specialists to ensure the well-being of consumers. Based on the information before me, I am not satisfied that a palliating consumer and a consumer with a history of heart attacks were supported to live the best life they can. Risks associated with their care have not been well-managed. While these two instances are of great concern, there is no evidence before me that there are systemic deficits in risk management systems at the service. Accordingly, I find the service is compliant with this requirement.

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

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

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

The Assessment Team found the service has a clinical governance framework in place to monitor antimicrobial use and the organisation has policies on open disclosure and minimising the use of restraint. However, the Assessment Team found in relation to one consumer, the service did not demonstrate appropriate understanding and application of chemical restraint.

In their response to the Assessment Team report, the approved provider disagrees with the Assessment Team’s reasoning, stating the sampled consumer is not chemically restrained, and even if they were, one instance is insufficient to be found non-compliant with this requirement. I accept this argument. The approved provider also relies on earlier arguments provided in relation to Standard 6 and Standard 7.

While noting with concern the deficits in the clinical care provided to two sampled consumers, there is no evidence before me of systemic deficits in clinical governance at the service. Accordingly, I find the service is compliant with this 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.

* Ensure care planning documentation is up-to-date and accurately reflects the current needs and preferences of consumers.
* When necessary, ensure urgent medical attention is arranged for consumers.
* Ensure adequate review processes exist outside of resident of the day reviews to capture the changing circumstances of consumers.
* Improve pain management and monitoring practices, with specific focus on end of life care.
* Provide staff training in recognising and responding to heart attacks.
* Improve wound management practices, including documentation practices, to ensure appropriate wound treatment commences immediately upon identification of a wound.
* Complete the review of the service’s Outbreak Management Plan and make updates accordingly.
* Embed safe staff hand hygiene practices and personal protective equipment use into everyday practice.
* Ensure staff have sufficient clinical knowledge or clinical oversight to deliver safe and effective consumer care.