Performance

Report

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| Name of service: | Agris Hutrof House |
| Service address: | 25 Estonian Road THIRLMERE NSW 2572 |
| Commission ID: | 0167 |
| Approved provider: | RSL LifeCare Limited |
| Activity type: | Site Audit |
| Activity date: | 14 June 2023 to 16 June 2023 |
| Performance report date: | 20 July 2023 |

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 Agris Hutrof House (**the service**) has been prepared by P. Sequeira 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; 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 and intelligence 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

Consumers and representatives stated that they were treated with dignity and respect, with their identity, culture and diversity valued. Care planning documents included information about the consumer’s preferred names, background, religious connections, and personal preferences. Staff were observed interacting with consumers respectfully.

Consumers were confident staff knew about their cultural needs, personal preferences, and were emotionally supported. Staff were knowledgeable about consumers’ cultural needs and backgrounds and described care requirements that aligned with the consumer’s care plan. Care files identified information about their cultural background and practices were recorded.

Consumers said they were satisfied that the service provides support that enable them to participate in their community within and outside the service, maintain relationships and do things of interest. Staff described consumers’ interests and identified relationships that were important to them. Care planning documents identified the consumers’ individual choices around who they want to be involved in their care, and how the service supports them in maintaining relationships.

Consumers said the service supports them to take risks and involves them in discussions to identify risks and possible harm. Staff identified consumers who were taking risk and risk strategies to mitigate them. Risk assessments were in place for consumers who wished to take risks, using dignity of risk assessments. Dignity of risk forms were reviewed which included consultation with consumers, representatives, management, and Medical Officers if required.

Consumers and representatives said the service provides information that was current, accurate and timely and communicated clearly and easy to understand. Staff, lifestyle described various avenues by which information was communicated to consumers and representatives. The Assessment Team observed the service information in a common location including menu boards on tables, activity boards, posters, and pamphlets.

Consumers were confident the service and the staff members respect their privacy and personal information was kept confidential. Staff members were observed to use unique logins for the electronic care management system. Staff members described the importance of maintaining confidentiality and were able describe how to maintain privacy of each consumer. The Assessment Team observed staff maintain consumers’ privacy.

# 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

Consumers and representatives interviewed provided feedback that they were satisfied their assessment and care planning was adequate, including the consideration of risks and informs the delivery of safe and effective care by the service. Staff detailed the assessment and planning processes undertaken for new and continuing consumers at the service and how they assess and consider risks. Care plans sampled included information to inform the delivery of safe and effective care and services and included the consideration of risks to consumers’ health and well-being.

Consumers and representatives said they have participated in conversations about advance care planning and end of life planning if they wished. Staff detailed how they involve consumers and representatives in the assessment and planning to contribute to the identification of needs, goals, and preferences. Care planning identified the consumer’s current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes.

Consumers and representatives said they felt involved and partnered in the assessment, planning and review of the consumer’s care and services and that the service includes other organisations or providers as required. Staff detailed processes whereby other providers were involved and consumers and representatives were partnered with, in the assessment and planning process. Care planning documents indicate other organisations and individuals were involved in the assessment and planning process for consumers as required and included information about each consumers preferences as to who they would like to be involved in their care.

Representatives said the service regularly provides updates via phone calls about the outcomes of assessment and planning and felt they were up to date with the health status of consumers. Staff said how they inform representatives of the assessment and planning processes and how they keep them up to date with the outcomes of these assessments. The Assessment Team observed examples where the service staff offers and provides copies of assessment and care planning information to consumers and or representatives if they wish.

Representatives said they felt their loved one’s care and services were reviewed regularly for effectiveness and changed as needs, goals and preferences change. Staff detailed the processes regarding how often the care plans for consumers were regularly reviewed and examples where the care plan had been reviewed following an incident or change in care needs. Care plans showed care plan reviews following changes to the consumer’s needs, goals, and preferences.

# 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

Consumers and representatives said they were satisfied with the care and services provided to consumers at the service. Staff interviewed understood the individualised personal and clinical needs of consumers which aligned with best practice. Care planning documentation for sampled consumers reflected individualised care that is safe and tailored to their needs. Care planning documentation identified the use of assessment tools.

Consumers and representatives interviewed were satisfied that high impact or high prevalence risks for consumers are effectively managed. Staff interviewed were able to detail processes regarding the identification of high impact or high prevalence risk associated with the care of each consumer through ongoing assessment and planning. Care plans and progress notes for sampled consumers identified risks and interventions relevant for each consumer.

Representatives said the needs, goals, and preferences of their loved ones were recognised and addressed when nearing end of life. A representative of a palliating consumer reported they have no concerns with the care and services provided. Staff explained how end of life care was carried out and comfort was maintained. Care documentation for consumers nearing end of life, including evidence that the needs, goals, and preferences of consumers were recognised and addressed with their comfort maximised and their dignity maintained.

Representatives of consumers who had experienced deterioration indicated they were satisfied the service identified the deterioration and responded to promptly. Staff could explain deterioration and steps taken following the identification of the same. Care documentation indicated the service can identify and respond to the deterioration or change of consumers’ health condition, function, or capacity.

Consumers and representatives were satisfied with the delivery of care including the communication of changes to consumers’ condition. Staff described how changes in consumer care and services were communicated through verbal handover, meetings and accessing care plans. Care plans identified accurate information to support effective and safe sharing of the consumer’s care.

Consumers and representatives said they felt satisfied with the timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff interviewed were able to describe processes concerning referrals required for consumers. The Assessment Team reviewed several examples of timely and appropriate referrals to individuals and other organisations.

Representatives reported they were satisfied with the management of COVID-19 to the best of their ability. Staff detailed strategies to reduce the inappropriate prescription of antibiotics and pathogen testing. The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship.

# 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

Consumers said they felt supported to pursue activities of interest to them and that optimises their independence, they were satisfied the service supports their individual needs, goals, and preferences. The lifestyle team explained how they involve the consumer and representative in conducting a lifestyle survey that collects their preferences, interests, social, emotional, cultural, or spiritual needs. Care planning documentation demonstrated assessment and care planning process capture what and who was important to each consumer. Staff described how they support consumers to meet consumer’s needs, goals, and preferences with regard to supports for daily living.

Consumers said that they feel connected and engaged in meaningful activities that were satisfying to them. All interviewed consumers say they can stay in touch with people who were important to them. Staff interviewed were able to describe daily living services and supports available to promote consumers’ spiritual, emotional, and psychological well-being which aligned with care planning documentation.

Consumers said they felt satisfied the service provides support that enable them to participate in their community within and outside the service, maintain relationships and do things of interest. Staff described consumers’ interests and identified relationships which were important to them.

Consumers and representatives said the service coordinates their care and supports well, they described how they were informed about a consumer’s condition, needs, goals and preferences. Staff members interviewed described how accurate, up-to-date, and relevant information was shared with others as consumers move between care settings.

Consumers and representatives were satisfied with the service conducted timely and appropriate referrals to individuals, other organisations and providers of other care and services. Representatives said they were satisfied with how the service communicates information to other organisations and providers of other care.

Overall consumers were happy with the meals provided were varied and of suitable quality and quantity. Management advised the new head chef has recently started and were aware some consumers were dissatisfied with their meals. The Assessment Team observed evidence they were implementing a robust monitoring processes, obtaining more feedback on meals, managing taste testing, and training the new head chef.

Consumers said they have access to equipment where needed and equipment was clean and well-maintained. Consumers were able to describe how they were able to report any concerns regarding their equipment. Staff members said the equipment used at the service was 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

Consumers’ rooms were observed to be personalised according to the consumer’s interests. Representatives reported they feel welcomed at the service and find it easy to navigate around. Staff described the interests of each consumer’s sense of belonging, independence, interaction, and function. The Assessment Team observed the service environment to be easy to navigate.

Overall consumers said the service environment was generally, clean, well maintained, and comfortable, all consumers reported they can move freely both indoors and outdoors. Management said there have been complaints regarding the cleanliness of the service environment and have implemented strategies to rectify these issues, this was on the service’s plan for continuous improvement. The Assessment Team observed the environment to enable consumers to move freely, both indoors and outdoors. Doors were open and accessible throughout the Site Audit.

Consumers said the service furniture and equipment was clean, well maintained, and comfortable. All consumers interviewed reported that they can bring any concerns to staff. The Assessment Team viewed the preventative maintenance records and had a list of external contractors who service equipment onsite.

# 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

Consumers and representatives said they feel encouraged and supported to provide feedback and make complaints. The service’s plan for continuous improvement to encourage and support consumers to provide feedback and make complaints include individual communication. Staff could describe how they assist consumers to make complaints. Documentation showed information about complaints and feedback process was provided to consumers and representatives.

Consumers said that they were aware of other avenues for raising a complaint, such as through external avenues. Staff were aware of the internal and external complaints and feedback avenues and advocacy available for consumers. The Assessment Team reviewed the services brochures and posters displayed throughout the service, all of which provide information regarding internal and external feedback and complaints processes.

Most consumers said that management responds to and seeks to resolve their concerns after they make a complaint. Staff described the process of open disclosure when managing complaints. The complaint register showed the service identified complaints and actioned them using open disclosure process.

Consumers stated that they actively engage in meetings to provide feedback and complaints about the service. Consumers have several ways to provide feedback or make complaints and all complaints were recorded in an electronic feedback and complaints management system. The Assessment Team reviewed the plan for continuous improvement and the complaints register reflecting feedback was being used to improve the quality of care and services.

# 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

Most consumers and representatives said they were satisfied with the number and mix of staff. Consumers said call bells were generally answered promptly and the observations by the Assessment Team indicated staff were available when consumers need them. Staff interviewed described that when unplanned leave affected staffing numbers, they work together to ensure that the care needs of consumers were met and do not feel consumer care was being compromised.

Consumers and representatives said staff were kind, caring and gentle when delivering care and services. Staff said the service has documented behaviours expected of staff and provided examples of how the interactions of the workforce were monitored. The Assessment Team appeared kind, caring and respectful of each consumer’s identity, culture, and diversity.

Consumers and representatives felt confident staff were sufficiently skilled to meet their care needs. Staff said they were competent to provide the care the consumers needed at the service. Documents demonstrated staff have the relevant qualifications to perform their duties outlined in their position descriptions. The Assessment Team sighted up to date AHRPA registrations and police checks for staff.

Consumers and representatives said they did not think there were any areas where staff require more training. Staff said they receive a range of training either face to face or through the services online learning system which included topics such as manual handling, SIRS, elder abuse and infection control. Documents evidenced staff training requirements on recruitment and on an ongoing basis to ensure they have the knowledge to deliver the outcomes required by the Quality Standards.

The service regularly undertakes assessment, monitoring, and review of the performance of each member of the workforce. The service management team detailed ways the consumer feedback was taken into consideration when completing regular reviews of each member of the workforce. The service management team advised that staff undertake routine performance appraisals however described ways in which the performance of each staff member were monitored including observation, consumer and representative feedback and routine performance appraisal processes.

# 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

Consumers and representatives said they were involved in the development and delivery of care provided. The service demonstrated consumers assist the organisation in the development, delivery and evaluation of care and services provided to them. Interviews with management personnel detailed the process by which consumers were engaged to partner in the development, delivery and evaluation of the care and services provided. The service has strategies to involve consumers in the development of service delivery such as customer experience surveys, feedback mechanisms and consumer meetings.

Representatives interviewed felt that the organisation does promote a culture of safe, inclusive, and quality care and were accountable for its delivery. Interviews with management and review of records evidenced that the governing body was accountable for and promotes the delivery of safe, inclusive care and services. The organisation’s policies and procedures include information as to how the governing body promotes a culture of safe, inclusive, and quality care and services that was evident throughout the documentation detailed in quality reports and consumer engagement information. Regular reports were submitted by the service and relevant support staff to the governing body through committees which include information about clinical and quality indicators, critical incidents, feedback and complaints and continuous improvement.

Management and staff described processes and mechanisms in place for effective organisational wide governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Consumers and representatives provided feedback that they felt the service encourages feedback and complaints and uses this information for continuous improvement. The service has policies and procedures that detail processes around each governance system to guide staff practice.

Management and staff could describe how incidents were identified, responded to, and reported in accordance with legislation, including serious incident reporting. Risks were reported, escalated, and reviewed by management at the service level and the organisation’s executive management including the governing body using an incident management system. Feedback was communicated through service and organisation meetings leading to improvements to care and services for consumers. The organisation also has a team of support personnel who provider oversight in relation to clinical governance and care and services provided to consumers.

The service demonstrated a clinical governance framework including polices concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these concepts and gave practical examples to demonstrate how the principles applied to their work.

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