Performance

Report

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| Name of service: | Lachlan Lodge |
| Service address: | 48D Burns Street HILLSTON NSW 2675 |
| Commission ID: | 0328 |
| Approved provider: | Lachlan Lodge Inc |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 24 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Lachlan Lodge (**the service**) has been prepared by E Woodley delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* the provider’s response to the assessment team’s report received 17 March 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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.

Requirement 2(3)(a) – The approved provider must demonstrate assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services. This includes comprehensive assessment and planning for new admissions to identify and plan for any risks associated with their care. Consumers who require them have individualised behaviour support plans in place, in line with legislative requirements.

Requirement 2(3)(b) – The approved provider must demonstrate assessment and planning consistently identifies and addresses the needs, goals and preferences of consumers. The service has qualified staff to assess and plan consumer care and services and effectively guide the delivery of care.

Requirement 2(3)(d) – The approved provider must demonstrate the outcomes of assessment and planning are effectively communicated and documented in a care and services plan that is readily available to the consumer, and where care is provided. Consumer care plans include sufficient information to guide staff in the delivery of safe and effective care to meet consumer needs, goals and preferences, and staff have easy access to these documented plans. Consumers and relevant representatives are aware they can access consumer care plans.

Requirement 2(3)(e) – The approved provider must demonstrate care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer. Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.

* Requirement 3(3)(b) – The approved provider must demonstrate the high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. Interventions to minimise high impact and high prevalence risks are effectively implemented and reviewed for effectiveness.
* Requirement 3(3)(e) – The approved provider must demonstrate information about the consumer’s condition, needs and preferences is documented effectively to ensure it is communicated to staff and others responsible for the consumer’s care. Staff are trained to effectively use the service’s information and care planning systems.

Requirement 3(3)(g) – The approved provider must demonstrate the service has implemented practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. Standard and transmission based precautions to prevent and control infection are effectively implemented at the service. The service has systems to monitor infections, antibiotic use, and vaccinations. The service has processes and documentation in place to guide staff in the event of an infectious outbreak.

Requirement 4(3)(f) – The approved provider must demonstrate consumers find the meals provided at the service of suitable variety, quality and quantity. Consumer feedback is involved in the development and review of the service’s menu.

* Requirement 6(3)(d) – The approved provider must demonstrate feedback and complaints are effectively reviewed, analysed, and used to improve the quality of care and services. The service has effective complaints management and continuous improvement systems to guide improvements to care and services.

Requirement 7(3)(c) – The approved provider must demonstrate staff are competent and have the knowledge and oversight required to effectively perform their roles. This includes regarding medication administration, open disclosure, care assessment and planning, antimicrobial stewardship, incident management and the serious incident response scheme, and management of high impact and high prevalence risks.

Requirement 7(3)(d) – The approved provider must demonstrate staff are trained and supported to deliver the outcomes required by the Quality Standards. The service has processes in place to identify and address the ongoing training needs of staff.

Requirement 8(3)(a) – The approved provider must demonstrate consumers are actively engaged and supported in the development, delivery and evaluation of care and services. Consumer feedback influences the development, delivery and evaluation of care and services, across the service and organisation.

Requirement 8(3)(c) – The approved provider must demonstrate the organisation wide governance systems implemented at the service are effective. This includes in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.

Requirement 8(3)(d) – The approved provider must demonstrate risk management systems are consistently effective in identifying and managing high impact or high prevalence risks associated with the care of consumers, responding to abuse and neglect of consumers, and supporting consumers to live their best life. The service has an incident management system and incidents are investigated to prevent reoccurrence.

Requirement 8(3)(e) – The approved provider must demonstrate the clinical governance framework implemented at the service is effective in ensuring the minimisation of restrictive practices, and compliance with clinical oversight and legislative requirements. The service’s governance systems are effective in providing guidance and ensuring staff practice is in line with the principles of antimicrobial stewardship and open disclosure.

The service has implemented all continuous improvement actions identified in their response to the Site Audit report.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

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

Consumers interviewed by the Assessment Team considered they are treated with respect and kindness, and their dignity is maintained and valued. Consumers and representatives provided feedback that consumers are supported to make connections with others and maintain relationships of importance to them. Consumers interviewed said they are supported to do things of interest to them and undertake activities that may involve some risk in order to live the best life they can. The service demonstrated care and services provided are culturally safe, and consumers interviewed expressed satisfaction with the care they receive.

Consumers said staff keep them updated about what is happening in the service and representatives said the service communicates with them verbally when they come in, or through emails and phone calls. The activity calendar and menu are displayed on noticeboards throughout the service and staff also discuss this information with consumers. The approved provider’s response to the Site Audit report also identifies further strategies implemented to ensure the provision of accurate and timely information for consumers to exercise choice. Considering the consumer and representative feedback, examples provided by the Assessment Team, and the approved provider’s response, I consider that the service demonstrated information is provided to consumers that is generally current, accurate, timely and easy to understand.

Staff were observed by the Assessment Team interacting with consumers in a respectful manner, including knocking before entering consumer’s rooms, and privacy was maintained when undertaking personal care delivery. The service has effective processes to ensure consumer personal information is kept confidential.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Non-compliant |
| Requirement 2(3)(b) | 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. | Non-compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Non-compliant |
| Requirement 2(3)(e) | 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. | Non-compliant |

Findings

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

The Assessment Team found that assessment and planning did not consistently consider risks to consumer’s health and well-being, including on entry to the service, and assessment and planning did not identify and address consumer’s current needs goals and preferences. For one consumer who had recently entered the service, the Assessment Team found they did not have care plan in place, or assessment of any risks associated with their care. For another consumer who is prescribed antipsychotic medication to manage their behaviour, the Assessment Team found they did not have a behaviour support plan (BSP) to guide staff in identifying triggers for behaviours, effective interventions, or document the frequency of behaviours. One consumer who lives with diabetes did not have a current diabetic management plan to inform the effective management of this. During the Site Audit, the service did not have a registered nurse or other qualified staff to assess and plan consumer care and services and effectively guide the delivery of care.

The approved provider’s response identifies some planned action to improve the care assessment and planning for consumers, including consideration of risks. This includes the completion and review of BSPs, the development of diabetes management plans, and regular case conferences with improved documentation of these discussions. The approved provider’s response identifies that since the Site Audit, the service has engaged a registered nurse to work remotely to support consumer care assessment and planning, case conferences, incident management, and clinical oversight. Recruitment processes will continue to attempt to recruit further onsite registered nursing staff.

The Assessment Team found there was no documentation to guide staff practice in the implementation and management of advance care plans, and palliative care plans were not consistently completed or updated as required. The approved provider’s response identifies advanced care planning guidance available for staff, and that advanced care planning documentation will be included in admission information for all new consumers, with regular and as required review intervals. The service plans to maintain a register of advanced care plans, including those who have declined to have one completed to allow for effective monitoring.

I am satisfied the action identified in the approved provider’s response will ensure assessment and planning identifies and addresses advance care planning and end of life planning if the consumer wishes. However, the service has not demonstrated effective processes in place to ensure 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, and addresses consumer’s current needs, goals and preferences.

The Assessment Team found that care and services were not reviewed for effectiveness on a regular basis, when circumstances change, or where incidents impact on consumer’s care. Several consumer’s care plans had not been reviewed since 2021. For one consumer, their care plan had not been updated following the passing of a family member over six months prior to the Site Audit that has impacted on care and service delivery, and their well-being. For two consumers, the Assessment Team did not find evidence of review of care and services following falls where they sustained an injury or were transferred to hospital. The service did not demonstrate incidents are routinely investigated to determine effective review of care and services, and strategies to mitigate risk and ensure consumer’s safety.

The approved provider’s response identifies planned action to improve review of consumer care and services, and incident management. This includes the development of an incident register, staff education, analysis of clinical indicators, and audits. Care plan reviews will be completed by a registered nurse or other suitable person in consultation with the consumer and their representative on a regular basis, with alerts to ensure this is completed within timeframe.

While the service has identified planned improvements, these require further monitoring to demonstrate effectiveness in ensuring review of consumer care and services on a regular basis, and as required.

Feedback from consumers and representatives interviewed by the Assessment Team was that they are notified when changes occur in their care and services. Some consumers and representatives said they had attended a case conference and were offered a copy of their care. However, most consumers and representatives did not recall discussing or receiving a copy of their plan. The Assessment Team found various information including care plans and interventions were being documented and circulated to staff inconsistently and not in line with the service’s expectations. Information was not consistently entered into the electronic care planning system at the service to ensure the outcomes of assessment and planning were effectively documented and communicated where care and services are provided.

The approved provider’s response identifies planned action to ensure care plans will be updated in consultation with the consumer and their representative on a regular basis. The approved provider’s response identifies that staff will be educated on the use of the electronic care planning system and a flow chart will be developed to assist with use.

The approved provider’s response identifies action to ensure the outcomes of assessment and planning are effectively communicated to the consumer and representative, however not specifically how they will ensure care plans are readily available to the consumer. The planned improvements to ensure the outcomes of assessment and planning are effectively communicated and documented in a care plan that is available where care and services are provided require further monitoring to determine effectiveness.

I find the following Requirements are non-compliant:

* Requirement 2(3)(a)
* Requirement 2(3)(b)
* Requirement 2(3)(d)
* Requirement 2(3)(e)

The Assessment Team found the service did not demonstrate an effective process to involve consumers and representatives in the assessment and planning of consumer care and services. Feedback from consumers and representatives interviewed by the Assessment Team indicated that they were satisfied with their care, and regularly talked to staff about their care and services. However, not all consumers and representatives could recall if they had been involved in formal care planning activities or review. Review of consumer files indicated while some consumers and their representatives had been involved in a comprehensive care review and assessment with a registered nurse, most had not as the service did not have an employed registered nurse during the Site Audit. However, care staff regularly complete a consumer of the day assessment with consumers, and consumers confirmed other providers or care and services are involved in their care and care planning.

The approved provider’s response identifies action planned to improve the partnership with consumers and representatives in their care planning. This includes scheduled meetings and regular case conferences with consumers, representatives and others, with improved documentation of these discussions.

While there were gaps in the review of consumer care and services, and registered nurse assessment and review, I have considered this in my assessment of Requirement 2(3)(a) and Requirement 2(3)(e). Overall, consumers and representatives felt involved in care assessment and planning and did not raise any concerns with their involvement. The approved provider’s response identifies planned action to further this partnership with consumers and representatives. The service, overall, demonstrated assessment and planning includes other organisations and providers of care and services.

I find the following Requirement is compliant:

* Requirement 2(3)(c)

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Non-compliant |

Findings

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

The Assessment Team found the service did not demonstrate the effective assessment and management of high impact and high prevalence risks associated with consumer’s care. One consumer had lost weight and was recommended by the dietician to be commenced on a food chart. However, this had not occurred, and the consumer has continued to lose weight. While a further review by the dietitian is scheduled, the timeframe had not been reconsidered despite ongoing weight loss. Observations by the Assessment Team identified gaps in the management of this consumer’s nutrition and weight. This consumer did not have a diabetes management directive and the monitoring of their blood glucose levels (BGL) was inconsistently completed with conflicting information about the requirement for BGL monitoring. The Assessment Team identified one consumer’s risk of falls was not assessed despite previous falls and risks associated with mobility. However, for another consumer, the Assessment Team found risk of falls had been assessed and interventions to reduce the risk of further falls and injury were implemented.

The approved provider’s response identifies planned action to improve the management of high impact and high prevalence risks. This includes the development of diabetes management plans, staff education, ongoing consultation with specialist services to manage specific risks for consumers, improved weight management in line with the service’s policies, assessment of all consumers for risk of falls, and post-fall assessment and monitoring per the service’s procedures.

The service did not demonstrate the effective management of high impact and high prevalence risks for consumers. This has had a negative impact on one consumer who continues to lose weight, and consumers sustaining multiple falls.

The Assessment Team found the service did not demonstrate effective processes to ensure information about the consumer’s condition, needs and preferences is documented accurately and communicated effectively. The Assessment Team found various information including care plans and interventions were being documented and circulated to staff inconsistently and not in line with the service’s expectations. Information was not consistently entered into the electronic care planning system at the service. This has impacted on consumers, for example information about the outcomes of one consumer’s hospital admission were not able to be located easily. The Assessment Team notes that some new staff had not been trained to use the electronic care planning system.

The approved provider’s response identifies that staff will be educated on the use of the electronic care planning system and a flow chart will be developed to assist. The planned improvements to ensure information about the consumer’s condition, needs and preferences is documented and communicated within the organisation require further monitoring to determine effectiveness.

The Assessment Team found staff interviewed were not aware of practices to promote appropriate antibiotic prescribing and use, and the service did not have a policy on antimicrobial stewardship to guide staff practice. The service did not have processes to monitor infections, antibiotic use, or vaccinations. The service did not have a COVID-19 outbreak management plan and associated documents to guide their practice in the event of an outbreak. Education records did not evidence that education had been provided to staff about antimicrobial stewardship or infection prevention and control, however, staff said they had completed assessments for handwashing and personal protective equipment.

The approved provider’s response identifies that the service’s antimicrobial stewardship and infection control strategies will be reviewed, implemented and monitored. This includes staff training and education, implementation of nursing interventions to prevent infections, and an immunisation register to be established and maintained.

The service’s reviewed and implemented antimicrobial stewardship and infection control strategies require further monitoring to determine effectiveness in ensuring the minimisation of infection related risks.

I find the following Requirements are non-compliant:

Requirement 3(3)(b)

Requirement 3(3)(e)

Requirement 3(3)(g)

The Assessment Team found the service did not demonstrate each consumer receives personal and clinical care that is best practice, tailored to their needs, and optimising their health and well-being. The Assessment Team found one consumer prescribed chemical restrictive practice did not have a BSP in place or evidence of informed consent or regular review of the restrictive practice in line with current legislation. The Assessment Team found gaps in staff understanding of pain assessment and evaluation of interventions. However, for one sampled consumer the Assessment Team found that that pain was appropriately assessed and managed, with subsequent improvements to behaviours. Wound care and monitoring for this consumer were also effective. While for another consumer wounds were initially incorrectly classified by service staff, the service demonstrated consultation with a wound specialist to assist in the classification and management of these wounds.

The approved provider’s response includes planned action to improve the clinical care delivery for consumers, including compliance with requirements regarding chemical restrictive practice. This incudes staff education, the engagement of a registered nurse, ongoing consultation with specialist services, improved monitoring of psychotropic medications, and the development of BSPs.

Considering the information in the Site Audit report, including that there was no negative feedback from consumers or representatives regarding personal or clinical care and limited negative impacts to consumer’s health and well-being, and the approved provider’s response, I am satisfied that consumers receive safe and effective personal and clinical care.

The Assessment Team found the service did not demonstrate the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, and that the service has guidance for staff for managing consumes nearing the end of their life. Verbal discussions and feedback from palliating consumers, or their representatives, have not been documented effectively to inform care delivery. For one consumer was nearing end of life while they were at the service, the Assessment Team found they did not have documented preferences and wishes regarding their care and comfort during the end of their life.

The approved provider’s response identifies advanced care planning guidance available for staff, and that advanced care planning documentation will be included in admission information for all new consumers, with regular and as required review intervals. The service plans to maintain a register of advanced care plans, including those who have declined to have one completed to allow for effective monitoring, and palliative care plans will be developed in consultation with the consumer, representative, medical officer and other specialist services.

While there were some gaps in the documentation and planning of care for one consumer who was nearing the end of their life, there was little evidence provided that this had a negative impact on their end of life care provided. Gaps in care assessment and planning have been considered in Standard 2. I am satisfied the action identified in the approved provider’s response will ensure the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, and their comfort and dignity is maximised.

Staff perform daily observations and regular assessments for consumers which help them identify any changes in their condition. Staff refer sudden and unexpected concerns or changes to the medical officer or ambulance service for review. One consumer provided positive feedback to the Assessment Team about the timely response to a change in their condition. The approved provider’s response demonstrates the service has policies and procedures on recognising and responding to clinical deterioration. While the Assessment Team found gaps in the service’s response to changes in consumer condition, I consider that, overall, the service demonstrated deterioration or change of a consumer’s condition is recognised and responded to in a timely manner.

The Assessment Team found the service did not demonstrate an effective and timely process for the management of consumers requiring referral to an allied health professional or specialist services. The approved provider’s response includes additional information regarding access to individuals, other organisations and providers of care and services including a newly engaged registered nurse. Considering the evidence in the Site Audit report of involvement of other providers of care such as medical officers, wound consultants, behaviour support services, dieticians, and speech pathologists, and the approved provider’s response, I find the service demonstrated timely and appropriate referrals were made.

I find the following Requirements are compliant:

Requirement 3(3)(a)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(f)

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

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

The Assessment Team received mixed feedback from consumers regarding the quality, quantity and variety of meals provided by the service. Feedback from consumers included they cannot eat the vegetables, meat is not cooked properly, and there is a lack of variety of meals. Some consumers and representatives said they had raised these concerns with the service previously. During the meal service observed by the Assessment Team, most consumers did not finish all their meals. The menu in use during the Site Audit had not been updated since 2021 and no evidence was provided that it had been reviewed by a dietician. However, the service advised a new menu plan had recently been completed and forwarded to the dietician for review and feedback.

The approved provider’s response identifies that a chef commenced at the service shortly after the Site Audit, and consumer food preferences and the menu will be reviewed and updated in consultation with consumers, representatives, staff and the chef.

The service has not demonstrated that consumers find the meals provided at the service of suitable variety, quality and quantity.

I find the following Requirement is non-compliant:

Requirement 4(3)(f)

Consumers and representatives interviewed by the Assessment Team consistently provided positive feedback about their satisfaction with living at the service, including the services and supports for daily living. Consumers interviewed did not raise any concerns regarding their spiritual or psychological well-being, and said staff provide them with emotional support. The service has religious ministers who visit the service to support consumers.

The Assessment Team found consumers who are unable to participate in the group activity program are not supported by staff in providing stimulation and things of interest to them. The Assessment Team reviewed documentation for several consumers that indicates consumers often do not attend group activities. However, consumers interviewed did not raise concern with this, and the Assessment Team did not identify any issues with consumers participating in the community within and outside the service, or having social and personal relationships. Consumers said they can provide feedback on the activity program at resident meetings. The approved provider’s response identifies the service is planning to recruit an activities officer, and update consumer care plans with individualised preferences for activities. Overall, I consider that consumers are supported to participate in their community, have social and personal relationships, and do things of interest to them.

The Assessment Team found consumer’s condition, needs and preferences are not being accurately and contemporaneously documented in the electronic care planning system, or where care is shared. The Assessment Team found the service did not document consumer needs and preferences regarding pastoral care visits. However, consumers did not raise any concern regarding this Requirement. I have considered the gaps in the documentation and communication of consumer condition, needs and preferences under Requirement 3(3)(e), as many of the examples provided by the Assessment Team were regarding personal and clinical care delivery, rather than services and supports for daily living. Overall, consumers and representatives were satisfied with the communication about their lifestyle condition, needs and preferences.

Consumers and representatives interviewed indicated they did see other providers of lifestyle services and supports when needed, and did not raise any concerns about delays or not being referred to other services.

Consumers were observed using mobility devices, including wheelchairs, walkers, and walking sticks throughout the service. Consumers interviewed said they have equipment to assist them with their daily living and to maintain their independence, and it is readily available and well maintained. Staff confirmed there is sufficient equipment to assist consumers, and it is regularly cleaned and checked for suitability.

I find the following Requirements are compliant:

* Requirement 4(3)(a)
* Requirement 4(3)(b)
* Requirement 4(3)(c)
* Requirement 4(3)(d)
* Requirement 4(3)(e)
* Requirement 4(3)(g)

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

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

The service environment was observed by the Assessment Team to be welcoming and comfortable with decoration and furnishings that provide a home-like environment. The service was clean and well maintained. The service is over one level and is easy to navigate with signage to support consumers. The Assessment Team observed consumer bedrooms to be spacious and furnished with personal affects including photos and memorabilia. Each bedroom has its own ensuite and access to an outdoor veranda.

Consumers interviewed confirmed that the environment is safe, clean and well maintained. Consumers said there is adequate private areas, both indoors and outdoors for consumers and visitors to utilise.

The Assessment Team observed the furniture, fittings, and equipment to be safe, clean, well maintained, and suitable for consumers. Evidence indicated there is a priority system for reactive maintenance tasks to meet consumer needs and safety, as well as preventative maintenance being completed.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

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

The Assessment Team found the service did not have a complaints register, other complaints management system, or a plan for continuous improvement. The service could not demonstrate how the service’s feedback and complaints are trended and analysed to improve the quality of care and services for consumers, or provide examples of improvements made following consumer feedback or complaints.

The approved provider’s response identifies that the complaints register will be reviewed and updated, complaints will be investigated, and data used to inform change and improvements within the organisation.

The service has not demonstrated that feedback and complaints are reviewed, and have been used to improve the quality of care and services.

I find the following Requirement is non-compliant:

Requirement 6(3)(d)

Consumers and representatives interviewed by the Assessment Team said they are supported by management to provide feedback and make complaints. Staff and management were able to describe the processes in place to encourage and support feedback and complaints.

While most consumers and representatives interviewed said they were not aware of how to make complaints to external organisations, they advised they did not need to as they preferred to raise their concerns directly with staff and management. The Assessment Team observed brochures and posters displayed around the service which provide information on external complaints agencies and advocacy networks. The service demonstrated, if required, they could access material in different languages to support consumers who did not speak English.

The Assessment Team found the service did not demonstrate staff and management have an understanding of open disclosure in response to feedback and complaints. The service’s complaint management policy did not include the principles of open disclosure or guidance to staff on managing a complaint in line with open disclosure. While staff did not demonstrate an understanding of open disclosure, I have considered this in my assessment of Requirement 7(3)(c). I have considered the organisation’s lack of policies and guidance regarding open disclosure under Requirement 8(3)(e). No consumers or representatives raised any issues regarding the action taken by the service in response to feedback and complaints, and the Assessment Team did not identify any examples where open disclosure should have been used and was not. Therefore, I find the service takes appropriate action in response to complaints.

I find the following Requirements are compliant:

* Requirement 6(3)(a)
* Requirement 6(3)(b)
* Requirement 6(3)(c)

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

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

The Assessment Team found some members of the workforce do not have relevant training, qualifications and knowledge to effectively perform their role. Some staff are working outside their scope of practice including administering medications without relevant oversight or competencies completed. Medication competency documentation reviewed by the Assessment Team did not include relevant details of the training. The Assessment Team found deficiencies in the competency and knowledge of staff including regarding open disclosure, care assessment and planning, antimicrobial stewardship, incident management and the serious incident response scheme, and management of high impact and high prevalence risks. Some new staff had not been trained to use the electronic care planning system. While the service had a training calendar, the service did not demonstrate processes in place to identify and address the ongoing training needs of staff. The service was unable to demonstrate a mandatory training program, or that staff had completed this program or other offered training.

The approved provider’s response incudes planned action to improve the competency, knowledge and training provided to staff. This includes position descriptions and contracts to be reviewed and update to reflect current practices, education register and calendar updated, online training modules, tool-box talks, and face-to-face assessments. The service has updated medication charts to ensure care staff are not administering medications outside their scope of practice.

The approved provider’s response includes action planned to ensure the workforce is competent and have the knowledge and training required to perform their roles and meet the Quality Standards. However, this action requires further monitoring to determine effectiveness and compliance with the Quality Standards.

I find the following Requirements are non-compliant:

Requirement 7(3)(c)

Requirement 7(3)(d)

Consumers and representatives interviewed by the Assessment Team did not provide any negative feedback about staffing levels at the service, and indicated call bells were responded to in a timely manner. Review of roster documentation demonstrated all shifts were filled during the fortnight sampled. However, the Assessment Team found the mix of the workforce deployed is insufficient to provide safe clinical care as the service did not have a registered nurse to provide clinical oversight during the Site Audit, including for medication administration. Despite the service not having a registered nurse, the Assessment Team notes that care staff have liaised with other health providers where possible, worked around limitations in their usual scope of practice, and done their best to ensure continuity of care for consumers at the service.

The approved provider’s response identifies that since the Site Audit, the service has engaged a registered nurse to work remotely to support consumer care assessment and planning, case conferences, incident management, and clinical oversight. Recruitment processes will continue to attempt to recruit onsite registered nursing staff.

While the Assessment Team identified issues with staff competency and administration of medications outside their scope of work and without relevant oversight, I have considered this in my assessment of Requirement 7(3)(c). Considering the positive consumer and representative feedback, and the approved provider’s response that a registered nurse has been engaged, with further recruitment ongoing, I find that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

Consumers and representatives interviewed said staff engage with them in a respectful, kind and caring manner, and are gentle when providing care. The Assessment Team observed interactions between staff, management, and consumers and representatives to be kind, caring and respectful. Staff demonstrated an understanding of sampled consumers, including their identity, culture, needs and preferences. This information aligned with the Assessment Team’s review of care planning documentation and the information obtained through interviews with consumers and representatives.

The service demonstrated regular review of staff performance, including probationary reviews for new staff. Documentation reviewed by the Assessment Team demonstrated performance assessments were occurring and staff interviewed were able to describe the performance assessment process.

I find the following Requirements are compliant:

* Requirement 7(3)(a)
* Requirement 7(3)(b)
* Requirement 7(3)(e)

# Standard 8

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| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Non-compliant |
| Requirement 8(3)(d) | 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. | Non-compliant |
| Requirement 8(3)(e) | 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. | Non-compliant |

Findings

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

The Assessment Team found the service did not demonstrate that consumers are engaged in the development, delivery and evaluation of care and services or supported in that engagement. The board was unable to provide examples of how consumers are actively engaged in the development, delivery and evaluation of care and services, other than surveys and resident meetings. Consumers and representatives interviewed by the Assessment Team were unaware of how they would have input into the development or evaluation of services. The service does not undertake self-assessments to give consumers and representatives the opportunity to provide feedback on how they would like to be engaged in the development, delivery and evaluation of care and how the service would support them as part of the engagement.

The approved provider’s response refers to a consumer partnership policy and outlines planned improvement to seek consumer representation in board meetings. The service plans to undertake audits to inform decisions about how consumers wish to be engaged in the development, delivery and evaluation of care.

While some improvement actions are planned, the service had not demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

The Assessment Team found the organisation does not have effective governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. The Assessment Team found the systems for information management do not provide sufficient, consistent, or readily available information for staff to perform their roles effectively. The service did not maintain a plan for continuous improvement or demonstrate ongoing continuous improvement is identified and actioned, including using feedback and complaints to inform continuous improvement. Gaps were identified in the service’s systems for workforce governance including lack of clinical oversight and deficiencies in staff knowledge and training. The organisation and the service were not able to demonstrate it monitors and actions changes to aged care legislation.

The Assessment Team found the service does not have an effective risk management system, and practices are not in place to manage risks to the health, safety and well-being of consumers. The service did not provide the Assessment Team policies in relation to the management and prevention of high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live their best life, and incident prevention and management. The service did not have an incident management system and incidents were not investigated to prevent reoccurrence.

The approved provider’s response outlines planned action to improve the organisational governance and risk management systems and practices implemented at the service. This includes review and updating of relevant policies and procedures, dissemination of these policies and procedures to relevant staff, maintenance of a plan for continuous improvement and complaints management system, and staff education.

The service has not demonstrated effective organisational governance systems regarding information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. The service has not demonstrated effective risk management systems and practices regarding managing high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live their best life, and incident prevention and management

The Assessment Team found the service did not have a documented clinical governance framework in place and did not provide the Assessment Team policies regarding antimicrobial stewardship or open disclosure. Staff, including service management, had not received training and did not demonstrate a good understanding of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The Assessment Team found the service was not reporting via the National Aged Care Mandatory Quality Indicator Program on the use of antipsychotic medications, or effectively managing and minimising the use of restrictive practices according to legislative requirements.

The approved provider’s response demonstrates the service has a documented clinical governance framework that includes information on antimicrobial stewardship, restrictive practices, and open disclosure, and policies relating to these. The approved provider’s response outlines planned staff education, and that the service will commence reporting on the Quality Indicator Program at the end of March 2023.

While the approved provider’s response demonstrated there is a clinical governance framework and policies regarding antimicrobial stewardship, restrictive practices, and open disclosure, these have not been demonstrated to be effectively implemented at the service, including to ensure safe and quality clinical care and compliance with legislative requirements.

I find the following Requirements are non-compliant:

* Requirement 8(3)(a)
* Requirement 8(3)(c)
* Requirement 8(3)(d)
* Requirement 8(3)(e)

The Assessment Team found the organisation’s board does not regularly receive information about how the Quality Standards are being met within the service, had not attended training on the Quality Standards, and were unable to demonstrate how they communicate to staff regarding the Quality Standards. However, the board demonstrated engagement in significant incidents relating to the safety of consumers, and changes driven as a result of consumer experience. The approved provider’s response identifies that education and training information on the Quality Standards has been forwarded to the board, and compliance with the Quality Standards will be monitored through data and clinical indicators at staff and board meetings.

I am satisfied that the action taken by the service will ensure the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

I find the following Requirement is compliant:

* Requirement 8(3)(b)

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)