May Noonan Centre

Performance Report

3 Foley Street
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Phone number: 03 5592 1557

**Commission ID:** 3299

**Provider name:** Lyndoch Living Limited

**Assessment Contact - Site date:** 19 July 2022 to 22 July 2022

**Date of Performance Report:** 14 September 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** |  |
| Requirement 1(3)(d) | 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)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(c) | 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 Assessment Contact - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received 15 August 2022.
* The Aged Care Quality and Safety Commission’s (the Commission) Risk Escalation Brief dated 18 August 2022 contains information about a COVID-19 outbreak at the Service.
* A Notice to Agree issued on 19 August 2022 in relation to non-compliance under
* section 54-1(1)(b) of *The Aged Care Act* 1997 to maintain an adequate number of

appropriately skilled staff to ensure that the care needs of care recipients are

met; and

* section 54-1(1)(d) of the Aged Care Act to comply with the Aged Care Quality

Standards set out in Schedule 2 to the Quality of Care Principles 2014

(Quality of Care Principles).

* The Approved Provider’s response to the Notice to Agree received 05 September 2022.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The purpose of this assessment contact was to assess the service’s performance against this requirement which was previously found non-compliant during a site audit from 20 April 2022 to 22 April 2021. The service was found non-compliant at that time because the consumers were not supported to take risks to live the best life they can.

## Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 1 Requirements

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

*Each consumer is supported to take risks to enable them to live their best life.*

The Assessment Team found that the service had made significant improvements within this requirement.Consumers and representatives told the Assessment Team they were satisfied they are supported by staff to take risks and live their best lives.

Consumers who wish to take risks are supported to do so safely, and risk assessments have been completed for these consumers. The service was able to provide evidence of the range of assessment tools and care documents that are used to assess, plan, care for and support consumers to take risks. For example, a consumer who wishes to smoke cigarettes is provided with a smoking apron, an ashtray and a safe and clean place to do so.

Risk assessment around the completion of the dignity of risk documentation confirmed discussions with the consumer, their representatives, and care professionals in supporting the decision-making processes.

In making this decision I have considered the information provided by the Assessment Team and the feedback from the consumers and representatives that they feel supported by staff to take risks and live the best life they can.

The approved provider did not provide a response to this specific requirement.

Based on the information provided the service supports consumers to take risks and live the best life they can and I find them Compliant with this requirement.

# STANDARD 2 CompliantOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The service was previously found non-compliant with all requirements under this Standard during a site audit from 20 April 2021 to 22 April 2021.

The deficits from that site audit included the following:

* Consumers did not feel like partners in the ongoing assessment and planning of their care and services.
* The service was not undertaking assessment and planning for all consumers to inform the delivery of safe and effective care and services, or considered risks to the consumer’s health and wellbeing.
* Care documentation did not demonstrate that assessment and planning identify and address the consumer’s current needs, goals and preferences.
* The service did not demonstrate outcomes of assessment and planning were communicated to consumers and/or their representatives. Care plans were not readily available to consumers and staff confirmed they do not make plans of care available to consumers.

The approved provider did not provide a response to this specific requirement.

The Quality Standard has been 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.*

The Assessment Team found that the service had made significant improvements within this requirement.

Consumers and representatives confirmed to the Assessment Team that an initial care and services plan is completed on entry for all consumers including respite consumers, while a more comprehensive care and services plan is developed following assessments and consumer and representative input.

Files reviewed by the Assessment Team demonstrated consumer care plans contained individualised information, assessments that consider risks across all domains and regular care planning consultations are completed in a timely manner for new consumers.

The Assessment Team provided evidence in relation to one consumer who following a fall, was reassessed in relation to their falls risk and pain and progress notes document a change to his mobility needs.

The organisation utilises standardised assessment tools across all risk areas and domains of health, including a falls risk tool (FRASS), pain assessment tools that include visual and verbal responses, skin assessments, cognitive assessments and depression scale assessments.

The service has a suite of policies to guide the assessment, care planning and review of consumers. Staff demonstrated a robust knowledge of consumers’ needs and preferences which were consistent with information in care plans.

The approved provider did not provide a response to this specific requirement.

Based on the information provided the service is ensuring planning and assessments are conducted in order to inform the delivery of safe and effective care and services to consumers.

I find the service 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.*

At the previous site audit, the approved provider had started to address the deficits in assessment and planning and it was noted that remedial action had commenced and was in progress. The Assessment Team found that the service had made significant improvements within this requirement.

The Assessment Team noted goals are reviewed regularly, re-evaluated and updated through the care plan review process. Preferences in all aspects of care, including personal care, clinical care, nutrition and lifestyle activities, are reviewed in consultation with the consumer and/or representative during the review process to ensure care needs and preferences remain current.

The Assessment Team provided evidence in relation to one consumer whose file documented their updated preferences. The representative for this consumer confirmed that the service had made the necessary changes to the consumer’s care.

The service has guidance material in relation to advance care planning and end of life pathways for staff, consumers and representatives.

Consumer progress note documentation contained ‘consumer/carer consultation forms’ which were completed with each care plan review. Advance care planning and preferences are discussed with consumers and representatives at the time of admission and are reviewed regularly and are documented and accessible to staff.

Consumers and representatives said they are satisfied care provided is in accordance with consumers' preferences. The Assessment Team provided evidence regarding two consumers, whose needs had changed this information was correctly updated and staff were aware of the changes.

Staff demonstrated to the Assessment Team they had in-depth knowledge of consumers and their needs and preferences in relation to all areas of care. They were able to show the Assessment Team that a consumer’s advanced care directive was known by them and that the wishes were correctly documented.

The approved provider did not provide a response to this specific requirement.

Based on the information provided I find the service has identified, addressed and documented the current needs and preferences of consumers, including in end of life planning.

I find the service Compliant with this requirement.

### 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 the 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 deficits in this requirement identified at the previous site were in the area of involvement of others in the care planning and assessment of consumers. Remediation had commenced at the time of the previous site audit and was still in progress.

The Assessment Team found that the service had made significant improvements within this requirement.

Consumers and representatives told the Assessment Team they were satisfied with the level of input they have into their care and how they are consulted regularly.

One consumer told the Assessment Team that the service listens to them and abides by their wishes. Representatives for other consumers provided feedback that they are consulted regularly and requests made are adhered to.

A review of consumer files demonstrated ongoing partnership with the consumer and/or the representative either through face-to-face consultation or over the telephone. Progress notes and incident reports noted ongoing communication occurring with representatives.

Progress notes, assessments and care plans reflected entries from a large range of other professionals involved in the consumer’s care. This includes medical officers, dietitians, dementia and behaviour specialists and speech pathologists.

Staff were able to explain areas discussed in care consultations and any feedback as part of ongoing care plan reviews. They stated they ensure consumers are involved in care consultation processes as well as representatives where the consumer has a cognitive impairment.

Based on the information provided, the service has shown they involve others in the care planning and assessment of consumers and that communication with representatives is ongoing.

The approved provider did not provide a response to this specific requirement.

I find the service Compliant with this Requirement.

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

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

The service was found non-compliant at the previous site audit as they were unable to demonstrate that outcomes of assessment and planning are communicated to consumers and/or their representatives.

The Assessment Team found that the service had made significant improvements within this requirement.

Consumers expressed high satisfaction with the level of communication at the service. One representative explained how they received a copy of the care plan and has monthly care consultations with the service staff and another representative stated the communication was excellent.

The Assessment Team identified that effective communication of the assessment, care planning and review process is conducted in partnership with consumers and/or representatives. The outcomes of care planning are communicated to consumers and their representatives either face to face or by telephone. Information within the care plan is summarised from a broader suite of assessments, including risk assessments.

Staff provided feedback including high levels of satisfaction with the process of care planning conversations which they felt were important, especially in a small community.

Staff describe how information pertaining to policies, procedures and work instructions relating to assessments and care planning is located on the service's intranet system.

The approved provider did not provide a response to this specific requirement.

Based on the information provided, I find the service is effectively communicating the outcomes of care and planning with consumers and representatives. Care plans are readily available to consumers and representatives.

I find the service 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 the needs, goals or preferences of the consumer.*

The Assessment Team found that the service had made significant improvements within this requirement. The Assessment Team, however, noted that reassessed needs in the consumer care plans are not always reviewed and updated as needed, such as for one consumer who now required a two-person assist following a review of their mobility needs.

Consumers and representatives told the Assessment Team that they are regularly consulted regarding changes to consumer care and services and are informed when incidents occur or if there is a change in the consumer’s condition.

Staff were able to describe the processes followed and the care provided for consumers who experience a fall and were observed by the Assessment Team to be discussing consumers’ changing care needs at handover. Handover documents provided evidence of ongoing and immediate updates of incidents or other changes impacting the needs and preferences of consumers.

A review of consumer files by the Assessment Team demonstrated that incidents are documented, reviewed and mostly used to help identify changes to consumer needs and have resulted in referrals to allied health, behaviour and mental health specialist services and medical officers as required. There was a deficit in relation to the identification and management of medication incidents that will be addressed in Standards 3(3)(b) and 8(3)(c).

The approved provider did not provide a response to this specific requirement.

The Assessment Team noted a deficit in relation to one consumer whose mobility plan was not updated following a fall. The information, however, was contained in handover documentation and as such, I find the service ensured that the current reassessed needs of the consumer were being met.

I find the service overall is reviewing the care and services provided to consumers and ensuring changes to their care are made as required.

I find the service Compliant with this Requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The service was previously found non-compliant with four requirements under this Standard during a site audit from 20 April 2021 to 22 April 2021. Deficits were identified in the following areas:

* Effective clinical management and care in relation to pain, skin integrity and pressure injury management.
* The management of high impact high prevalence risks including in relation to falls, medication, behavioural and weight management and urinary catheters.
* Identification and management of deterioration or changes to a consumer’s health.
* The effective documenting and communication of consumers’ conditions needs and preferences both within the service or with others.

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### 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 Assessment Team found that the service had made significant improvements within this requirement and consumers and representatives provided positive feedback about the personal and clinical care provided by the service.

The Assessment Team reviewed consumer files, including progress notes, assessment tools, care plans and medical directives which reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. For example, the Assessment Team reviewed consumers’ files in relation to risks such as restraint, pain, skin integrity, diabetes management, catheter care, behavioural management and falls and noted the consumers reviewed receive individualised and safe care.

Consumers and their representatives were able to describe how they have been consulted and informed about skin integrity and restrictive practices. Clinical and care staff demonstrated detailed knowledge of consumers’ care needs and care strategies.

The representative of one consumer told the Assessment Team they had been consulted with and had provided informed consent about the use of chemical and environmental restrictive practices.

Another representative provided feedback that they are satisfied with the care provided to their consumer who requires specialised care.

Consumers subject to different forms of restrictive practice including environmental and chemical restraint had documentation that demonstrated the service has consulted, assessed and planned individual care for each of them. As required psychotropic medication use was minimal and was shown to be used as a last resort. The Assessment Team observed staff consistently interacting with consumers using strategies documented in their behaviour support plans.

The approved provider did not provide a response to this specific requirement.

Based on the information provided by the Assessment Team and the evidence provided to them by representatives I am satisfied the service is 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 identified the service had made improvements in relation to deficits previously identified during the site audit from 20 April 2021 to 22 April 2021.

The Assessment Team found the service has made improvements in relation to the management of consumers with behaviours of concern, weight loss, falls, catheter care and diabetes.

The Assessment team provided evidence that behaviour support plans include information in relation to possible triggers and strategies and interventions to assist in the management of the consumers’ behaviours.

Unexpected weight loss for one consumer was identified and strategies with the consumer’s needs and interests in mind were implemented to ensure the consumer had adequate nutritional intake whilst participating in activities that were of interest to them.

A review of files for consumers who had falls were assessed and falls management procedures were followed.

The Assessment Team found that consumers with specialised care needs had information in care documentation to inform and guide staff as to their care needs.

The Assessment Team found deficits in relation to the management of high impact high prevalence risks in relation to medication incidents involving 3 consumers that occurred over a period of 3 months.

One consumer was administered an incorrect dose of medication on 83 occasions across a 3-month time frame from 21 December 2021 to 8 March 2022. The service at the time of the assessment contact stated the investigation showed contributing factors were ‘GP order ill-written and staff not properly reading/checking the order and checking packed medications.

The medication audits were ineffective in identifying the errors, which were attributed to a staff member completing them incorrectly.

Management at the time did not identify any further investigation details following this incident, inclusive of monitoring expected staff practices of checking a medication against a medication order for accuracy prior to administering it to a consumer.

The response from the approved provider acknowledged the deficits and the organisation has put measures in place to ensure they did not reoccur. This includes conducting an additional medication audit, only having clinically trained staff administer medications and the proposed introduction of an electronic medication system.

Whilst I note the actions taken by the provider, the remedial action is still in progress and I am satisfied that the evidence provided by the Assessment Team has demonstrated the service is not effectively managing the risk associated with medication management.

Based on the information I find the service Non-compliant with this requirement.

### 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.*

The Assessment Team identified the service had made improvements in relation to deficits previously identified during the site audit from 20 April 2021 to 22 April 2021. The service at that time was found not to be responding to deterioration or changes in a consumer’s health in a timely manner.

Care documentation reviewed by the Assessment Team identified that staff are responding in a timely manner to clinical deterioration or changes in consumers’ health. Responses included taking clinical observations, referral to a medical officer, referral to internal and external allied health professionals, administering analgesia and involving representatives.

For one consumer who had a fall, the Assessment Team reviewed the documentation following the fall and evidenced that all processes were correctly adhered to. The service also took the steps of referring the consumer back to hospital as they did not feel the requirements surrounding the management of the consumer’s pain was adequate.

Consumers and representatives said they were satisfied with the way the service manages deterioration and changes in a consumer’s condition. They stated staff are responsive in identifying changes, providing information and contacting medical practitioners for review as required.

There is a range of policies and procedures to support staff in recognising and responding to deterioration or changes in a consumer’s condition.

The service accesses a range of professional services to provide advice and support for managing consumers’ clinical care needs and behavioural issues.

The approved provider did not provide a response to this requirement.

I am satisfied that service is recognising deterioration in a consumer’s condition and correct processes are followed

I find the service Compliant with this requirement.

### 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.*

The Assessment Team identified the service had made improvements in relation to deficits previously identified during the site audit from 20 April 2021 to 22 April 2021.

The deficits at that time related to information available to inform shared care being out of date and/or incomplete. There were instances of directives made by health professionals not being acted upon by staff; handover information not including risks; and, charting, assessments and care plans not being consistent or current for all consumers.

The Assessment Team stated consumers and representatives spoke positively about how they are kept informed regarding changes to the health of consumers. Representatives interviewed by the Assessment Team said staff are listening to their feedback and discussed how they receive telephone calls from staff after consumers have been seen by an allied health professional, medical officer or post-fall or another incident or when feeling unwell.

Information used to provide communication includes progress notes, handover sheets and communication books/diaries.

The Assessment Team observed a handover sheet used by staff with references to specialised nursing care such as diabetes management, catheter management and oxygen management. The handover sheet is updated after each shift and following a visit by a medical officer.

The Assessment Team observed staff discussing individual consumers and changes that had occurred in a confidential environment. The Assessment Team observed all clinical and care staff participating in a shift handover from morning to afternoon shift in the privacy of the nurse’s station.

The Assessment Team were told by staff that during handover, information relating to changes in consumer care needs is discussed. The information also addresses adverse events/incidents, illness, infections, responsive behaviours, medical reviews and allied health instructions.

The approved provider did not provide a response in relation to this requirement.

Based on the information provided by the Assessment Team and feedback provided by consumers and representatives I am satisfied the service is Compliant with this requirement.

# STANDARD 5 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 service was previously found non-compliant with two requirements under this Standard during a site audit from 20 April 2021 to 22 April 2021. The deficits related to the lack of maintenance of the service environment and the furniture, fittings and equipment being soiled or not in good working order.

## Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 5 Requirements

### 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.*

The Assessment Team identified the service had made improvements in relation to deficits previously identified during the site audit from 20 April 2021 to 22 April 2021.

Consumers and representatives said that the environment was safe, well maintained and comfortable and that they were satisfied with the way the cleaning staff maintained the cleanliness of the service and their rooms. Consumers were pleased that they can access outdoor communal areas and enjoy the courtyard and gardens in good weather.

The Assessment Team observed the service to be clean, spacious and well-lit. It is on one level and communal spaces were comfortably furnished and generally well utilised by consumers throughout the day.

The Assessment Team found the service environment encourages consumers to be independent and have a sense of belonging. Consumers freely moved around the service both indoors and outdoors during the assessment contact.

The lounge area has been refurbished and was observed to be utilised by several consumers throughout the site visit. The consumers were observed engaging interacting with each other or attending activities such as completing puzzles, arts and crafts and musical activities.

The internal environment is well maintained, clean and safe and the external courtyard and gardens are neat and tidy. Preventative and responsive maintenance is recorded in an electronic system so the service can now track what has been completed and what work is outstanding. The Assessment Team noted there was no maintenance work outstanding at the time of the visit.

The Assessment Team observed cleaning in progress in communal areas as well as consumers’ rooms.

The approved provider did not provide a response to this requirement.

Based on the information provided I am satisfied the service has made improvements to the service environment and consumers are able to move freely, both indoors and outdoors. Consumers’ feedback in relation to the service environment was positive.

I am satisfied the service Compliant with this Requirement.

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The Assessment Team observed furniture, equipment and fittings in the service to be clean and well maintained.

Consumers and representatives are satisfied with the furniture in the service. They stated it is suitable for their needs and comfort and felt safe using the equipment. Consumers were observed using a range of equipment aids including walking frames and wheelchairs. Bathrooms contained equipment to support personal care.

Staff confirmed that equipment is safe and regularly checked by maintenance and contractors as per scheduled checks and could describe the process for logging a maintenance request. Staff said that equipment is cleaned before and after use and cleaning is also undertaken as part of night duties. Staff told the Assessment team they have sufficient and suitable equipment as required for consumers.

Maintenance log records reviewed by the Assessment Team show regular and timely maintenance and servicing occur as required for equipment, furniture and the living environment.

The approved provider did not provide a response to this requirement.

Based on the information provided by the Assessment Team and feedback by consumers I am satisfied that the service is Compliant with this requirement.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The service was previously found non-compliant with two requirements under this Standard during a site audit from 20 April 2021 to 22 April 2021. The deficits identified during the site audit included:

* Consumers did not consider that they are encouraged and supported to give feedback and make complaints.
* Feedback forms were not freely available, and the lodgement point does not enable privacy or anonymity.
* Staff were not aware of advocacy services and no information is available within the service in relation to advocacy services.

## Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## 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.*

Consumers told the Assessment Team they feel supported to raise concerns and provide feedback. They are comfortable raising issues with service staff verbally as they feel staff are so supportive. Some consumers said that they could see action taken and improvements made in relation to food and the laundry service.

One consumer could see the changes made as a result of their complaint but was not informed of the outcome and felt communication is poor in this respect.

Other consumers provided examples of changes made as a result of their complaints, especially in relation to food and menus and for one consumer a change of their room was enabled.

Staff were able to describe changes made as a result of feedback provided by consumers and gave examples where they have supported the consumers to provide the feedback.

Staff described how open disclosure is practised when a consumer makes a complaint or provides feedback. Staff are also encouraged to provide feedback and ideas via feedback forms, staff meetings and residents meetings.

* The Assessment Team sighted the following documents/materials relating to this requirement:
* A complaints and feedback policy and procedure.
* Complaints trend analysis.
* Continuous improvement plan demonstrated that complaints are put on the action plan.
* Brochures on display about the complaints process, with information about external complaints agencies.
* Feedback forms located with drop box.
* Meeting minutes from resident and relative meetings showing consumers providing feedback.

Consumer feedback was generally positive in relation to this requirement and they felt satisfied with the process of providing feedback. The service could improve their communication in relation to the outcome of a complaint however the consumer was able to see that changes had been made as a result of the complaint.

The approved provider did not provide a response to this requirement.

Based on the information provided I am satisfied the consumers are supported and encouraged to provide feedback.

Overall, I find the service Compliant with this requirement.

### 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.*

Consumers told the Assessment Team that they felt comfortable raising concerns verbally and felt no need to engage external advocacy services. Staff could explain the circumstances in which a consumer may benefit from having an advocate and was able to explain various ways they can support consumers with communication issues to raise complaints.

The Assessment Team sighted the documents/materials relating to this requirement including language and advocacy brochures and feedback forms.

Management told the Assessment team there has been no need to engage interpreter or advocacy services for the current consumer cohort, however, they provided examples of how advocacy could be used if required and how these services are promoted at the service.

The service has been able to show improvements made in relation to staff knowledge about advocacy services available to consumers. The information in relation to advocacy services was available for consumers to access.

The approved provider did not provide a response in relation to this requirement.

Based on the information provided I am satisfied the service is Compliant with this Requirement.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The service was previously found non-compliant with two requirements under this Standard during a site audit from 20 April 2021 to 22 April 2021. The deficits identified at that time included the following:

* The service did not demonstrate the number and mix of members of the workforce to enable the delivery and management of safe and quality care and services.
* The service did not demonstrate it has a workforce that is skilled and qualified to provide safe, respectful and quality care and services.
* The service does not adequately demonstrate the workforce has contemporary knowledge to effectively perform their roles.

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## 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.*

At the time of the assessment contact, consumers told the Assessment Team they receive quality care and services when they need them, from people who are knowledgeable, capable and caring. Representatives felt staff were effective at performing their roles in providing care to consumers.

Consumer feedback included that they felt the service could do with more staff and that staff work long hours but are doing the best they can. One consumer stated that staffing levels had improved of late and that responses to call bells were prompt.

Staff commented that although they have the support of management and others to provide care to consumers, they felt the service required more staff.

At the time of the assessment, contact management described the challenges faced in recruiting and retaining staff but demonstrated to the Assessment Team it maintains an adequate staff-to-resident ratio, to ensure consumers receive the care they need.

Evidence by the Assessment Team identified that in the week leading up to the assessment contact there were no vacant shifts that went unfilled. They also were provided analysis that call bell response times were no longer than 8 minutes

I have taken into account the above evidence however, the service subsequently experienced a COVID-19 outbreak that commenced on 13 August 2022. On 17 August 2022 the then Victorian Aged Care Response Centre (VACRC) provided information that significant concerns had been identified in relation to the service’s capacity to deliver safe and quality care. As a result of the evidence received and the identified risks to consumers a Notice to Agree was issued.

At that time the approved provider acknowledged there were shortages at the service in nursing and environmental positions and also in the areas of food delivery with personal care workers required to assist with meal delivery and cleaning roles.

The Notice advised the service has not complied with its responsibilities under:

* section 54-1(1)(b) of the Aged Care Act to maintain an adequate number of appropriately skilled staff to ensure that the care needs of care recipients are met; and
* section 54-1(1)(d) of the Aged Care Act to comply with the Aged Care Quality Standards set out in Schedule 2 to the Quality of Care Principles 2014 (Quality of Care Principles).

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

* ‘There are significant staff shortages in clinical, personal care workers and cleaning staff since 16 August 2022. For example, as of 19 August 2022, no cleaner was on site, even though you had advised on 18 August 2022 that the cleaner issue had been resolved.’
* The service failed to provide a registered nurse on all shifts during the COVID-19 outbreak leading to a lack of clinical care for 19 of the 23 consumers at the service who were COVID-19 positive.
* It was also identified that there was an issue with the roster system where a staff member who had resigned two weeks before was included on the roster.
* On 18 August the approved provider’s interim CEO in a meeting with the Commission, noted one consumer had experienced 3 falls potentially resulting from a lack of continuity of care.

The approved provider in their response to The Notice has provided details of the training and development program they intend to introduce. There is also currently a nurse advisor on site as a result of the requirements in The Notice. They have not refuted any of the claims in The Notice.

I have considered the Assessment Team’s findings during the assessment contact as well as the information and the risks to consumers outlined in the Notice to Agree. On balance, I am satisfied with the information provided in the Notice that during the outbreak, the service failed to demonstrate evidence of a system for planning and managing the workforce that shows the organisation has the right number of workforce members with the right blend of skills delivering care and services at any time.

I find the service Non-compliant with this requirement.

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

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

The Assessment Team found that, overall, the workforce is competent, and staff have the qualifications, knowledge and skills to effectively perform their roles. Consumers described staff as having the knowledge and skills to meet their needs in a variety of areas of clinical care. Qualifications and registrations of clinical staff are monitored and kept up to date.

All staff are required to undertake mandatory training aligned to their role and this is monitored by the workforce development department.

Staff are required to undertake 6 mandatory training units either before or once they commence in the service. Staff are also issued with an orientation tool kit that they work through and set goals for the first 3 months

Staff across the service advised the Assessment Team that training is always provided and is relevant to their job role. If they are unable to do face-to-face training then they will be provided with an online version. Staff are at all times able to request extra training in relation to their role as required.

At the time of the assessment contact, the Assessment Team found the consumers and representatives were satisfied the staff had the training and knowledge to perform their roles effectively.

Although not referenced in relation to identified deficits in the Notice, the provider has outlined a training program that covers all Standards. As consumers and representatives provided positive feedback in relation to this requirement and there were no deficits identified by the Assessment Team, I find the service Compliant with this requirement.

# 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

The service was previously found non-compliant with three requirements under this Standard during a site audit from 20 April 2021 to 22 April 2021. The deficits identified were in relation to organisational governance, clinical governance framework and a lack of consultation with consumers.

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## 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.*

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

The Assessment Team generally received positive feedback from consumers about being engaged and supported in the development, delivery, and evaluation of services. Consumers said they felt comfortable approaching staff to provide feedback and make suggestions about service improvements.

The Assessment Team were provided with examples of how consumer feedback has resulted in changes in the service such as the allocation of a quiet room for consumers to watch movies. There was evidence provided from consumer and relative meetings that consumers and representatives were consulted in relation to the refurbishment of the dining, lounge and garden areas. The chief executive officer and members of the Board are attending consumer meetings in order to better communicate with the consumers.

The approved provider did not provide a response in relation to this requirement.

I find the service has made improvements to the way they involve consumers in the development, delivery and evaluation of their care and services.

Based on the information provided I find the service Compliant with this Requirement.

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

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

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

The Assessment Team found during the assessment contact that there were organisation-wide governance systems to support effective information management, financial governance, workforce governance, regulatory compliance and feedback and complaints. However, they found the service did not demonstrate an effective governance system relating to continuous improvement under Requirement 8(3)(c)(ii).

The Assessment Team identified that the service did not demonstrate an appropriate review of clinical incidents related to medication administration errors to identify any trends in staff practice. There was no evidence of root cause analysis being conducted or further investigation undertaken for three incidents where consumers received incorrect medications as documented in Requirement 3(3)(b).

Management advised that opportunities for continuous improvement are mainly identified via feedback from staff and consumers via forms and meetings.

Although the Assessment Team did not identify deficits in Requirement 8(3)(c)(iv) workforce governance, at the time of the assessment contact, the service has been found Non-compliant in relation to this part of the requirement due to deficits identified subsequently during a COVID-19 outbreak.

The deficits are outlined in The Notice dated 19 August 2022 in relation to this requirement including the service failing to demonstrate members of staff have clear responsibility and accountability for managing the safety and quality of care and services. The service failed to ensure adequate clinical and personal care staff were on site on all shifts.

In their response to the medication incidents, the approved provider acknowledged the deficits identified by the Assessment Team and has identified improvements to be made, including weekly audits against all medication packs delivered from the pharmacy against the medication chart for each consumer.

The approved provider in their response to the Notice has provided details of the training and development program they intend to introduce. There is also currently a nurse advisor on site as a result of the requirements in The Notice. They have not refuted any of the claims contained in The Notice.

I find the service has not demonstrated it has effective organisation-wide governance processes in place to manage the needs and care and safety of its consumers.

In relation to Requirement 8(3)(c)(ii) although the service has made improvements to the way it manages medications and has commenced weekly audits, I am not satisfied that the changes are embedded in staff processes and that the service will maintain a system of continuous improvement in relation to medication administration.

In relation to Requirement 8(3)(c)(iv) I am not able to identify that the service has an effective workforce strategy. The service was supported by a surge workforce from outside of the organisation during the COVID-19 outbreak and is currently recruiting staff including a facility manager. At the time of writing this report an interim facility manager who is a registered nurse, commenced at the service on 5 September 2022. An eligible adviser is required to be appointed to provide training to staff and management.

Based on the information provided I find 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.*

The Assessment Team found the service has a clinical governance framework that included information to guide staff on antimicrobial stewardship, minimising the use of restraint and the use of open disclosure when something goes wrong. Staff had been educated about the policies and were able to provide examples of their relevance to their work to the Assessment Team. Anti-microbial strategies include utilising non-pharmacological measures to reduce urinary tract infections, hygiene interventions when providing continence care, regular toileting and encouraging fluids.

Management and clinical staff described their clinical governance roles and responsibilities, clinical and quality meetings and the review and monitoring of obligations and how these factors influence the delivery of safe and quality care. For example:

* Where restraint is used at the service, it is monitored, evaluated for effectiveness and discussed with the consumer, their representatives and medical practitioner.
* Quality audits in relation to clinical care have been allocated to nursing staff and form part of the quality system of review to ensure compliance.

The service has made improvements to its clinical governance framework to ensure consumers subject to restrictive practices are effectively monitored and reviewed and there are processes in place to minimise its usage.

The service has a policy covering open disclosure and training on practising open disclosure has been provided to staff.

The approved provider did not provide a response in relation to this requirement.

Based on the information provided I find the service 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 3(3)(b)**

* Ensure staff are checking the medication chart against the medication contents prior to administration.
* Ensure monthly medication management audits are accurately completed by staff and that investigation occurs following any identification of errors.

**Requirement 7(3)(a)**

* Ensure the service maintains an adequate number of appropriately skilled staff to ensure that the care needs of consumers are met.
* Ensure the service regularly reviews and adapt the workforce levels and mix of skills to respond to the changing needs and situations of consumers at all times and especially during outbreaks.

**Requirements 8(3)(c)**

* Ensure a review of clinical incidents is conducted to identify any trends in staff practice. Ensure a root cause analysis or further investigation is conducted to ascertain how they can be prevented from recurring.
* Ensure staff have clear responsibility and accountability for managing the safety and quality of care and services provided to consumers.
* Ensure a registered nurse is on all shifts to ensure appropriate clinical care is provided to consumers who are COVID-19 positive.
* Ensure there are systems and processes in place to manage and reduce risks associated with outbreaks of any kind.

# Other relevant matters:

The Service was also found Non-compliant with Requirement 8(3)(d)(i) in relation to it’s ability to manage high impact or high prevalence risks associated with the care of consumers during a COVID-19 outbreak as per the Notice to Agree issued on 19 August 2022. The Notice was issued in relation to non-compliance under

* section 54-1(1)(b) of *The Aged Care Act* 1997 to maintain an adequate number of appropriately skilled staff to ensure that the care needs of care recipients are met; and
* section 54-1(1)(d) of the Aged Care Act to comply with the Aged Care Quality

Standards set out in Schedule 2 to the Quality of Care Principles 2014

(Quality of Care Principles).