Performance

Report

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| Name: | A H Orr Lodge |
| Commission ID: | 0007 |
| Address: | 27-31 Clissold Street, ASHFIELD, New South Wales, 2131 |
| Activity type: | Site Audit |
| Activity date: | 25 October 2023 to 27 October 2023 |
| Performance report date: | 20 November 2023 |
| Service included in this assessment: | Provider: 336 Ashfield Baptist Homes Ltd  Service: 13 A H Orr Lodge |

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

**This performance report**

This performance report for A H Orr Lodge (**the service**) has been prepared by P. Wallner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information held by the Commission in relation to the service.

# Assessment summary

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

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

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said they were treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke about consumers respectfully and described ways they showed respect to consumers when providing care, such as asking for their preference, acknowledging their choices, and taking time to understand their background, life history and needs. Care planning documents outlined information about consumer's background, identity and culture. Staff were observed interacting with consumers in a dignified and respectful manner.

Consumers and representatives said the service respected their cultural background and provided care that was consistent with their cultural needs and preferences. Management described how culturally safe care was delivered. Staff described how consumers’ cultural needs influenced how their care and services were delivered.

Consumers and representatives said consumers were supported to exercise independence and choice when making decisions regarding their care, when others should be involved in their care, and to maintain relationships of choice. Staff described how they supported consumers to make informed choices about their care and services, and to maintain personal relationships. Care planning documents showed consumers were supported to exercise choice and independence, make social connections and maintain relationships of choice.

Consumers described how the service supported them to exercise choices, and live the life they chose, even where it involved taking risks. Staff explained how they supported consumers who chose to take risks by completing a risk assessment in consultation with them and agreeing on strategies to minimise the risks. Care planning documents recorded the risk mitigation strategies in place to support individual consumers.

Consumers described various ways current information was communicated to them to help them make informed choices. Staff described different ways information was provided to consumers in line with their documented needs and preferences, including those consumers with cognitive or sensory impairments. Current accurate, and easy to understand information was displayed throughout the service to support consumers and representatives make daily choices.

Consumers said the service was considerate of their privacy and the confidentiality of their personal information. Management explained how the service respected each consumer’s privacy kept their personal information confidential. Staff outlined practical measures they took to respect consumer privacy and keep their personal information confidential. The service had documented policies and procedures to guide staff in protecting consumers’ privacy and confidential information.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were involved in the assessment and planning process and they received the care they required. Staff detailed the care planning process and how it informed the delivery of safe and effective care and services, including any risks to consumers well-being. Care planning documents showed care was planned and risks to consumers were assessed and appropriate mitigation strategies put in place.

Consumers and representatives described how assessment and care planning captured consumers’ current needs, goals, and preferences, and advance care and end-of-life plans. Staff described how assessment and planning reflected each consumer’s current needs and preferences, and how they approached conversations around end-of-life planning. The service had systems and tools which supported the assessment and planning process.

Consumers and representatives confirmed they were partners in the assessment and planning of care and services which ensured their needs were met. Staff outlined how assessment and planning of care was done in partnership with consumers and others they wished to involve. Care planning documents showed the input of external providers such as medical officers, physiotherapists, dietitians and speech pathologists.

Consumers and representatives said the service was proactive in communicating changes related to their care and services and staff explained things to them, if needed. Management and clinical staff described how they effectively communicated the outcomes of assessment and planning to consumers and their representatives on a regular basis. Outcomes of assessment and planning were documented in care plans that were readily available to consumers and others involved in their care.

Consumers and representatives confirmed their care and services were reviewed regularly and when changes occurred. Management and staff explained the processes for reviewing care plans when circumstances changed, or incidents impacted on the needs, goals, or preferences of consumers. The service had written policies and procedures for the review of care and services to ensure they remained effective.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers advised they received safe and effective personal and clinical care that met their needs and optimised their health and well-being. Management and staff detailed how they ensured each consumer received safe and effective personal and clinical care that was best practice, tailored to their needs, and optimised their wellbeing. Care documents reflected safe and effective care, tailored to the specific needs and preferences of each consumer.

Consumers and representatives were satisfied with how the service managed risks to their health, and the interventions that had been put in place. Management and clinical staff described the high-impact, high-prevalence risks to consumers at the service, and the measures in place to mitigate the risks. Care planning documents showed risks to individual consumers were identified and effectively managed.

Consumers and representatives confirmed the service had initiated end of life planning conversations with them and expressed satisfaction with the end of life care provided to consumers. Staff explained how they met the needs and preferences of consumers nearing the end of life and how they maximised their dignity and comfort.

Consumers and representatives said the service identified and responded promptly to changes in condition or deterioration in health status. Clinical staff explained how consumers’ current condition and needs would be discussed during handovers and their care planning documents updated and reviewed.

Consumers and representatives said consumers current needs and preferences were communicated effectively to other staff and external providers involved in their care. Staff described how up to date information about consumers’ condition, needs and preferences was documented and communicated effectively within the organisation and with others involved in providing care. Care planning documents provided adequate information to support safe and effective personal and clinical care.

Consumers and representatives said they had access to a range of other organisations and health professionals and referrals were timely and appropriate. Management and clinical staff described how they referred consumers to other providers of care and services to ensure quality health outcomes. Care planning documents showed referrals to other providers of care and services were timely and appropriate.

Consumers and representatives expressed confidence in how the service minimised infection risks and said staff always observed good hygiene. Staff understood infection prevention and control principles and the need to minimise the use of antibiotics. The service had lead staff and documented policies and procedures related to good antimicrobial stewardship and infection prevention and control.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said they received safe and effective services and supports for daily living that met their needs, goals and preferences and optimised their independence and quality of life. Management and lifestyle staff described how they partnered with consumers and representatives to assess consumers’ needs for daily living and understand their goals, preferences and interests.

Consumers and representatives felt supported when they were feeling low, and staff promoted their emotional, spiritual and psychological well-being. Management and staff could explain how they identified and supported consumers’ emotional, spiritual and psychological needs. Care planning documents included individualised strategies to support consumer’s emotional, spiritual and psychological well-being.

Consumers confirmed they were supported to engage with the community, have personal relationships, and do things they enjoyed. Management and staff gave examples of consumers who were supported to maintain important relationships and do activities they enjoyed. Care planning documents noted consumers’ interests and important family and personal relationships.

Consumers and representatives said information about consumers’ condition, needs, and preferences for daily living were communicated effectively within the service, and with others responsible for providing services. Staff described different ways relevant information was shared between individuals and organisations involved in supporting consumers’ care. Care planning documents contained sufficient information to support safe and effective services and supports for daily living.

Consumers said they were referred to other appropriate providers of support services, when needed. Care planning documents showed timely referrals to other providers of services and supports for daily living. Records showed timely and appropriate referrals of consumers to other individuals and organisations providing care and services.

Consumers were satisfied with the variety, quality, and quantity of food provided and said the meals met their dietary needs and preferences. Kitchen staff described how consumers’ preferences were incorporated into the menu and how continuous feedback was sought to continuously improve the food options. Consumer’s care planning documents reflected their individual dietary needs and preferences, which aligned with their verbal feedback. Consumers in the dining area appeared to be satisfied during the meal service.

Consumers and representatives said they had access to safe and suitable equipment to assist them with their daily living activities. Staff described how they could access suitable equipment and described how it was maintained and cleaned. Equipment at the service was observed to be safe, suitable, clean, and well maintained.

# Standard 5

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

Findings

This Quality Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming and easy to understand. Management described features of the service that helped consumers to feel at home and optimised their sense of belonging, independence, interaction, and function. Management and staff described how they made consumers feel welcome, by orientating them and encouraging them to personalise their rooms in line with their preferences. The service environment appeared welcoming, with sufficient lighting, handrails and clear signage throughout.

Consumers and representatives considered the service environment was safe, clean, and well maintained, and they could move around as freely as they wished. Staff described how they ensured the service environment was kept clean and tidy. Management demonstrated there were processes in place to ensure the service was safe, clean, and well maintained and that consumers could move freely and access both indoor and outdoor areas. Cleaning and maintenance logs confirmed that cleaning and maintenance was taking place as scheduled.

Consumers confirmed the furniture, fittings and equipment were safe and well maintained. Observations showed the furniture, equipment and fittings were clean and suitable for use. Staff could describe their roles and responsibilities in relation to cleaning and maintaining the furniture, fittings and equipment at the service.

# Standard 6

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

Findings

This Quality Standard is Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives understood different ways they could give feedback or make a complaint and said they felt comfortable and supported to do so. Management and staff described the different processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The service had documented policies, procedures, and systems to facilitate feedback and complaints. Information about making feedback and complaints was in the consumer handbook, the service newsletter and displayed throughout the service.

Consumers and representatives were aware they could access advocates, language services and other avenues for resolving complaints, but preferred to raise concerns within the service. Management and staff described the external complaint, advocacy and language services and how they informed consumers and representatives about these services. Pamphlets and posters about advocacy organisations and language support services was displayed throughout the service.

Consumers and representatives said the service responded to their concerns and complaints and resolved them appropriately using open disclosure. Management and staff understood open disclosure and explained how they applied it when resolving complaints, including issuing an apology. Documentation confirmed the service recorded and responded to feedback and complaints in a timely and appropriate manner.

Consumers and representatives said the service used their feedback and complaints to improve the quality of care and services. Management detailed various examples of complaints they had received and explained how they were used to improve the quality of care and services. The service’s continuous improvement plan identified improvement actions and showed improvements made as a result of complaints.

# Standard 7

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

Findings

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service had sufficient staff to meet their care and service needs. Staff did not raise any concerns with staffing numbers and confirmed there were enough staff to deliver quality care and services. Management explained how they had adapted their approach to workforce planning to ensure there were adequate staffing levels. Workforce planning records confirmed staff allocation was based on meeting the needs of consumers. Staff attended to call bells quickly and calmly, and appeared unrushed when providing care to consumers.

Consumers and representatives said staff were kind, caring, and always gentle when providing care and services. Staff were observed interacting with consumers in a positive, caring, and respectful manner throughout the Site Audit. The service had policies and guidelines setting out how staff should be kind, caring, and respectful of each consumer’s identity, culture, and diversity.

Consumers and representatives said staff were competent and knowledgeable and they performed their duties effectively. Management described how there were documented position descriptions and they checked staff were competent and had the necessary qualifications and knowledge at the time they were hired. Staff described their position responsibilities, and the competencies and qualifications they required.

Consumers and representatives said staff were well trained and had the knowledge and skills required to deliver the care and services they needed. Management described how they supported staff and ensured they received the training they needed to effectively perform their roles and deliver care in line with the Quality Standards. Staff said they received training support which enabled them to deliver safe and effective care and services, as required by the Quality Standards.

All staff confirmed they had received a performance appraisal within the last 12 months and described the process and outcome of their appraisal. Staff said management supported opportunities for development and improvement. Management described how the performance of staff was monitored through annual formal performance appraisals, continuous informal monitoring, and ad-hoc performance management when the need arises. Documentation confirmed the regular assessment, monitoring and review of staff performance was tracked and on schedule.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service was run well and they were satisfied with their level of ongoing engagement with the service. Management described a variety of mechanisms such as, care reviews, feedback and complaints processes, resident meetings, consumer surveys and audits which encouraged consumers and representatives to provide input into the care and services provided to them.

Consumers and representatives described measures taken by the organisation’s governing body to promote a culture that was safe and inclusive for all consumers. Management described the organisational structure and how the Board promoted a culture of safe, inclusive, quality care and services and was accountable for their delivery. Meeting records showed the Board regularly monitored the performance of the service and provided effective oversight and governance.

Management described how the organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. Management and staff were aware of the policies and procedures under the governance framework and were observed to implement the policies in practice.

Management demonstrated the service had effective risk management systems and practices in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff confirmed they could access these policies and had received training on these topics. Management described how the organisation recorded all incidents in a risk management system and monitored clinical indicators to identify and manage risks.

The organisation had a clinical governance framework which included documented policies and procedures covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff confirmed they had received training on these policies and procedures and demonstrated a practical understanding of how to apply them.

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