Lyndoch Hostel

Performance Report

Hopkins Road   
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Phone number: 03 5561 9300

**Commission ID:** 3347

**Provider name:** Lyndoch Living Limited

**Site Audit date:** 5 April 2022 to 8 April 2022

**Date of Performance Report:** 21 June 2022

# Performance report prepared by

Daniela Fekonja, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Non-Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-Compliant** |
| Requirement 2(3)(a) | Non-Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-Compliant** |
| Requirement 3(3)(a) | Non-Compliant |
| Requirement 3(3)(b) | Non-Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-Compliant |
| Requirement 8(3)(e) | Non-Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Approved Provider’s response to the Site Audit report received on 19 May 2022.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and representatives said they were treated with dignity and respect, with staff valuing their identity, culture and diversity. Staff were observed treating consumers with dignity and respecting individual preferences. Consumer care planning documents included information about their individual preferences and people important to them.

The service has a culture and diversity policy and care planning documentation reflected consumers’ cultural needs and preferences. Consumers felt the service fostered an environment that was culturally safe. The service organises cultural events, activities, and religious services and consumers felt the service fostered an environment that was culturally safe.

The service supported consumers to communicate to them about the way they want their care and services delivered. Representatives said they were involved in making decisions about consumers’ care. Consumers said they can decide when family, friends, carers, or others should be involved in their care, and that they can maintain relationships with people of importance to them. Although the Assessment Team found there was ineffective communication about COVID-19 restrictions that had impacted visits with people of importance to consumers.

The service supported consumers to participate in activities of their choosing including those with an element of risk. Risk assessments were completed for consumers who chose to participate in these activities such as smoking and the use of motorised scooters.

However, the Assessment Team found the service did not always communicate accurate and clear information to consumers and representatives to support visitation during the COVID-19 restrictions. Consumers, representatives, and staff had been provided inaccurate information by the service in relation to visitation guidelines. Consumers and representatives were also not consulted about changes to the way visitations bookings would be made.

The Quality Standard is assessed as Non-Compliant as one of the six specific requirements has been assessed as Non-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.*

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

### Requirement 1(3)(e) Non-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.*

The Assessment Team found the service did not communicate information in a clear, accurate and timely manner, about visitation restrictions due to COVID-19. Consumers and their representatives found the information provided by the service did not enable the consumers the choice of how and when they could have visitors.

Consumers, representatives, and staff interviewed said the service advised them it is a ‘government requirement’ that the visiting hours during the COVID-19 pandemic are limited to 10am to 2pm, except for in exceptional circumstances. Under guidelines published by the Department of Health and Human Services (DHHS) the service may restrict visitation hours during an ‘amber’ level. However, the guidelines also state that if such restrictions are imposed, the service should communicate with consumers on an individual basis to determine alternative ways to help the resident remain connected with visitors.

One consumer stated their visitor was not allowed to enter the service as they arrived outside the scheduled hours by 15 minutes causing the consumer to have to go to the kiosk to see them. The consumer stated that this was difficult for them due to mobility issues. The representative said they tried to contact the service to claim an exemption but it was not followed up by the service and phone messages went unanswered.

A second consumer stated they were not really informed about COVID-19 restrictions but knew that their representative was not able to visit on a Sunday as they used to. The representative for this consumer also stated the service went from booking visits by phone to an online system without consultation. The lack of ability to have visitors negatively impacted the mood of this consumer according to the representative. Another representative said the booking system worked fine and they were still able to take their consumer out of the service.

Current information in relation to activities that had recommenced post lockdown is not always passed on to consumers and representatives.

The service failed to communicate to consumers and representatives that a site audit was being conducted and that the Assessment team were on site. However once the service was made aware of this requirement by the Assessment Team, they took steps to communicate to consumers and representatives that the site audit was in progress.

The Approved Provider in their response acknowledged the impact that visitation restrictions had on the consumers and their families. They stated visits were facilitated for all consumers while balancing the risk of exposure and the manpower to ensure all the required safety measures have been met. The service provided evidence of a list of all consumers’ visitation arrangements made outside of the visitation times which was available to all staff.

The Approved Provider provided clarifying information in relation to claims made by the consumers and also evidence of communication provided to individual representatives.

The Approved Provider did not provide evidence of what general communication was provided in relation to the changes to visitation times or any consultation in relation to changes in the process of booking visits.

I have considered the information provided by both the Assessment Team and the Approved Provider. Although the service did provide information in relation to visitation, on balance I find the service did not provide accurate information to enable consumers to exercise choice and control in how they maintained relationships during periods of restriction.

I find the service is Non-Compliant with this Requirement.

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and representatives interviewed by the Assessment Team generally did not consider they were partners in the ongoing assessment and planning of their care and services. For example:

* Two consumers did not have an active care plan to guide and direct staff in the care and service needs of the consumers.
* Most of the consumers and representatives interviewed said they could not recall being directly involved in the initial care planning process.
* Consumers agreed they are involved in the ‘resident of the day’ process but did not equate this to a partnership in their ongoing care planning.
* Most consumers and representatives interviewed said they had not seen a care plan or assessment, so could not comment on how this document would inform care.
* Representatives stated they have not been made aware that a copy of the care plan is available to be viewed or that they could request a copy.
* Consumers and representatives said that they are sometimes informed about outcomes of assessment and planning of care and services.

The service undertakes assessment and planning processes to assist in identifying current needs, goals, and preferences within end-of-life care and advanced care directives for consumers. Advanced care directives and end-of-life plans included the consumer’s goals, and preferences, and demonstrated the involvement of the consumer or their representative.

Care documentation reflected that reviews occur when there has been an incident or a change in the consumer’s condition is recognised by the clinical and care staff. Most consumers and their representatives provided positive feedback on how the service communicated the change in care and services when there had been an incident or change in condition.

The Quality Standard is assessed as Non-Compliant as two of the five specific requirements have been assessed as Non-Compliant.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team identified that care documentation of sampled consumers does not always provide evidence of assessment and planning in respect of potential risks to their health and well-being. Further, that restrictive practices, skin integrity and complex nursing assessments do not always occur in a timely manner and care plans do not always identify and consider critical risks.

The service’s electronic care planning system contains assessments, including risk-based assessments which can be linked to relevant care plans, however, the Assessment Team identified that two consumers did not have a current care plan completed. When this feedback was provided to management these were created and uploaded to the services electronic consumer management system.

Several consumers subject to environmental and chemical restraint did not have appropriate documentation completed nor were there risk assessments documented to guide the delivery of safe and effective care and services for these consumers.

Consumers on anticoagulants did not have the associated risks of bleeding and or bruising identified in their care documents. Alerts of anticoagulant therapy were not recorded on mobility and falls risk assessments or on skin assessments.

One consumer did not have a behaviour assessment and management plan included in their care plan although there had been numerous documented entries of responsive behaviours in progress notes since January 2022 and 3 incident reports submitted in relation to aggressive behaviours.

The Assessment Team observed policies and procedures that guide staff in the assessment and care planning process. Staff interviewed by the Assessment Team stated they rely on consumer care plans to identify consumer care needs.

The Approved Provider in their response acknowledged the oversight in relation to the two consumers whose care plans were not in the electronic system. This was explained by a system glitch when the system was upgraded in January 2022 and some care plans were archived.

The Approved Provider also acknowledged that environmental and chemical restraint forms and formal risk assessments were not completed for all consumers and have since actioned this.

The Approved Provider confirmed the service had done the following at the time of the site audit:

* Commenced behaviour charting for the consumer with responsive behaviours to enable a behaviour support plan to be developed.
* Included information on anticoagulants on handover records to guide staff in the management of these consumers prescribed these medications.

Whilst I acknowledge the actions taken by the Approved Provider, the service did not have assessments and consents in place in relation to restrictive practices at the time of the site audit. The service also did not have care plans in place to be able to guide the delivery of safe and effective care andservices for all consumers.

In relation to the consumer with responsive behaviours, charting should have been in place when the consumer’s responsive behaviours were first identified. This would have ensured a plan was implemented to document interventions and strategies for better managing the behaviours.

I find the service is Non-Compliant with this Requirement.

### Requirement 2(3)(b) Compliant

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

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team recommended this requirement was not met. However, I have come to a different view.

The Assessment Team found the service has processes in place to engage with consumers and/or their representatives and care plans evidence involvement of people from other organisations.

However, some consumers and representatives told the Assessment Team their care and services are not always planned around what is most important to them and that they had minimal involvement in care planning. One representative was unaware of the care provided to their consumer but is happy with the care provided.

Staff of the service confirmed to the Assessment Team that the consumer is the central person and the consumer should direct their care delivery on a day-to-day basis. They were able to describe people of importance to the consumer and how they are included in care planning. Staff discuss and know what is important to consumers in terms of how their care is delivered. The Approved Provider submitted clarifying information and documentation which is evidence that consumers and representatives are consulted.

On balance, I have taken into account the evidence that shows consumers are providing input into the care and services received, and find the service is 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 does not effectively communicate outcomes of assessment and planning to the consumer and/or their representative. Representatives expressed overall dissatisfaction with the availability and accessibility of care plans for their loved ones.

The Assessment Team saw evidence in care documentation that family conferences had occurred and that care plans contained relevant information relating to next of kin contact details with alternative contacts. The Assessment Team also observed one consumer’s care plan that shows staff contacted their representative to discuss a falls management review and outcome. Further staff stated that consumers and representatives are invited to be part of the review of care plans which are completed by clinical staff.

However overall consumers and representatives stated they had not seen a care plan and had not been offered a copy of one. There were mixed opinions from consumers and their representatives in relation to whether the outcomes of assessment and planning had been discussed with them.

The Approved Provider in their response provided documentation confirming care consultations are conducted with consumers and representatives. They also stated that although care conferences do regularly occur it may be that “unfortunately the language used is sometimes confusing for consumers” or they misunderstood the questions asked by the Assessment Team.

Although it is evident that consumer reviews are conducted it is not always evident that copies of care plans are routinely offered or that the information is effectively communicated to consumers and representatives.

I find the service is Non-Compliant with this Requirement.

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Most consumers consider that they receive personal care and clinical care that is safe and right for them.

Whilst the service demonstrated effective management of high impact high prevalence risks in relation to falls, catheters, weight loss and anticoagulant therapy, the Assessment Team found the service did not demonstrate safe and effective management of restrictive practices. Further, the service does not manage effectively behaviours of concern of a consumer which has resulted in a negative outcome for other consumers.

Staff demonstrated they recognise and respond to deterioration or change in consumers’ health and wellbeing. Consumer documentation reviewed by the Assessment Team show staff recognise and respond to changes in function, capacity, or condition of consumers.

The service has processes to document and communicate information about consumers’ conditions, needs and preferences including verbal and written handover. Clinical staff and care staff confirmed they are provided with and have access to the information they need to ensure the consumer’s wellbeing. However, some consumer representatives expressed dissatisfaction with how consumer information is communicated.

Care documentation demonstrated timely and appropriate referrals to individuals and allied health professionals. The service demonstrated effective strategies are in place to minimise and manage infection-related risks.

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

### 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 the service was able to demonstrate that consumers receive safe and effective care in relation to the management of pain, wounds and skin integrity. However, the Team found the service’s processes to identify, manage and minimise the use of chemical restraint are not effective. Further, environmental restrictive practices are not recognised or managed, impacting a group of consumers in one of the units.

Not all consumers who require the use of restrictive practices are assessed, monitored and reviewed according to requirements, and informed consent with substitute decision-makers did not always occur. Behaviour management plans are not in place for all consumers who are subject to restraint.

One consumer was administered an ‘as required’ (PRN) psychotropic medication by a personal care worker for being “agitated, anxious and paranoid”. Consultation with a registered nurse prior to the administration of the psychotropic medication was not documented nor was there any documentation showing any non-pharmacological strategies were trialled prior to the administration of the medication.

The Approved Provider in their response acknowledged the gaps identified by the Assessment Team and has taken action to address the deficits identified in relation to restrictive practices.

Based on the information provided I find that although the Approved Provider has taken action to address the deficits, the practices and processes are not yet fully embedded and have not been evaluated for their effectiveness.

I find the service is Non-Compliant with this Requirement.

### Requirement 3(3)(b) Non-Compliant

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

The Assessment Team found the service has effective processes to manage high impact high prevalence risks in relation to falls, catheters, weight loss and anticoagulant therapy.

However, the service did not demonstrate effective management of behaviours of concern for a high a risk consumer at the service, which resulted in overall increased risk and anxiety for other consumers. The consumer had episodes of responsive behaviours documented in progress notes from January 2022 but no behaviour support plan in place.

Another consumer does not have a behaviour support plan in place, and staff were unable to explain what triggers or strategies they employ to re-direct the consumer when they are demonstrating responsive behaviours. Progress notes do not always identify how staff manage resistive behaviours.

The family of the consumer expressed frustration they were not called upon to assist to manage the behaviours. They also said medication to sedate the consumer was utilised prior to referring the consumer to a medical officer.

Clinical staff at the time of the site audit explained they were in the process of identifying the consumer’s triggers which are to be documented in a behaviour support plan. The Assessment Team did not observe any information on how the service is currently addressing the consumer’s behaviours in a proactive way to prevent physical and/or psychological injury to other consumers.

The Approved Provider in their response advised that the behaviour support plan was not in place as charting had not yet been evaluated. They also stated the incidents involving this consumer occurred on 1 and 2 April 2022 immediately prior to the site audit.

I acknowledge the Approved Provider’s advice that there is no behaviour support plan for this consumer as they are in the process of charting the behaviour. However, the evidence provided shows the behaviour charting commenced on 8 April 2022, approximately one week after the two incidents which occurred on 1 and 2 April. There were documented instances of resistive behaviour prior to this and there was no guidance for staff documented in relation to triggers or strategies and interventions to enable effective management of this consumer’s behaviours.

I find the service is Non-Compliant with this Requirement.

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

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

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

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

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

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

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

# 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

Consumers and representatives are generally satisfied with the supports provided to meet consumers’ needs, goals and preferences and that optimise their independence, health, well-being and quality of life. The service demonstrated how consumers are offered a range of activities within and external to the service and are supported to do things that they want to do independently. There was mixed feedback from consumers on the range and frequency of activities offered by the service.

The Assessment Team were told that care staff are sometimes used to fill shifts to enable the delivery of the lifestyle program and management stated there is active recruitment for more lifestyle staff.

Consumers are satisfied their spiritual and emotional well-being needs and preferences are being met and expressed how they felt comfortable talking to staff if they were feeling low. The Assessment Team reviewed consumer files which included information regarding significant life experiences, religious beliefs and practices and information to support emotional wellbeing.

Consumers said they can participate within and outside the service environment and do things that are of interest to them. They are able to maintain relationships that are important to them with family and friends, and the service supports them to do this. Care planning documents for consumers were detailed and individualised and contained information regarding important relationships, interests and connections.

There is a process in place to ensure that information about consumers’ conditions, needs and preferences are communicated within the service and with others responsible for consumer care and services.

Consumers described how they have access to other organisations and services to meet their needs. The service utilises a range of community-based organisations to support consumers in lifestyle activities and social participation.

The feedback in relation to food and the menu was mixed, however, consumers were generally happy with the quality, quantity and variety of meals. The menu is planned in consideration of consumer feedback, dietary needs and preferences. Consumer files reflected dietitian input into meals. The kitchen and servery pantries were observed to be clean and the service demonstrated evidence of recent food safety audits. A ‘food monitor’ discusses food choices and preferences with consumers and then inputs those choices into the electronic system.

The Assessment Team observed a range of equipment to support lifestyle activities and social participation such as equipment to support mobility or comfort, puzzles, craft and activities, and entertainment devices such as televisions and a well-stocked library. The equipment observed was clean and well maintained.

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.*

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

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

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

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

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

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

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

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Assessment Team found the service environment to be welcoming, clean and well maintained. The service offered communal areas of different sizes, both inside and outside. Most furniture, equipment and fittings in the service appeared clean and well maintained.

Consumers said they feel welcome and comfortable at the service, however one consumer expressed concerns about family members not feeling welcome at the service. The Assessment Team observed consumers and visitors using communal areas.

Staff described how consumers were encouraged to bring their own furniture and decorate their rooms with items that are important to them. Consumer rooms were observed to be home-like and personalised with items that had meaning for consumers.

The service has a café in the main foyer and the Assessment Team observed many consumers and family members using the café to enjoy a snack and engage in conversation. Staff also used the café and were observed purchasing food items.

A hair salon is located in the foyer and the Assessment Team observed consumers using the salon which operates 5 days per week.

The service’s environment was observed to be mostly clean and well-maintained. Consumers expressed satisfaction with the cleanliness of the services. Staff described how they report any issues or hazards with maintenance, and confirmed matters are followed up in a timely manner. Maintenance staff demonstrated records that showed both proactive and reactive maintenance was scheduled, completed and monitored.

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

Most consumers and representatives felt encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers and representatives said they felt comfortable raising concerns with staff.
* Representatives who had made formal complaints said they were generally satisfied with the action the service took to resolve their respective issues.

The service displays posters and brochures to consumers about language and advocacy services. Feedback and complaint forms were observed at the entrance to each wing of the service.

Staff could describe the circumstances in which they might refer a consumer to an advocacy or language service. Staff and management personnel could describe the ways they encourage feedback and how they apply principles of open disclosure when handling complaints.

Management explained that all complaints are handled by the quality manager and overseen by the CEO and Board. Management described meeting with consumers and their families to resolve issues. The service maintains a complaint register showing the nature of complaints and how they are addressed.

A monthly resident committee meeting is held during which consumers raise concerns and provide feedback.

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.*

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Overall consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Overall the service demonstrated how they plan the number and mix of staff to enable safe and quality care and services most of the time. Feedback from staff indicated unplanned leave is replaced where possible by casual staff or staff working additional hours.

Consumers and representatives provided some mixed feedback in relation to staff availability which at times impacts choice and call bell response time frames. Consumers stated in relation to this that personal care is not being provided as per their preferences or not being assisted at times. Representatives commented on the number of experienced staff leaving the service and how they were concerned about the impact on consumers.

Vacant shifts are covered by staff from other roles or some staff working extra hours.

The Assessment Team observed staff:

* Responding to call bells and sensor alarms in a timely manner throughout the Site Audit.
* Carrying and communicating to each other using digital enhanced cordless telecommunications (DECT) devices.
* A calm environment on most observations where consumers were not repeatedly calling out for assistance.

Consumers and representatives expressed satisfaction that staff are knowledgeable and competent. The service demonstrated the workforce is qualified and staff are supported through the orientation process and education program, to effectively perform their roles.

The service has a suite of policies relating to recruitment, induction and orientation, and training to ensure staff meet relevant criteria and have the required skills and knowledge to align with the organisation’s expectations.

Training records reflect the service identifies staff training needs through staff performance reviews, staff meetings, feedback received from consumers and representatives, incident and audit results and regulatory requirements. Identified topics feed into the training schedule.

Staff confirmed there is ongoing monitoring and review of their performance now via the goal-setting process and discussion with the local manager. The service has policies and procedures in relation to staff performance and disciplinary matters.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Consumers are involved to support the development in the delivery of care and services in the following way:

* There are regular meetings such as monthly resident and relatives’ meetings, and food focus meetings, monthly audits that include consumer questions and feedback forms.
* One consumer was invited to morning tea and lunch with the Board to tell their story and talk about their experiences.

The Assessment Team viewed the ‘resident and relatives’ and the ‘food focus’ meeting minutes, which demonstrated active engagement with consumers.

The Assessment Team found the organisation’s vision, mission and values statements, organisational structure, governance frameworks and policies and procedures document the clear expectations for the organisation and individuals to follow in promoting safe, inclusive and quality care and services.

The service has a continuous improvement plan that is developed from seeking feedback from consumers, representatives and staff verbally and via feedback, internal audits and reviewing incidents.

The organisation’s governing body utilises reporting to support its oversight in relation to regulatory compliance and satisfies itself that systems and processes are in place to ensure the right care is being provided in accordance with the Quality Standards.

The organisation holds memberships with key industry associations and regulatory sources that provide information pertaining to legislation and any industry changes. External sources such as the Department of Health and Human Services (DHHS), Department of Health (DoH) and the Commission are also monitored. Information is then distributed to relevant managers; policy changes occur if necessary and staff training is provided where relevant.

The Assessment Team viewed a documented risk management framework, including policies describing how:

* high impact or high prevalence risks associated with the care of consumers is managed
* the abuse and neglect of consumers is identified and responded to
* consumers are supported to live the best life they can
* incidents are managed and prevented.

The service has policies in place to ensure critical incidents are investigated in order to identify any underlying systemic issues. This information is then utilised to make improvements to ensure safe and quality care is provided to consumers. However, the service failed to show how it effectively manages high impact, high prevalence risks relating to behaviour management.

The organisation has a clinical governance framework that incorporates guidance in antimicrobial stewardship, open disclosure and minimising the use of restraint.

The service maintains a register for consumers prescribed psychotropic medication. However, the Assessment Team found not all psychotropic medications were recognised as chemical restraint and consent was not in place for all consumers subject to restrictive practices.

As a result of the feedback, the service contacted medical practitioners and followed up with an email in relation to recognising relevant diagnosis, informed consent required, monitoring and reviews.

Where restrictive practices had been correctly identified, not all consumers had consent and authorisation for restrictive practices signed by their nominated representative and medical practitioner. This was explained in relation to an incident with a former employee and the service is now in the process of ensuring consent documentation is obtained and stored electronically.

The Quality Standard is assessed as Non-Compliant as two 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.*

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

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

### Requirement 8(3)(c) Compliant

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

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

### Requirement 8(3)(d) Non-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.*

Although the Assessment Team found this requirement to be met I have come to a different view. The service failed to demonstrate how high impact or high prevalent risks are effectively managed. Although the service has a risk management framework in place it failed to ensure one consumer with responsive behaviours had a behaviour support plan in place or guidance for staff to manage the risk.

The service failed to identify the risk or take action when the behaviours of concern were first documented and only commenced behaviour charting following the occurrence of two incidents that had put other consumers at risk. Staff were unable to explain to the Assessment Team what the consumer’s triggers were or strategies to use to re-direct the consumer. There was no behaviour assessment and management plan for this consumer who entered the service on 06 July 2021. There have been no referrals to other specialist organisations to assist with strategies to manage the behaviours.

There was no evidence that staff understood how and when to escalate the risk presented by this consumer to other consumers and staff. There was no evidence of early intervention processes in place when the behaviours were first observed in January 2022. The Assessment Team in their report documented that there were four incidents involving this one consumer with three taking place on 1 and 2 April 2022. It was only after the last three incidents involving a number of consumer victims that behaviour charting commenced. Refer to Requirement 3(3)(b) for further information.

I find the service does not have sound risk management processes for ensuring the safety and well-being of other consumers from the behaviour presented by this consumer.

I find the service Non-Complaint with this Requirement.

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

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

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

Although the Assessment Team found this requirement to be met I have come to a different view. Although there is a clinical governance framework that provides guidance to staff in relation to restraint, the processes failed to identify a number of consumers who were subject to chemical restraint or environmental restraint. Subsequently, there were no authorisations or consents in place and the consumers did not have behavioural support plans in place.

There were failures by the service to recognise what constituted a restrictive practice with a number of consumers in one wing under environmental restraint due to a swipe or keypad access required to open and close doors. Three other consumers were not identified as being subject to chemical restraint.

The service’s process to manage and minimise the use of chemical restraint is not effective. Not all consumers who require the use of restrictive practices are assessed, monitored and reviewed according to requirements and there is a lack of awareness by staff and management as to what constitutes a restrictive practice.

One consumer was administered a PRN psychotropic medication by a personal care worker for being “agitated, anxious and paranoid”. Consultation with a registered nurse prior to the administration of the psychotropic medication was not documented. Documentation regarding any non-pharmacological strategies trialled prior to the use of the medication was not noted.

The Approved Provider in their response to Requirement 3(3)(a) has advised that a review has been conducted and all consumers subject to chemical restraint now have consent completed and behaviour support plans in place. Staff will also be provided education on the definition of restrictive practices and associated requirements.

Based on the information I find that although the Approved Provider has taken appropriate action following the site audit this was not in place at the time of assessment. The changes have not been evaluated for their effectiveness.

I find the service is Non-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.

### Requirement 1(3)(e)

* Ensure the information provided to consumers and representatives is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

### Requirement 2(3)(a)

* Ensure all consumers have a care plan in place and that all assessments are conducted to identify and manage risks to ensure the delivery of safe and effective care and services.

### Requirement 2(3)(d)

* Ensure all effectively communicate outcomes of assessment and planning to the consumer and/or their representative.
* Ensure consumers and representatives are aware they are able to access copies of care plans at any time.
* Ensure the care plan is offered to consumers following all care consultations.

### Requirement 3(3)(a)

* Ensure each consumer subject to restrictive practice.is identified and authorisations and informed consent obtained.
* Ensure the use of restrictive practice is assessed, monitored and reviewed according to requirements.
* Ensure behaviour support plans are in place for all consumers subject to restrictive practices or with responsive behaviours.
* Ensure psychotropic medications are only administered by appropriately qualified staff and only after non-pharmacological strategies have been trialled.

### Requirement 3(3)(b)

* Ensure consumers exhibiting responsive behaviours have a behaviour support plan in place in order to guide staff in relation to how to manage the behaviours.
* Ensure that behaviour charting is evaluated to identify interventions and strategies that will assist to manage the behaviours.
* Ensure incidents are investigated and the service is proactive in the prevention of further incidents to ensure the safety of consumers.

### Requirement 8(3)(d)

* Ensure behaviour support plans are in place to provide guidance to staff to effectively manage consumers with high impact or high prevalence risk.

### Requirement 8(3)(e)

* Ensure staff are aware of how to correctly identify and document consumers subject to chemical restraint.
* Ensure regular review occurs and strategies are in place to minimise the use of the restraint.