Algester Lodge

Performance Report

117 Dalmeny Street   
ALGESTER QLD 4115  
Phone number: 07 3711 4711

**Commission ID:** 5364

**Provider name:** The Renton Family Trust No. 1

**Site Audit date:** 28 June 2022 to 30 June 2022

**Date of Performance Report:** 27 July 2022

# Performance report prepared by

Jodie Earnshaw, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission regarding the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and representatives expressed satisfaction with the care and services consumers received, and considered consumers are supported to maintain their identity, make informed choices about their care and services, and live the life they choose. Consumers and representatives considered information they received is accurate, current, timely and easy to understand.

Consumers and representatives described various ways staff respects the consumers personal privacy, including staff knocking on consumer’s doors and delivering care in private in consumers’ rooms.

Consumers and representatives said consumers are supported to take risks and engage in activities of choice, providing examples such as supervised exercises and use of electric mobility equipment to move around the service independently. The service had processes to support consumer choice, including those were risk is identified; for example, risk and safety is assessed and discussed with consumers and representatives to provide the opportunity for choice and informed decision-making related to the consumer’s care and services.

Staff know consumers as individuals and deliver care and services in a culturally safe manner. Staff described how individual consumer’s culture and preferences influenced the delivery of their care and services.

The service provided information to support consumers in making informed decisions, such as a consumer information book, menu selections and choices regarding activities of interest and day to day preferences. Staff described various ways in which they provided information to consumers, including consumers with cognitive impairment.

Care planning documentation reflects the diversity of consumers, including information regarding consumers’ background, identity and cultural practices and provides guidance to staff in relation to consumers individual preferences and things of importance to the consumer.

The organisation has documented policies and procedures for supporting consumers to take risks and to guide staff practice relating to consumer choice, dignity of risk assessments and risk management strategies.

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

## Assessment of Standard 1 Requirements

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

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

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives considered consumers are partners in the ongoing assessment and planning of consumers care and services, including consideration of consumer’s wishes for care at end of life and how other providers of care are involved in the consumers’ care. Consumers and representatives are informed about the outcomes of assessment and care planning by staff at the service and with external health care providers

Staff demonstrated an understanding of the service’s assessment and care planning processes, and the organisation had policies, procedures and guidelines in regard to assessment and planning to guide staff practice, including a suite of evidence-based assessment tools.

The service had an electronic care management system. Review of consumers care planning documentation identified assessment and planning included the consideration of risk and reflected the consumer’s current needs, goals and preferences, including advance care planning and consideration of individual consumers’ risks. Consumers’ care and services were reviewed for effectiveness, including when circumstances changed or when incidents occurred.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

**STANDARD 3 COMPLIANT**

**Personal care and clinical care**

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and representatives considered consumers received personal care and clinical care that is safe, right for them and in accordance with the consumers’ individual needs and preferences. Consumers and representatives said they had access to a Medical Officer and other health professionals as needed; and confirmed staff recognise and respond to changes in the consumers health and wellbeing in a timely manner.

Consumers and representatives expressed satisfaction that consumers’ needs, and preferences were effectively communicated between staff.

Staff demonstrated an understanding of consumer’s individual needs and preferences and how they ensure these are met; including consideration of individual consumers risks. Staff said the communication of changes in consumers’ needs and preferences is communicated at shift handover and via the service’s electronic care documentation system.

Review of consumer care documentation identified consumers are receiving individualised care that is safe, effective and tailored to their specific needs and preferences; appropriate referrals are made in a timely manner; and recommendations from specialist services are implemented and followed by staff in the delivery of consumers’ care and services.

Staff have access to policies, procedures and guidelines to support the delivery of personal and clinical care including in relation to restraint and non-restraint, falls management, nutrition and hydration, wound care and palliative care. The organisation had a risk management framework that guided how risk is identified, assessed, managed and recorded. Clinical incidents are recorded on the service’s risk management system and contribute to the monthly clinical indicators report.

The service has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff confirmed they have received training in infection minimisation strategies including infection control and COVID-19. Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and representatives advised consumers get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do and to optimise their independence and quality of life.

Consumers and representatives described ways that staff provide emotional, psychological and spiritual support to consumers. The service demonstrated activities are facilitated within and outside of the service, consumers are supported to undertake lifestyle activities of interest to them and supported to maintain personal and social connections.

Consumer’s condition, needs and preferences are effectively communicated within the organisation and with others who provide services and supports for daily living. Care planning documentation demonstrates timely and appropriate referrals are made to other providers of care and services as required.

Staff demonstrated knowledge of consumer interests and described how they work with external organisations to supplement the lifestyle activities offered within the service to meet consumer needs and preferences.

Staff have a shared understanding of consumers’ lifestyle and social preferences, requirements in relation to communication, mobility and dexterity needs and other aids to support consumers’ engagement in activities.

Consumers and representatives provided positive feedback in relation to the meals, and stated, which documentation review confirmed, the meals align with consumer dietary needs and preferences. Consumers reported having input into the menu and the kitchen and serving areas were observed to be clean and tidy, with staff practices in line with food safety protocols.

The Site Audit report brought forward information that equipment used to provide and support lifestyle services, assist consumers with their independence and provide hospitality services was safe, suitable, clean and well-maintained.

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

## Assessment of Standard 4 Requirements

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

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

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers reported feeling at home in the service and felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment and advised the service is safe, clean, comfortable, well maintained and suitable for consumers.

Consumers sampled said they are independent and can move freely inside and outside the service.

Staff described how the service environment supports consumers independence, function and enjoyment such as access to a range of facilities within the service for consumer entertainment and to encourage social interaction and wellbeing.

The service environment was observed to be welcoming, and easy to move around, both inside and outside. Consumers were observed to move freely around communal and courtyard areas of the service; and consumer rooms were personalised and decorated to reflect their individuality.

Staff described the cleaning processes undertaken at the service, how maintenance issues are reported and resolved; and review of documentation reflected regular and appropriate cleaning and maintenance of the service environment.

Maintenance staff demonstrated the environment was safe and well maintained through scheduled preventative maintenance and reactive maintenance including fire safety equipment. Maintenance issues were reported and actioned promptly.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives sampled consider they are encouraged and supported to provide feedback, suggestions and make complaints, felt comfortable to do so and that appropriate action is taken in response. Consumers and representatives confirmed that they were aware of the internal and external feedback and complaints mechanisms available to them including the Aged Care Quality and Safety Commission, organisational complaint mechanisms and advocacy support services.

Management described the different ways consumers are encouraged and supported to provide feedback or make a complaint, and how consumers are involved in the implementation and evaluation process once an improvement is made.

Staff demonstrated an understanding of the services complaint’s management processes, including access to interpreter and advocacy services for consumers if required.

Review of the services plan for continuous improvement identifies improvement actions taken by the service following consumer and representative complaints and feedback.

Information about the complaints process, advocacy and language services is displayed within the service and available in in languages other than English. Feedback forms available within the service and consumer meetings are used as a forum for receiving feedback.

The organisation has feedback management and open disclosure policies which guide staff in documenting, investigating, resolving and evaluating feedback and complaints made by consumers and representatives and applying an open disclosure process where appropriate.

The service trends and analyses complaints, feedback and concerns raised by consumers and representatives and uses this information to inform continuous improvement activities across the service.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers consider they received quality care and services when they need them from people who were knowledgeable, capable and caring. Consumers confirmed staff were kind, caring and respectful of their identity, culture and diversity.

Interactions between management, staff, and consumers and representatives were observed to demonstrate a kind, caring and respectful approach.

Management described how the workforce are recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. For example, the services training program includes mandatory training for all staff, and specific training for staff related to their role at the service. Staff expressed satisfaction with the service’s training program.

Management described how they determine whether staff are competent and capable in their role, which included orientation on commencement of employment, mandatory training programs and performance reviews. Staff confirmed they had completed mandatory training and competency assessments, including manual handling and infection control.

Systems were in place to identify training needs, provide education to staff and monitor staff performance. For example, training records demonstrated staff had completed mandatory and other non-mandatory training modules; and professional registrations and national criminal history checks are all current.

Staff advised there are sufficient staff to provide care and services in accordance with consumer needs and they have sufficient time to undertake their allocated tasks. The service manages and adjusts the staffing roster to reflect the needs of consumers. The service provides allied health services, including physiotherapy, podiatry, speech pathology and occupational therapy.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives confirmed they had opportunities to provide feedback and be involved in the development of care and services through consumer and representative meetings, focus groups, surveys and feedback forms.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and was accountable for their delivery. The Board satisfies itself that the Quality Standards are being met within the service through internal audits, consumer surveys, clinical indicators and clinical governance reports that include outcomes relating to visits from the Aged Care Quality and Safety Commission.

The organisation’s documented clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restrictive practices, complaints management and open disclosure were applied by staff in the delivery of clinical care. Staff had received training in relation to the framework and policies and provided examples of how they were applied to their practice.

The organisation demonstrated effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious incident response scheme. Policies and procedures were available to guide staff with effective risk management systems and practices.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

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