Performance

Report

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| Name of service: | Ainslie Low Head |
| Service address: | 196-244 Low Head Road LOW HEAD TAS 7253 |
| Commission ID: | 8810 |
| Approved provider: | Southern Cross Care (Tas) Inc |
| Activity type: | Site Audit |
| Activity date: | 20 March 2023 to 23 March 2023 |
| Performance report date: | 24 April 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 Ainslie Low Head (the service) has been prepared by V Stephens, 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.

# 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

All sampled consumers stated they are satisfied that staff treat them with dignity and respect, and that they receive inclusive and personalised care. Staff demonstrated an understanding of individual consumers, including their backgrounds, important relationships and care preferences. Staff were observed by the Assessment Team engaging with consumers in a respectful manner. File reviews reflected the background, culture and diversity of each consumer and demonstrated individual choices and preferences.

All sampled consumers and their representatives expressed satisfaction that the care consumers receive is culturally safe. Staff were able to explain and provide examples of how they support individual consumer needs as reflected in care planning documentation.

Sampled consumers said they can exercise choice and make decisions about their care and services and that they are supported to maintain relationships that are important to them. Care planning documents detail consumer preferences.

The service supports consumers to do the things they want to do, including activities that may involve an element of risk. Consultations and discussions of risk, consent and risk minimisation strategies are documented in care and services plans.

All sampled consumers and representatives expressed satisfaction with the service’s communication processes. The monthly activity schedule and the menu are displayed in corridors, in the dining room and in other communal areas. The service provides feedback forms for consumers and/or their representatives which are available in the foyer.

Sampled consumers were satisfied their privacy is respected and that their personal information remains confidential. The service has policies regarding privacy and confidentiality.

# 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

All sampled consumers and representatives are satisfied assessment and care planning identifies the consumer’s current risks to health and well-being and informs the delivery of safe and effective care. All nursing staff sampled demonstrate knowledge of consumer risks and described strategies to ensure safe and effective care. Care documentation for these consumers demonstrates care planning includes relevant assessments and the identification of risks.

All sampled consumers and representatives confirm input in identifying current consumer needs and preferences, including end-of-life planning, as appropriate. All sampled staff consistently demonstrated an understanding of the needs and preferences of consumers and documentation evidences these preferences.

Sampled consumers and representatives stated they can participate in care assessment and planning. They can provide feedback on care interventions and nominate others whom they wish to involve in the planning and review of care. All sampled nursing staff can explain the process for referrals and describe collaboration with other health professionals and/or external health services.

Sampled consumers and representatives said there is effective communication regarding assessment and planning outcomes of consumer care with most confirming they were provided with care plans. One consumer and one representative were not sure if they had received a care plan. All interviewed staff could explain the process of communicating the outcomes of assessment and care planning to consumers and/or representatives. Documentation evidences communication with consumers and representatives about relevant care outcomes which is captured in a care plan partnership record.

All consumers and representatives interviewed said they are kept informed regarding changes to consumer health, including when incidents occur. Management, nursing and care staff explained how care and services are reviewed as part of a 3-month review schedule. All staff could detail how the impact of incidents informs the review of care and services. Care file review for eight consumers evidences a consistent care plan evaluation and review process where care and services are reviewed for effectiveness as scheduled and/or when care needs, preferences, and circumstances change.

# 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

All consumers and representatives interviewed expressed satisfaction with the personal and clinical care provided to consumers with the Assessment Team finding consumers receive personal and clinical care mostly tailored to their needs. Staff interviews reflect best practice principles are mostly recognised and implemented in relation to restrictive practices and behaviour management, wound management and management of pain. Documentation reflects clinical and personal care is regularly monitored and reviewed for effectiveness.

Most consumers and representatives expressed satisfaction that risks impacting consumers are managed safely. Documentation evidences assessment and review of high impact and high prevalence risks including falls, skin tears, and changed behaviours.

All sampled consumers and representatives confirmed that staff communicate regarding consumer goals and preferences relating to end of life wishes. All sampled staff demonstrate an understanding of the needs of consumers nearing the end of life and described how they recognise and respond to end of life care needs. Documentation reflects individual wishes and care preferences.

All sampled consumers and representatives stated they were satisfied with the responsiveness of the service when there is a change in consumer health status. All sampled staff could describe how deterioration or changes are identified, actioned, and communicated. Documentation reflects appropriate actions are taken in response to deterioration or change in consumer health.

All sampled consumers and representatives confirmed information about consumer care is communicated with relevant care providers. All nursing and care staff described how they receive updated information and how information is shared with external services involved in care as required.

All sampled consumers and representatives confirm that referrals to medical officers and other health professionals occur when care needs require specialist input. All sampled staff are aware of the referral process. The service has a close working relationship with the local medical centre with medical officers visiting regularly. Attending allied health professionals at the service include physiotherapists, pastoral care, speech pathologists, dietitians and a podiatrist.

All sampled consumers and representatives said they were satisfied that consumer infections are managed effectively. All sampled staff demonstrated an understanding of precautions to prevent and control infection and the steps they can take to minimise the need for antibiotics. The service has policies and guidelines to assist with the minimisation of infection and appropriate antibiotic prescribing. All sampled staff said they have received education on the appropriate use of personal protective equipment and correct donning and doffing techniques.

# 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

All sampled consumers and representatives said the service supports them to undertake activities that optimise their independence, health and well-being. Staff described supports provided to ensure individual goals and preferences are met, including daily exercise classes, provision of mobility aids and physiotherapy sessions. The Assessment Team observed consumers participating in individual and group pursuits of their choice throughout the site assessment.

Consumers and representatives stated staff support the emotional, mental health and well‑being needs of consumers. Leisure and lifestyle officers and a pastoral carer said they are available 5 days a week to provide one-on-one support to consumers, in addition to providing various activities, prayer services, and group meditation sessions. Sampled care staff said they spend time chatting with consumers, especially those who choose to remain in their rooms.

Consumers and representatives advised they are supported to continue relationships and previous interests and are assisted to do things of interest within the service. The activity schedule prepared with input from consumers demonstrated a range of group activities, craft sessions, and exercise classes provided 5 days per week. In addition, a recent forum was held for consumers to provide input into activities they would like to have included on the monthly program.

Consumers and representatives agreed the service has accurately documented information about consumer condition, people who are important to them and consumer care preferences. Two sampled consumers have food allergies recorded. Sampled staff could describe the allergies and special precautions in place to prevent accidental exposure to allergens. Staff described the processes in place to update consumer information when consumer condition or needs change.

Consumers and representatives expressed satisfaction with the timeliness of referring consumers to other organisations and providers of care and services. All sampled consumers confirmed the meal quality is mainly to their satisfaction and that alternatives are available if they do not like the options on the daily menu.

All sampled consumers said where equipment was used by staff it was suitable for their needs. The service demonstrated that equipment was safe, suitable, clean, and well-maintained. Staff confirmed they have sufficient equipment to undertake their roles and can access equipment when they need it. The Assessment Team observed equipment to be stored safely with sanitising wipes located close by.

# 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

All interviewed consumers and representatives said they feel at home and comfortable at the service. Consumers and staff said the environment is easy to navigate, safe and allows consumers to move about freely. Throughout the visit, the Assessment Team observed pairs and small groups of consumers taking advantage of communal areas both indoors and outdoors.

Most sampled consumers and representatives expressed satisfaction about the service environment. The Assessment Team observed corridors, communal rooms, consumer rooms and offices to be safe, clean and well-maintained. Outdoor areas appeared safe and tidy with well-maintained walking paths. Maintenance schedules detail both preventative and reactive maintenance and there are cleaning schedules, communication books and sign off sheets to ensure cleaning is completed.

All sampled consumers reported that furniture, fittings and equipment in their room is in good working order and is effectively maintained. Staff could describe maintenance and cleaning schedules for equipment and fittings. The Assessment Team reviewed detailed preventative maintenance and cleaning schedules. The Assessment Team also observed a range of equipment available to meet the clinical and care needs of consumers. The Assessment Team observed furniture, fittings and equipment to be in good condition, fit for purpose, clean, safe and well maintained.

# 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

Sampled consumers and representatives confirmed they feel comfortable providing feedback to staff and management. While the service provides forms for consumers and representatives to complete, consumers advised they frequently verbalise any suggestions, comments, or complaints, including at the ‘resident and relative’ meetings or directly to the facility manager. Both consumers and representatives described the facility manager as being very approachable and stated they are satisfied they listen and act on requests. The service appoints a ‘residents’ representative for a 12-month tenure. The representative chairs resident meetings and can act as an advocate for other consumers if required.

Consumers said the service has organised for a presentation by an advocacy service and various consumers indicated they understood the role of an advocate. Staff described avenues available to consumers and representatives if interpreters are required or if they wish to escalate a complaint outside of the organisation. Information displayed at the service advises consumers and representatives about accessing advocacy services, translators and the escalation of complaints to external bodies.

Sampled consumers and representatives confirmed they are satisfied the service actions complaints appropriately. Management advised of the process followed on receipt of a complaint including ensuring acknowledgment of the complaint, apologising to the complainant, investigation, development of an action plan to address any identified gaps, and finalising the complaint once the complainant is satisfied with the outcome. Staff demonstrated awareness of open disclosure.

Management advised they use feedback and complaints to inform the plan for continuous improvement as the complaints register directly links to the plan. Most feedback received is raised by consumers at the ‘resident and relative’ meetings. An action plan is developed and feedback with outcomes are reported at the next monthly meeting.

# 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

Consumers and representatives provided mixed feedback on the level of staffing at the service. However, The Assessment Team were unable to find any evidence that staffing levels were impacting consumer care. Management advised they are experiencing difficulties recruiting and retaining staff. A review of the roster for the past 2 weeks demonstrated unplanned vacancies are filled by either staff working additional hours or through a casual pool of care staff.

All sampled staff stated they are well looked after and described staff interactions as very gentle and kind. Staff described annual mandatory training including the code of conduct, elder abuse and respect and dignity. The Assessment Team observed staff interactions with consumers as respectful, kind, and gentle.

Consumers and representatives confirmed they are confident staff have the required skills and knowledge to effectively provide care and services. Management stated staff are required to complete annual competencies relevant to their role. A review of position descriptions demonstrated essential selection criteria specified for each position and the personal attributes required.

Management described the process followed for commencing staff including orientation within the organisation, working buddy shifts, and a 6-month probationary period. Staff confirmed they complete annual mandatory training both face-to-face and online.

Management advised there is a process in place for staff to complete annual staff performance appraisals, timed for completion on the anniversary of staff commencing employment. Staff confirmed they have performance appraisals completed annually and the process includes discussion on career opportunities and further training.

# 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 confirmed their input into the development and delivery of care and services. A variety of avenues are available including monthly care planning meetings, satisfaction surveys, feedback forms, and participation in focus groups and ‘resident and relative’ meetings. Staff advised they receive education and training and have intranet access to a library of policies and procedures to ensure care and service delivery meets best practice guidelines.

The organisation has oversight of the performance of the service to ensure safe and quality care delivery and appropriate management of identified risks. Monitoring processes include auditing, maintaining key performance indicators, quality reports and complaint trends are presented to the clinical governance committee, which reports quarterly to the board. The board reviews the clinical risk governance report, data trends for high impact and high prevalence risks and the quarterly medication report.

The service has effective organisation-wide governance systems to ensure the delivery of care meets best practice. Staff said they have access to appropriate resources and policies to ensure the care provided is safe, appropriate for individual consumers, and meets best practice. Through feedback mechanisms, incident reporting and investigation, the service identifies, monitors, and where required, improves the quality of care.

To monitor the level and impact of risk, incidents are reported on an incident reporting system linked to the electronic care plan system. Staff confirmed they have electronic access to the incident reporting system. The clinical care manager reviews all reported incidents and investigation outcomes to ensure the cause of incidents has been identified, and that appropriate actions and strategies are implemented.

The service demonstrated a clinical governance framework that provides an overarching monitoring system for clinical care including antimicrobial stewardship, open disclosure, and minimising the use of restraint.

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)