Performance

Report

**1800 951 822**

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| Name of service: | Alan David Lodge |
| Service address: | 382 Torquay Road GROVEDALE VIC 3216 |
| Commission ID: | 4445 |
| Approved provider: | Barwon Health |
| Activity type: | Site Audit |
| Activity date: | 8 February 2023 to 10 February 2023 |
| Performance report date: | 10 March 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 Alan David Lodge (**the service**) has been prepared by K. Spurrell, 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.
* the provider’s response to the Assessment Team’s report received 2 March 2023.
* 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 said they are treated with dignity and respect, and staff value their identity, culture, and diversity. Staff spoke about consumers, demonstrating respect and an understanding of their personal circumstances, life experiences and culturally diverse backgrounds. Staff described how they support consumers by applying their knowledge of the consumer’s background and personal identity. The consumer handbook contained details about consumer rights, freedom of choice, dignity of risk, and provision of a home-like environment, as well as supporting consumers to maintain their identity, culture and diversity.

Consumers and representatives said the service provides care and services that are culturally safe and described ways in which staff value their culture, personal values, and diversity to influence the delivery of their day-to-day care. Staff identified consumers with individual preferences and care needs and care planning documentation reflected consumer’s cultural needs and preferences, who is important to them, information on their life journey, cultural background, spiritual preference, and individual personal preferences.

Consumer and representatives stated they feel supported to make choices regarding their care, the way services are delivered and whom they want to be involved in their care. Consumers feel supported to communicate their decisions, make connections, and maintain relationships of choice. Staff described how consumers are supported to maintain relationships, such as regular family visits and taking consumers on outings. Care planning documentation reflected contact information for the consumer’s representative, legal information, family and friends, and their preferred contact method. The service has policies, procedures, and training regarding consumers’ rights to make choices enabling them to live according to their preferences.

Consumers and representatives stated the service supports consumers in taking risks to enable them to live the best life they can. Staff demonstrated an understanding and provided examples of how the consumers took risks. Risk assessments were conducted to ensure consumers and representatives understood the potential harm when making decisions about taking risks. The service has a policy on respecting dignity and choice, which guides staff practice.

Consumers and representatives advised they receive up-to-date information about activities, meals, COVID-19, and special events organised at the service. Staff advised the service provides newsletters and other regular communication, which are sent by email to all representatives and hard copies are made available within the service for consumers. A monthly activity calendar and menu printed in English with Cantonese and Mandarin translations were observed throughout the service. Management advised the service has a monthly consumer/representative meeting, and a copy of the meeting minutes is kept in an accessible area by the reception desk, and the notice boards.

Consumers and representatives reported their privacy is well respected, and they are confident their personal information is kept confidential. Staff described how they maintain consumer privacy when providing care by keeping computers locked and using passwords to access consumers’ personal information. Staff were observed knocking on bedroom doors and waiting for a response before entering and closing doors when providing care. The service has an up-to-date privacy policy which guides staff practice, and this is included in the ‘Resident Handbook’ and provided on admission to the service.

# 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 confirmed they are actively involved in developing their care plans based on their preferences, goals, and needs. This included for potential risks to their health and well-being such as driving an electric scooter, falls, and smoking are discussed, and solutions agreed upon to ensure the safe and effective delivery of care and services. Staff described the assessment and care planning processes and mitigation of risks that have the potential to impact on the safe delivery of care and services. Care planning documentation described that effective assessment and planning processes are in place to inform delivery of safe and effective care.

Consumers and representatives confirmed the assessment and planning processes address the current needs, goals, and preferences of consumers including their preferences for end of life care. Staff described the needs and preferences of consumers, which aligned with consumer feedback and care planning documentation. Assessment and care planning documentation were observed to be individualised to consumer needs, reflecting their preferences for care and their end of life wishes.

Consumers and representatives confirmed assessment and planning is an ongoing partnership between them, staff and external care and service providers; they are kept informed of changes or when incidents occur. Staff confirmed care and services for consumers were constantly reviewed in partnership with consumers and representatives, medical and allied health professionals. Care planning documentation demonstrated involvement of consumers, their representatives, medical officers, and others such as psychiatrists and volunteer programs. Allied health professionals and medical officers were observed reviewing consumers at the service.

Consumers and representatives stated they are contacted regularly and are informed in a timely manner when circumstances change and are involved in changes to care processes, including decision-making regarding referrals to other medical, allied health, and therapeutic services. Staff said they will escalate issues to clinical management if they observe any changes to a consumer’s health and wellbeing as well as notifying representatives. Care planning documentation evidenced the outcomes of assessment and planning for each consumer, changes, reviews, updates, and communication with consumers and representatives.

Consumers and representatives confirmed care and services are constantly reviewed, and staff keep them informed. Staff explained the 3 monthly review cycle where care plans are updated as clinically indicated. Staff are guided by policies and procedures which are embedded in the electronic care management system. Staff were aware of the incident reporting process and how these incidents may trigger a reassessment or review of care plans.

# 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 consumers received care and services that are safe and right for them and meets their needs and preferences. Staff described individual consumer personal and clinical care needs and preferences and how these were delivered in line with their care plans. Care planning documentation confirmed staff are following documented strategies and clinical management policies to deliver individualised care to consumers, which aligned with consumer and staff interviews. The service has policies and procedures in place to direct personal and clinical care that is best practice.

Consumers and representatives said high impact or high prevalence risks are effectively managed by the service. Staff were familiar with high-impact high-prevalence risks and the strategies in place to manage risks. Care planning documentation evidenced assessment and planning included identified risks and management strategies for complex care needs such as catheter management and pressure injury prevention.

Consumers and representatives confirmed advance health care directives and end of life care planning were discussed with them. Staff described how they support consumers to be as pain free as possible, have their loved ones close to them and have their social, cultural, and religious and spiritual preferences respected. Management reported they are guided by the medical officers’ for involvement of the palliative care team. The service has an assessment and care planning procedure and a palliative approach to consumer care procedure to guide staff practice.

Consumers and representatives said deterioration in a consumer was identified, and responded to in a timely manner. Staff described the escalation process when they notice a change in a consumer, referring changes to clinical management and subsequent referrals as need be. Management said the service can access registered staff onsite 24 hours a day and staff can access senior clinical team and medical officers as required. Policies and procedures are accessible to all staff to guide them in the clinical escalation process.

Consumers and representatives said the consumer’s condition, needs, and preferences are documented and communicated with relevant staff and staff are aware of the consumer’s preferences and care needs. Staff confirmed that they receive up to date information about consumers during handover. Care planning documentation provided adequate information to support effective and safe sharing of the consumer’s information in providing care.

Consumers and representatives reported they are satisfied that timely and appropriate referrals generally occur when needed and consumers have access to relevant health care supports. Staff described the process for referring consumers to their medical officers and other health care professionals and how this informs care and services provided to consumers. Referral documentation was noted for the consumers, including referrals to dietitians, speech pathologists, physiotherapists, and medical officers.

The service has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control management, and COVID-19 outbreak management. Consumers and representatives said the service manages COVID-19 outbreaks and COVID-19 infections effectively. Staff confirmed they have received training in infection prevention and control strategies, antimicrobial stewardship and managing COVID-19. Infection control supplies were observed to be accessible throughout the service and staff were adhering to infection control practices such as mask wearing and hand washing.

# 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 by the service to do the things of interest to them including participating in activities as part of the service’s lifestyle program and/or spending time on independent activities of choice. Staff said they ask consumers about their needs and preferences and receive feedback from consumer and family meetings. Care planning documentation identified needs and preferences of consumers and consumers were observed engaging in various group and independent activities.

Consumers said they feel supported to maintain social, emotional, and spiritual connections which are important to them. The activity calendar reflected monthly church services provided by the various dominations held at the service. Staff said they know how to support a consumer if they are feeling emotional or agitated, and will refer to care plans to understand how to provide necessary emotional support to them.

Consumers felt supported to participate in activities within the service and in the outside community as well as have personal relationships and do things of interest to them. Staff described how a wide variety of activities are available to consumers and supports are in place to assist consumers as their situation changes. Care planning documentation identified the people important to individual consumers and activities of interest. Lifestyle staff highlighted a strong connection to the community with regular visits from volunteers.

Consumers and representatives said information about their condition was effectively communicated and staff who provide daily care understand their needs. Staff described consumer conditions and needs and any changes and refer to care plans to assist with this, changes were also identified at handover. Care planning documentation identified the condition of consumers and their needs and preferences.

Consumers confirmed timely and appropriate referrals are made to individuals, other organisations and allied health care providers. Staff described the referrals process and demonstrated an understanding of organisations, services and supports available in the community to support consumers. Care planning documentation evidenced consumers receive timely referrals to other providers of care and services.

Consumers and representatives were satisfied with food provided by the service, particularly the variety and quantity of food available. Care planning documentation showed consumer dietary requirements and preferences, and food was being prepared as per their preferences. The services’ menu was observed clearly displayed on dining area walls and on notice boards throughout the service.

Equipment used to support consumers engage with activities of daily living, and lifestyle activities were observed to be safe, suitable, clean, and well maintained, this included walking aids and wheelchairs which were clean and regularly maintained. Preventative and reactive maintenance schedules showed maintenance requests were up to date. Management, care and lifestyle staff described the processes for identifying equipment that requires maintenance.

# 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 and representatives said the service environment is open and welcoming and they feel at home. Consumers’ rooms were observed to be decorated with their personal belongings. Staff described how consumers could move independently, throughout the service and consumers were observed moving freely between their rooms, the lounge and dining areas for meals and activities. The service is light filled, with wide hallways and handrails for support. Clear signage is placed throughout to assist consumers with navigating the service.

Consumers and representatives said the service environment is clean, well maintained and comfortable, and they can move freely indoors, and outdoors which they can access with a key code. The cleaning log was updated daily as work is completed and staff had been trained in infection prevention and control. The service environment was observed to be clean and well-maintained.

Consumers and representatives said equipment provided is well maintained, safe and clean. Furniture and fittings were observed to be safe, practical, clean and well maintained. Equipment for daily living activities was available and suitable for the needs of the consumers. Staff described and demonstrated how maintenance is scheduled and carried out for routine, preventative, and corrective maintenance requirements.

# 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 were supported by the service to provide feedback and make complaints. Staff described avenues available for consumers to provide feedback such as feedback forms, consumer/representative meetings, phone or email. Management said if any improvements to the service are identified, they are added to the service’s continuous improvement plan. Feedback forms in multiple languages and collection boxes were observed easily accessible to consumers and representatives.

Consumers and representatives said they are aware of other avenues for raising a complaint such as through the external advocacy services or with the help of a family member or friend. Staff showed an understanding of the internal and external mechanisms for providing feedback and making complaints and how they advocate for consumers and use visual aids to assist in communication. Advocacy service signage was displayed in the service, and the complaints register evidenced feedback raised by staff on behalf of consumers.

Consumers and representatives stated when feedback is provided the service responds appropriately and in a timely manner and when things go wrong, the service apologises and acts quickly to resolve the issue. Staff were familiar with the open disclosure process. The complaints register demonstrated the use of open disclosure and timely management of complaints in accordance with the services’ policy, including complainant feedback about actions taken.

Consumers and representatives stated feedback and complaints is used to improve care and services. Staff described how feedback and complaints have resulted in care and service improvements, including food services and call bell response times. The service was able to demonstrate feedback and complaints are trended, analysed, and used to improve the quality of care and services. Improvement actions taken in response to feedback and complaints are evaluated in consultation with consumers/representatives at meetings and through monthly surveys.

# 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 confirmed there is adequate staff at the service and the staff respond to call bells promptly. Management described how unplanned leave is handled as they can provide additional support where required with strategies including extension of hours and staff taking on additional shifts.

Consumers and representatives said staff engage with consumers in a respectful, kind and caring manner and are gentle when providing care. Staff demonstrated an in depth understanding of consumers, including their needs and preferences which aligned information contained in care planning documentation. Staff were observed engaging with consumers and their family members in a respectful manner.

Consumers and representatives said staff are skilled in their roles and competent to meet their care needs. Staff said they are well supported by management in undertaking training during induction and annually. Management described how the induction process includes a suite of competencies staff are required to complete. Position descriptions specify the core competencies and capabilities for each role, standard operating procedures guide staff when undertaking specific tasks.

Consumers and representatives reported they are confident with staff abilities and practices. Staff described how they attend regular mandatory training and are confident they can access additional training as needed. Management stated staff must meet the minimum qualification and registration requirements for their respective roles. The service uses an online training management system, to ensure management can monitor training completion rates for staff.

Staff said their performance is monitored through educational competencies and annual performance reviews. Management said the service reviews and analyses internal audit results and clinical data to monitor staff practice and competencies. The service has a suite of documented policies and procedures to guide the monitoring of staff performance.

# 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 the service is well run and they have ongoing input into how consumers’ care and services are delivered. The service engages with consumers and representatives regularly through monthly consumer/representative meetings, minutes reflected issues are raised and discussed and identified improvements logged in the continuous improvement plan. A consumer experience survey is conducted annually, covering care and services, with results accessible to the governing body.

Consumers and representatives said the governing body promotes a culture of safe and inclusive quality care as demonstrated through the management of COVID-19 outbreaks. Staff described how clinical indicators, quality initiatives and incidents are discussed at relevant meetings. Management described how the governing body promotes a culture of safe, inclusive and quality care and services through policies, procedures which guide the service to the relevant aspect of the Quality Standards.

The service has effective systems in place relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff confirmed they have access to information they need to perform their roles through the electronic care management system. The service has a continuous improvement plan which is updated regularly and tracks legislative changes regularly with updates communicated to staff through email, toolbox sessions and daily meetings.

Consumers and representatives said they are supported to live the best life they can including for risks. Staff described how they use policies, procedures, and practices to minimise risk to consumers including for falls, infection prevention, restrictive practices and reporting of incidents. Management described the risk management framework, including policies, procedures and the serious incident reporting register. The service monitors risk data through the risk register with governing body oversight of clinical indicators.

Consumers and representatives said when things go wrong the service contacts them, explains what has happened and offers an apology. Staff described how clinical care practice is governed by policies pertaining to antimicrobial stewardship, restrictive practices and open disclosure with a clinical governance framework supporting clinical care practice. Care planning documentation demonstrated compliance with the service’s antimicrobial stewardship policy. Staff had been educated about the policies and provided examples of their relevance to their work.

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)