Sunlight Residential Aged Care

Performance Report

43 Laurel Street
WHITTLESEA VIC 3757
Phone number: 03 9458 7721

**Commission ID:** 3706

**Provider name:** TLC Whittlesea Pty Ltd

**Site Audit date:** 10-12 December 2019

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the Commission’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 10 January 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Assessment Team found that overall consumers interviewed during the site audit confirmed that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Staff make them feel respected and valued as an individual and their privacy is respected.
* Staff respect their independence and encourage them to do what they can for themselves.
* Management and staff support them to make choices and take risks to enable them to live the best life they can.
* Social connections are supported and friendships have developed within the service.

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.

The Assessment Team found that staff interviews and review of care documentation demonstrated the service supports consumers to receive individual care, maintain relationships important to them and make choices and decisions.

Staff described to the Assessment Team how they facilitate engagement by consumers with the community and support family members to participate in the life of the service an undertake consultation regarding aspects of care and services of importance to consumers. Care planning documents and meeting minutes identified the service understands and supports consumer choice.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

### 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 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) Compliant

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

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

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

# STANDARD 2 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

The Assessment Team found that overall most consumers interviewed confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers sampled confirmed they were involved in their care planning, with representatives saying any changes were communicated to them.
* Consumers and representatives are informed about outcomes of their assessments and are able to have a copy of their care plan if they wish.

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.

Staff outlined how they involved consumers in assessment and care planning, how they review this on a regular basis or when consumers’ care needs change. Staff said that assessments and care plans identify and address consumers’ goals, needs and preferences and these are reviewed for effectiveness on a regular basis.

Documentation reviewed by the Assessment Team demonstrated assessment and care plans outline the consumers’ current needs, goals and preferences to optimise health and well-being. Clinical documents demonstrated other health professionals such as physiotherapists are involved in care, and changes are made to care when consumers’ care needs change or there is an incident such as a fall.

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 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 Assessment Team found overall most consumers consider that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers and representatives confirm they are able to see a medical practitioner or other allied health professional when they need to.
* Consumers and representatives could describe clinical and personal care they receive that meet their care needs, goals and preferences.

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.

Sampled consumers’ files confirmed they receive clinical and personal care according to the care plan including for example, wound care, dementia care, managing pain, and falls prevention. The Assessment Team also reviewed consumers’ files which outlined how high impact or high prevalence risks are managed and how consumers are reviewed when there is a deterioration in health or an incident occurs.

The Assessment Team found that doctors and other health professionals are involved in care planning and referrals occur in a timely manner or when there is deterioration in health. Staff interviewed outlined how they provide consumer care after an incident such as a fall, and how they refer to other health professionals according to the consumers care needs, such as wound care specialists.

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

I have found the evidence in the Assessment Teams’ report demonstrates monitoring and review of consumers prescribed psychotropic medication has occurred and that the consumers’ representative is informed of the use of psychotropic medication that is by definition ‘chemical restraint.’

The approved provider response included documented evidence that monitoring and review by the service staff, doctors and other medical specialists has occurred for the sampled consumers prescribed psychotropic medication meeting the definition of chemical restraint. Clinical documents demonstrate medications for the sampled consumers have been reduced, altered or ceased. The approved provider’s response included documented evidence that consultation and verbal consent was obtained from the representatives of consumers.

For the reasons outlined above I find the approved provider is complaint with this Requirement.

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

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

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

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

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

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

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

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

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

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

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

Minimisation of infection related risks through implementing:

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

# STANDARD 4 COMPLIANT Services and support 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

The Assessment Team found overall consumers and representatives said they get supports for daily living, that are important for their health and well-being and enable them to do the things they want to do. Some consumers and representatives interviewed expressed less satisfaction.

For example:

* Consumers overall said the wellbeing program supported their preferences and optimises their independence, health and well-being.
* Some consumers and representatives were not always satisfied, one consumer said they are bored. A representative said they do not know what activities the consumer did join in.
* Consumers feedback regarding food was a mixture of positive and negative comments, however, those consumers with a negative response acknowledged the food has improved since a new chef commenced a few months ago.

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, 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.

The Assessment Team reviewed documents such as lifestyle care plans, which outlined consumers’ preferences that enable them to do things they want to do. Staff interviewed confirmed they receive feedback from consumers through meetings and informal daily feedback.

The Assessment Team observed equipment to be safe, suitable, clean and in good working condition.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Teams’ report provided examples of consumers who expressed dissatisfaction with the wellbeing program. The approved providers’ response included documented evidence that the consumers attended regular activities according to their choice and preferences.

The Assessment Teams report includes examples of consumer satisfaction with the wellbeing program, the ability to maintain independent links with the community, attend events outside the home and develop or maintain social relationships. These include activities that incorporate a broad range of choice and are based on consumer preferences and input.

The approved provider in their response provided documented evidence demonstrating consumer participation in activities of choice and involvement in the development of the activity program.

For the reasons outlined above I find the approved provider is complaint 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 services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Assessment Team found overall sampled consumers interviewed said that they feel they belong in the service, and feel safe and comfortable in the service environment.

For example:

* Consumers said they felt safe living in the service.
* Consumers, their representatives and visitors said they feel welcomed to the service.
* Consumers and representatives said the service is clean and well maintained.

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.

* The service is well maintained, clean, with equipment that is well maintained and suitable for the consumers. Consumer rooms are personalised with items of their choosing.
* The service has a home like environment with a coffee shop at the front of the service
* There are a number of quiet areas within the service where families can sit and spend time together
* There is a maintenance system in operation at the service.

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 COMPLIANTFeedback 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 Assessment Team found overall sampled consumers aid that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers and representatives interviewed said they feel safe providing feedback, making complaints and are confident action will be taken.
* Several consumers said they speak directly to the manager if they have any concerns and they are addressed.
* Consumers also confirmed changes are made at the service as a result of their feedback. For example, consumers spoke about how issues are discussed at the ‘resident support group’ meetings and provided examples of how the food has improved in response to their feedback.

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.

Management outlined how they respond to and action feedback and complaints in a timely manner.

Complaint and feedback records demonstrate a prompt response to complaints and how complaints data is reviewed and analysed to identify trends leading to improvements in care and 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 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

The Assessment Team found overall consumers interviewed said that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* All consumers and representatives interviewed said staff are kind, caring and respectful
* Consumers and representatives interviewed said they feel confident that staff are skilled and know what they are doing to meet the consumers care needs
* Most consumers and representatives interviewed expressed satisfaction with staffing levels and the responsiveness of staff to requests for assistance

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.

Staff interviewed reported they have enough time to complete their duties, and they receive training. Management demonstrated how shifts are replaced for planned and unplanned leave.

The organisation has recruitment processes to ensure staff have the qualifications, skills and knowledge to successfully undertake their role. The organisation monitors and reviews staff performance in relation to these requirements.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Assessment Team found overall sampled consumers said that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Consumers and representative interviewed confirmed that the service is well run and that the manager is approachable and responsive to feedback.
* Consumers and representatives interviewed said management and staff encourage feedback and seek their opinion on care and services. Examples include how they provide feedback at monthly ‘resident support group’ meetings, ‘food focus group’ meetings and are involved in the staff recruitment and selection process.

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).

The organisations’ governance framework including committee structure and monthly reports demonstrate how information is reported to key decision makers within the organisation. This includes information and data on clinical care, continuous improvement, financial governance, workforce governance, regulatory compliance and complaints. High-impact or high-prevalence risks, and potential abuse and neglect are also identified, managed and reported. The clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

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

### 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 did not fully demonstrate understanding , application or monitoring of the use of restraint.

The approved providers’ response includes documented evidence of how the service understands, monitors applies and monitors the use of restraint, such as clinical notes and a chemical restraint register. I have considered all the evidence and have come to the view that the service is minimising the use of restraint.

For the reasons outlined above, I find that the approved provider complies with this Requirement.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.