Lyndoch Nursing Home

Performance Report

Hopkins Road
WARRNAMBOOL VIC 3280
Phone number: 03 5561 9300

**Commission ID:** 3460

**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

J Liau, 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** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-Compliant** |
| Requirement 7(3)(a) | Non-Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | 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) | 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 provider’s response to the Site Audit report received on 18 May 2022.

# STANDARD 1 NON-COMPLIANTConsumer 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

For example:

* Consumers and representatives said they are treated with dignity and respect, can maintain their identity, and make informed choices about their care and services and live the life they choose.
* Consumers said they felt part of a community that fostered culturally safe care and services.
* Consumers and representatives said consumers can make decisions about the way their care and services are delivered, and that consumers are supported to communicate their decisions. Representatives said they were involved in making decisions about the consumer’s care.

Staff described how they support consumers to take risks while ensuring consumers and representatives understood the risks and benefits of specific activities. Staff demonstrated they were aware of their privacy obligations, and they were aware of the service’s policy on consumer privacy. Staff explained practical ways in which they ensure consumer’s information is kept confidential and ensure care is performed in private.

The Assessment Team found the service did not always communicate accurate information to support safe visiting during the COVID-19 pandemic to enable consumers to exercise choice. Consumers, representatives, and staff were provided inaccurate information by the service - specifically that the government guidelines restricted visitations between 10am-2pm unless exceptional circumstances applied.

The Quality Standard is assessed as Non-compliant as one of the six specific requirements have 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 service did not demonstrate they provide consumers and their representatives with accurate and up-to-date information in a way they understand to ensure clear communication and common understanding.

Consumers, representatives, and staff interviewed said the service advised them it was ‘government requirement’ that the visiting hours were 10am to 2pm during the COVID-19 pandemic. Under current guidelines published by Department of Health and Human Services (DHHS) the service may restrict visitation hours during an ‘amber’ level – a status which the service is currently under. However, the guidelines state that if such restrictions are imposed, the service should communicate with consumers on an individual basis to determine alternative ways to help the consumer remain connected with a range of other general visitors.

The response submitted by the Approved provider disputes the Assessment Team’s findings. The response acknowledged the wording of the service’s requirement in relation to visiting hours could be misinterpreted as misleading, however this was not their intention, and the service will work to further improve their communication strategy. The Approved provider acknowledged the impact that visitation restrictions has had on consumers and their families. While the response submitted demonstrated the majority of the visitations occurred between 10am and 2pm with a few exceptions, it did not demonstrate that the service consulted with the consumer or their representatives in relation to the reduced visiting hours. The Approved provider did not demonstrate they regularly review the information provided to consumers to ensure it is current and relevant. The service did not submit any evidence of communication of restricted visitation hours sent to the consumers or representatives.

While I note the actions taken since the audit, the service did not provide consumers with accurate information and in a way that is clear and easy to understand to make informed choices, understand their rights and the services available to them at the time of the audit. Based on the available evidence I am not satisfied the Approved provider has demonstrated compliance with this requirement. Thus, I find this service non-compliant in this requirement.

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

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

# STANDARD 2 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

For example:

* Most of the sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.
* Most consumers and representatives interviewed said staff explain relevant information about their care. Staff informed them that their care plans are updated regularly.
* Consumers and representatives said their care and services are planned around what is important to them and described their participation and others they wish to be involved in assessment and care planning.

Staff interviewed demonstrated they know what is important to consumers in terms of how their care is delivered. Staff described how consumers, representatives, health professionals and other organisations contribute to consumers’ care and how they work together to deliver a tailored care and service plan.

A review of care planning documents demonstrated consumers and/or representatives and others are involved in their care planning. Care plans are reviewed 3 monthly and when circumstances change. Care plans showed relevant assessment and risk identification as part of care planning and reflect consumers’ current goals, needs and preferences and include the documentation of advance care wishes.

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

## Assessment of Standard 2 Requirements

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

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

### 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.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) 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-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers considered they receive personal care and clinical care that is safe and right for them. Consumers who require the use of restrictive practices are assessed, monitored and generally reviewed according to regulatory requirements, and consultation with representatives occurs. Care information is documented and available to staff and others, in the electronic care system.

Staff are responsive to changes in consumers’ health and well-being. A review of consumer care documentation indicated the service identifies, monitors, and provides appropriate care to consumers when changes to consumers’ condition or capacity occur. The service has an infection control policy and framework, COVID-19 outbreak management plan and antimicrobial stewardship (AMS) guide.

However, the majority of the consumers and representatives reported delayed responses to personal care needs, resulting in recurring incidents such as increased agitation, falls and pressure injuries. In addition, file review demonstrated that prevention and management of high impact and high prevalence risks, such as prevention and management of falls, dysphagia management and weight loss were not always effectively managed in accordance with best practice.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

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

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

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

The service was found non-compliant in this requirement following an Assessment Contact in September 2021. The Assessment Team found the service did not adequately demonstrate that it provided safe and effective personal and clinical care, specifically relating to wound care and pain management. The Assessment Team found the service has implemented actions to effectively address the deficits identified at the previous assessment contact.

Consumers sampled said they receive safe, effective and tailored care overall. Staff were knowledgeable of the sampled consumers’ care needs and preferences.

In relation to this site audit, the Assessment Team found the service demonstrated that pain is immediately identified upon onset and pain prevention, monitoring and interventions are actioned immediately. The Assessment Team observed sampled consumers being alert, comfortable and pain free at the time of the site audit.

While I note that some consumers and representatives raised concerns about staff shortages impacting skin prevention strategies, such as timely continence management, personal hygiene and regular repositioning, and inadequate pressure relieving equipment; the service demonstrated wound management is tailored to the individual consumer in accordance with best practice. The service demonstrated that skin abnormalities are identified and actioned immediately.

The service demonstrated that restrictive practices are implemented as a last resort and reviewed on a regular basis. Behaviour support plans reviewed described social and personality profile, triggers and tailored based behaviour management strategies and are implemented to all consumers on restrictive practices.

Thus, I find this service compliant in 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 service was found non-compliant in this requirement following an Assessment Contact in September 2021. The Assessment Team found the service did not demonstrate effective identification or management of high impact or high prevalence risks associated with the care of each consumer, particularly falls management. The Assessment Team found the service has not consistently actioned the deficits identified at the previous Assessment Contact.

During this site audit, the Assessment Team found the service did not adequately demonstrate that incidents of falls, weight loss and swallowing difficulty were consistently identified and actioned with the consideration of risk mitigation and prevention of possible harm. The majority of staff, consumers and representatives expressed concerns in relation to staff numbers impacting the identification and management of high impact or high prevalence risks.

In relation to falls prevention and management, the Assessment Team reviewed four consumer files. For example, the Assessment Team identified that not all neurological observations were attended to in a timely manner in accordance with the service’s policy. Further, one consumer’s high-risk medication was not consistently identified as a risk, in the event of them falling.

The response submitted by the Approved provider disputes the Assessment Team’s findings. The response acknowledged gaps in the completion of neurological observations on the identified occasions and the service has planned follow-up education for staff on this topic.

In relation to managing risks of choking, a consumer identified as requiring easy to chew and cut up diet and thin fluids experienced a choking episode while having lunch. The Assessment Team found the consumer was not assessed by the registered nurse after the choking episode. File review showed the speech pathologist did not attend the consumer until the date of site audit, some 10 days later. Although the service’s policy indicates that swallowing should be assessed via the ‘dysphagia screening tool’ using the electronic care system, the service did not demonstrate the screening tool was conducted as part of the choking episode investigation. Further, the service did not demonstrate the choking episode was reported to the medical practitioner, as required by the service’s policy. Management was made aware of the issue during the site audit and followed up immediately.

The response submitted by the Approved provider disputes the Assessment Team’s findings. The response acknowledged delay in the consumer seeing the speech pathologist explaining the delay was due to the speech pathologist being exposed to COVID-19. The response reiterated that the service has taken immediate action to address the issue identified when told by the Assessment Team.

In relation to managing unintended weight loss, one consumer lost 8.1 kgs over 3 months. While the consumer was referred to specialists and care plan review reflected the consumer’s current clinical care needs, the service did not demonstrate evidence of action taken in regard to this consumer’s preferred diet texture and relative high risk of further weight loss, as recommended by the dietitian. In response, management advised they would action on feedback provided by the Assessment Team immediately during the site audit.

The response submitted by the Approved provider disputes the Assessment Team’s findings. The response acknowledged the delay in conducting the dignity of risk discussion with the consumer as recommended by the dietitian, however stated the service is in progress of completing this activity.

The Assessment Team observed other areas of high impact and high prevalence risks associated with consumer care such as pain management, skin integrity management, catheter management, diabetes management, restrictive practice management and found the service managed these areas in accordance to best practice guidance and applying measures to manage and mitigate the risk.

While I note the actions taken since the audit, this remedial action is still in progress. Based on the available evidence I am not satisfied the Approved provider has demonstrated compliance with this requirement, particularly in managing fall, unintended weight loss and managing risk of choking. Thus, I find this service non-compliant in 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 NON-COMPLIANTServices 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, and consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, sampled consumers did not consider that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Most consumers and representatives said the services and supports they received do not always meet their needs, goals and preferences. They were dissatisfied with the activities offered by the service, and they were not always supported or assisted to do the things of interest to them.
* Consumers said they are satisfied with how staff supported their spiritual and emotional well-being needs and preferences and how they felt comfortable talking to staff if they were feeling low.
* Consumers said they can maintain relationships that are important to them with family and friends, and they are supported by the service to do this.
* Consumers and representatives described how they have access to other organisations and services to meet their needs.
* Most consumers sampled were satisfied with the quality of the food and the food choices offered at the service. All consumers said that they receive enough food and can always ask for more.

While lifestyle care plans were customised to the interests of the individual consumer the activities specific to each consumer was not always provided, affecting the consumer’s health, well-being and quality of life.

Review of care planning documents evidenced 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. For example, one consumer said they are happy with the psychologist visits that are occurring, and another consumer said they had visit from the physiotherapist.

The Assessment Team observed a variety of clean and well-maintained equipment and resources used to provide and support clinical and care services.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-compliant

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

The service did not demonstrate that each consumer’s services and supports for daily living are delivered in line with their assessed needs, goals and preferences, to improve the consumer’s quality of life.

Consumers and their representatives interviewed provided negative feedback that there is a lack of stimulating and appropriate activities provided by the service. Consumers and their representatives provided examples of services and supports received that did not meet their needs, goals or preferences and how this limited their participation. For example, one consumer representative said the consumer used to have fun and enjoyed their day spent in the garden however this activity has ceased. Another consumer representative said there are limited activities in the memory support unit, and this has adversely impacted the consumer’s condition. A third consumer representative said the consumer feels demotivated and stays in their room most of the day as there are no activity choices offered by the service.

Care staff explained there have been several resignations and extended unplanned leave that has impacted on the delivery of the lifestyle program. Management interviewed acknowledged the gaps in lifestyle shifts, however said recruitment is taking place internally and externally. Management explained the service is reviewing the lifestyle activities delivered to ensure it supports and meet consumers’ needs, goals and preferences.

The response submitted by the Approved provider disputes the Assessment Team’s findings. The response acknowledged the gaps in staffing within the lifestyle team and explained that active recruitment processes are currently underway to address the staffing issue. The response submitted did not provide sufficient information in relation to the sampled consumers’ care plan to inform the type of services and supports provided to the consumer and the way they are provided to support consumers to continue to do things of interest to them, including at times when they feel less able to participate fully.

While I note the actions taken since the audit, this remedial action is still in progress. The service did not demonstrate it has considered strategies and options to deliver services and supports for daily living that reflects the diverse needs and characteristics of consumers. Based on the available evidence I am not satisfied the Approved provider has demonstrated compliance with this requirement. Thus, I find this service non-compliant with this requirement.

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

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

### Requirement 4(3)(c) 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered they feel they belong in the service and feel safe and comfortable in the service’s environment.

For example:

* Most consumers and representatives provided positive feedback about the environment and stated their rooms, bathrooms, and the service is clean and well maintained.
* While some representatives said they were not made feel welcome at the service, consumers confirmed they feel safe, comfortable and at home at the service.

Staff demonstrated understanding of maintenance processes and described how requests for maintenance are submitted and actioned.

The Assessment Team observed 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.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

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 taken by the service regarding the issue raised.

Staff and management described how they apply principles of open disclosure when handling complaints. Staff demonstrated understanding of circumstances where they might refer a consumer to an advocacy or language service. Management described improvements made in response to consumers’ complaints and feedback gathered in resident committee meetings and food focus groups.

Posters and brochures to consumers about language and advocacy services were on display and readily available for consumers to access when raising and resolving complaints. Feedback and complaint forms were observed at the entrance to each wing of the service.

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 NON-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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

For example:

* Mixed feedback was received from consumers and representatives in relation to staff availability, impact of choice and call bell response time.
* Most consumers and representatives interviewed considered staff are kind, caring and respectful, knowledgeable and competent.
* Consumers and representatives interviewed said they consider staff know what they are doing. They described in various ways satisfaction with how their care needs are delivered and the level of staff training.
* Consumers and representatives interviewed felt confident that staff are qualified and have the skills needed to provide personal and clinical care to meet their individual needs.

Management described how they plan the number and mix of staff to enable care and services most of the time. The service is currently changing from conducting annual performance appraisals to a goal setting process.

However, the service did not demonstrate there are enough workforce members to provide safe and quality care and services every day. For example, some consumers said staff are rushed and lifestyle activity were impacted due to staff shortage.

The Assessment Team observed staff interactions with consumers, representatives and others to be kind, caring and respectful. Review of staff learning and development record showed staff have completed training sessions related to the Aged Care Quality Standards. All staff interviewed confirmed they attended mandatory education and training annually.

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

## Assessment of Standard 7 Requirements

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

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

The service was found non-compliant in this requirement following an Assessment Contact in September 2021. The Assessment Team found the service did not demonstrate that they have a system to plan workforce numbers and the range of skills they required to meet consumers’ needs and deliver safe and quality care and services at all times.

In relation to this site audit, the Assessment Team has recommended the service complies with this requirement, however considering evidence throughout the Assessment Team’s report, I have formed a different view. The service has not adequately demonstrated it plans the number and mix of staff to enable delivery of safe and quality care and services to consumers.

For example:

* Some consumers said staff member have no time for a chat and always feel rushed.
* Some consumers and their representatives said consumers feel demotivated and stay in their room most of the day as there were not enough lifestyle staff to carry out activities in the service.
* Consumers representatives interviewed said there are limited activities in the memory support unit due to the lifestyle staff shortage and that has adversely impacted the consumer’s condition.
* Some consumers and their representatives indicated the service was not able to meet the consumer’s preferred bedtime due to workforce shortage.
* Interviews with staff explained there have been several resignations and extended unplanned leave that has impacted on the delivery of the lifestyle program.

The service did not provide the call bell response data to the Assessment Team during this site audit. The service advised the Assessment Team that they are transitioning to a new call bell system as the old system identified network ‘black spots’ impacting the call bell communication in between consumers and staff. Management also provided correspondence with Telstra regarding a proposed site for a new booster tower. The Assessment Team observed staff responding to call bells and sensor alarms in a timely manner on most observations throughout the site audit.

I acknowledge Management is undertaking staff planning and recruitment initiatives to support consumers’ current care needs and that a review of the future roster commencing 18 April 2022 showed the numbers of registered nurses and enrolled nurses rostered are consistent. However, the service did not demonstrate it promptly identifies and manages the issues and risks that might result in not having enough members of the workforce.

Based on the available evidence and on balance I have found the service Non-compliant with this requirement.

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

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

### Requirement 7(3)(c) 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-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

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

The service demonstrated effective governance systems are in place and their application in relating to information management, financial governance, regulatory compliance and feedback and complaints. The Assessment Team explored three specific scenarios with management concerning how opportunities for continuous improvement are identified; how critical incidents are used to drive continuous improvement; and how the governing body satisfies itself the Quality Standards are being met.

Management described their clinical governance framework and how it provides an overarching monitoring system for clinical care. Management explained how consumers are involved and supported in the development, delivery and evaluation of care and services. The organisation’s governing body has developed, implemented and documented clear expectations for the organisation and individuals to follow in promoting safe, inclusive and quality care and services.

Although the service has risk management systems and practices that help them identify and assess risks to the health, safety and well-being of consumers, these systems were not regularly reviewed to keep improving outcomes for consumers. The service has not used this information to improve its performance and how it delivers quality care and services. The service did not adequately manage high impact and high prevalence risks associated with the care of consumers as outlined in Requirement 3(3)(b).

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### 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.*

The service was found non-compliant in this requirement following an Assessment Contact in September 2021. The Assessment Team found the service did not demonstrate they have systems and processes in place to manage high impact or high prevalence risks associated with the care of consumers, such as falls.

In relation to this site audit, the Assessment Team has recommended the service complies with this requirement, however considering evidence throughout the Assessment Team’s report, I have formed a different view. Although the service has a documented risk management framework and demonstrated that risks are reported, escalated, and reviewed by management at the service level and via the organisation’s senior management to the Board, however, the service has not demonstrated current systems and processes are effective in identifying and managing high impact or high prevalence risks (refer to Requirement 3(3)(b)).

I note the organisation has an incident management system. Management described their timely review of incidents and immediate actions taken. For example, the service’s Serious Incident Response Scheme (SIRS) data for the past 6 months includes four ‘priority 1’ and four ‘priority 2’ incidents reported.

Based on the available evidence and on balance I have found the service Non-compliant with this requirement.

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

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

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

# 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.

**In relation to Standard 1, Requirements 1(3)(e)**

* Ensure information provided to each consumer is current, accurate and timely, and easily understood to enable them to make informed decision.
* Review processes used to communicate information to the consumers, so it is current and accurate.
* Ensure staff have the skills and knowledge to meet the above.

**In relation to Standard 3, Requirements 3(3)(b)**

* Ensure effective processes are in place to manage staff practice in relation to high impact or high prevalence risks associated with the care of each consumer.
* Implement monitoring processes to ensure above processes are effective.
* Ensure staff have the skills and knowledge to meet the above.

**In relation to Standard 4, Requirements 4(3)(a)**

* Ensure consumer receives safe and effective services and supports for daily living to help them to be as independent as possible and maintain a sense of well beings.
* Review processes used to measure how safe and effective their services and supports are in improving a consumer’s independence, health, well-being, and quality of life.
* Ensure staff have skills and knowledge to meet the above.

**In relation to Standard 7, Requirements 7(3)(a)**

* Ensure staffing is sufficient to meet consumers’ needs and deliver safe and quality care and services at all times.

**In relation to Standard 8, Requirements 8(3)(d)**

* Establish systems and processes for managing high impact and high prevalence risks and review these systems to improve consumer care outcomes.