Performance

Report

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| Name of service: | Allawah Lodge |
| Service address: | Cnr Mirrool St & Stinson Streets COOLAMON NSW 2701 |
| Commission ID: | 0306 |
| Approved provider: | Coolamon Shire Council |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 18 May 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 Allawah Lodge (**the service**) has been prepared by M. Nassif, 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.
* The Approved Provider’s response to the Assessment Team’s report received 4 May 2023.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

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

Consumers and representatives said staff treated them with dignity and respect and made them feel valued. Staff accurately recalled consumers’ life history and background in line with consumer feedback and care planning documents. Documents evidenced staff are required to complete training on dignity and respect as part of mandatory training.

Consumers and representatives said the service recognised and respected their cultural backgrounds and provided care that was consistent with their cultural traditions and preferences. Staff identified consumers’ cultural background and explained how they ensured each consumer received care aligned with their documented needs and preferences.

Staff described how consumers were supported to make choices about their care and maintain relationships of choice. Consumers and representatives stated they were given choices about their care and these choices were respected. Care planning documents identified consumer’s individual choices about their care, who else was involved in their care, and how to support them maintain their important relationships.

Consumers confirmed they were supported to take risks if they chose to. Staff and management were aware of the choices made by consumers involving risks and described how they supported consumers to live the way they chose. Care planning documents evidenced risks consumers which to take were assessed and included strategies to manage risks.

Consumers and representatives confirmed they were provided with current information to enable consumers to exercise choice. Staff explained how current information was provided to consumers and representatives in a way that was clear and easy to understand and allowed them to make informed decisions. This was consistent with observations.

Consumers confirmed their privacy and dignity was respected by those providing care. Staff understood how to ensure each consumer’s privacy was maintained and this aligned with the service's written policies and procedures on privacy and confidentiality. Signs related to privacy were observed on consumer doors, and staff were seen knocking and announcing themselves to consumers prior to entering their rooms.

# Standard 2

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

Findings

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

Consumers and representatives said consumers received the care and services they needed. Staff described the assessment and care planning process in detail and explained how it informed the delivery of safe and effective care and services. Care planning documents showed comprehensive assessment and care planning considered risks to each consumer’s health and well-being.

Consumers and representatives said assessment and planning identified and addressed their current needs and wishes, including end of life wishes, and this information was captured in care planning documents. Management and clinical staff said advance care plans and end of life directives were discussed with the consumer or their representative within the first week of admission and during care plan reviews, if the consumer wished.

Consumers and representatives said they, and others they chose, actively participated in the care planning process. Staff said consumers and representatives were closely involved in their care plan reviews. Care planning documents showed the service partnered with consumers, representatives and involved a range of external providers and services.

Consumers and representatives said the service consistently communicated with them about changes in their care and services and they knew they could get a copy of their care plan if they wanted. Care planning documents evidenced outcomes of assessment and planning are documented.

Care planning documents evidenced review on both a regular basis, and when circumstances changed or incidents occurred. Management and staff explained the process for review of care plans every 3 months or after an incident or deterioration in health. Written policies and procedures guided staff in the review of care and services every 3-months, and following a change in health condition.

# Standard 3

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

Findings

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

Consumers said they received safe and effective personal and clinical care that was best practice, tailored to their needs and optimised their health and well-being. Care planning documents reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. The service has policies and procedures for key areas of clinical care that was consistent with best practice.

Consumers and representatives said they were satisfied with the management of high-impact or high-prevalent risks at the service. Management described how high-impact and high-prevalence risks were identified and effectively managed through regular monitoring of clinical data and implementing suitable risk mitigation strategies for individual consumers. This was consistent with care planning documents.

Clinical staff described how the care of consumers nearing the end of life was provided in accordance with their needs and preferences and how they preserved their dignity and maximised their comfort through pain relief, regular repositioning and supporting family visits. Care planning documents included the end of life needs, goals and preferences of consumers.

Staff described how changes in a consumer’s capacity or condition was recognised and responded to in a timely manner. Care planning documents confirmed that deterioration or changes in consumers’ condition were recognised and responded to promptly, consistent with consumers and representative feedback.

Management and staff described how current information about consumers was documented and communicated through staff meetings and shift handovers, consistent with observations. Care planning documents provided adequate information to support effective and safe sharing of consumers’ information.

Consumers and representatives confirmed the service provided timely and appropriate referrals to other relevant health care supports. This was also demonstrated in care planning documents. Staff described the process for referring consumers to other health professionals and how this informed the ongoing care and services provided.

Consumers and representatives said they were satisfied with the services’ infection control practices and the management of COVID-19. Management and clinical staff described the strategies used to minimise infection risks and reduced antibiotic use. The service had documented policies and procedures to support infection prevention and control and minimise antibiotic use.

**Standard 4**

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

Findings

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

Consumers said they could pursue activities of interest and they received the services and supports for daily living that optimised their independence and quality of life. Staff described specific consumers lifestyle needs and preferences and supports they required and this information aligned with their care planning documents.

Consumers reported their emotional, spiritual and psychological needs were supported. Staff explained various ways they supported consumers’ emotional, social and psychological needs such as through facilitating important connections with people and services and providing church and religious services.

Consumers said they were supported to maintain social and personal relationships, do things of interest to them and participate in the community. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documents identified the people important to individual consumers and the activities of interest to that consumer.

Consumers said information about their condition, needs and preferences was communicated effectively within the organisation and with others where responsibility for care was shared. Staff said they document and communicate changes in the electronic care management system and through shift handover processes. Care planning documents provided adequate information to support safe and effective services and supports for daily living.

Consumers and representatives said the service supported their access to other providers of care and services. Staff described how consumers were referred to other providers of care and services and gave examples. Volunteers were observed engaging with consumers and facilitating activities while on site.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of meals provided and alternative meals could be requested. Staff described how they met individual consumer’s dietary needs and preferences and how any changes were effectively communicated. Hospitality staff advised how consumer feedback was sought in planning the menus.

Consumers and representatives said equipment was safe, suitable, clean, and well maintained. Staff said they had access to equipment when they needed and described how it was kept safe, clean, and well maintained. Equipment available to consumers was observed to be safe, suitable, clean, and well maintained.

# Standard 5

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

Findings

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

Consumers and representatives said they found the service welcoming, spacious and gave them a sense of belonging. Management and staff described features that made consumers feel welcome and optimised their independence, interaction and function. The service environment appeared clean with wide level hallways, handrails, signage, artwork and other visual cues to assist navigation.

Consumers and representatives said the service environment was clean, well maintained, and comfortable. Consumers said they could move freely within the service, both indoors and outdoors. This was consistent with observations. Staff described how the service environment was cleaned and maintained. The service’s maintenance records demonstrated maintenance requests are responded to in a timely manner.

Furniture, fittings and equipment was observed to be clean, well maintained and safe, consistent with consumer feedback. Staff explained their responsibilities for the cleaning and maintenance of equipment.

# Standard 6

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

Findings

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

Consumers said they felt comfortable and safe to provide feedback and make a complaint and described how they would do so. Management described how consumers and representatives were encouraged and supported to provide feedback and make complaints through various systems such as feedback forms, consumer meetings and verbally to staff. Feedback forms and boxes were observed available to consumers throughout the service.

Some consumers were not familiar with advocacy and external complaints services however, all said they did not have a complaint, or they were happy to raise any concerns with staff directly. Management described the advocacy and language services available to consumers. Documentation and observations showed the service actively promoted advocacy, language and external complaints services to consumers and representatives.

Consumers said the service responded appropriately to their complaints. Staff demonstrated an understanding of open disclosure, explaining if something went wrong, they would acknowledge what happened, apologise to those involved, and provide an action plan to avoid any similar incidents in the future.

Consumers reported their feedback and complaints were used to improve the quality of care and services. Management described the process for using feedback to improve care and services and provided examples. Records showed feedback and complaints were recorded, reviewed and used to improve the quality of care and services.

# Standard 7

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

Findings

The Assessment Team recommended Requirement 7(3)(e) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 7(3)(e), the Site Audit report found there was no documented evidence of regular performance appraisals, consistent with the service’s policy, and most staff could not recall their last performance review. Management explained annual staff performance appraisals were deferred during COVID-19 as the focus was on ensuring staff sufficiency. Management said during this time an informal style of ‘on the floor coaching’ and performance evaluation was conducted, however there was no documented evidence to corroborate this. Management said the issue of annual performance appraisals had already been identified and the governing body was currently reviewing and updating performance appraisal systems to ensure they were completed at least annually by all staff. However, these planned improvements could not be identified on the service’s Continuous Improvement Plan.

The provider’s response provided clarifying information in relation to the deficit identified above. This included clarification that although the service did not have a formal staff performance monitoring system, evidence provided in the response demonstrated staff are appropriately performance managed as a result of informal monitoring of staff. The response also included the service’s plan for continuous improvement which outlined steps the service has taken, and will undertake, to ensure a formalised, and regular staff appraisal process occurs. Therefore, on the balance of the evidence before me, I find Requirement 7(3)(e) compliant.

I am satisfied the remaining 4 requirements in Quality Standard 7 are compliant.

Most consumers and representatives said there were enough staff, and some consumers and representatives said the service was short staffed at times but did not report any negative impacts on the delivery of care and services. Management explained how they adapted workforce planning to ensure there were adequate staffing levels. Staff rosters demonstrated minimal shifts were unfilled and call bell data demonstrated calls were responded to in a timely manner.

Consumers and representatives said staff were kind, caring and gentle when delivering care and services. This was consistent with observations. The service had a diversity and inclusion policy which set out the organisation’s commitment to providing culturally safe care.

Consumers and representatives said staff performed their duties effectively, and they were confident staff were sufficiently skilled to meet their care needs. Position descriptions included key competencies and qualifications that were either desired or essential for each role, and staff records demonstrated staff held relevant qualifications and registrations.

Consumers and representatives said staff knew what they were doing and were trained to do their job. Staff said the training provided had equipped them with the knowledge to provide safe and effective care and services to consumers. Records confirmed staff were trained and supported to deliver outcomes required by the Quality Standards.

# 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

The Assessment Team recommended Requirement 8(3)(d) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 8(3)(d), the Site Audit report found the service had effective systems to manage high-impact high-prevalence risks to consumers and to support consumers to live their best life however, the incident management system was not effective in managing, preventing, and responding to incidents. However, in relation to managing and preventing incidents, the Site Audit report brought forward the following deficiencies:

* A staff member who witnessed an alleged reportable incident did not report the incident to management, and management did not report through the Serious Incident Response Scheme (SIRS), within legislated timeframe. This has been considered under Requirement 8(3)(c) where it is relevant.
* It is noted that evidence provided in the Site Audit report demonstrated that appropriate investigations were undertaken in relation to the incident as soon as management were made aware of it and that action in relation to the staff involved in the incident was taken.
* Care staff did not record, or escalate, an incident where a consumers’ oxygen concentrator had been switched off. However, it is noted that the incident was reported through SIRS within legislated timeframes.
* An incident report had not been developed in relation to wounds identified on one consumer. While the wounds had been healing consistently, management confirmed staff had not ‘recognised the need to develop an incident report’ and that further training on incident management would be delivered.
* A medication incident was not reported, though it is noted that other medication incidents have been reported previously. Management acknowledged staff had not acted in accordance with the service’s policy and advised that further investigation and training would be delivered to care staff on incident management.

The provider’s response provided clarifying information in relation the deficits identified above:

* In relation to the incident where a consumer’s oxygen concentrator was not turned on, the response clarified that an incident was created by a registered nurse and psychological impacts on the consumer was assessed.
* In relation to the consumer with wounds identified but no incident report developed, the response clarified the wounds were appropriately treated however management accepted that staff had not recognised the need to develop an incident report. Staff have since received additional education on incident management and skin tears.
* In relation to the unreported medication incident, the response explained why the situation did not classify as an incident and therefore did not require to be reported as the medication was still administered and there were no impacts to the consumer.

I consider the response demonstrated where incidents occurred, they were appropriately investigated and actions taken to manage and prevent. Failure to formally record one incident, that being a consumer’s identified wounds, is insufficient to show systematic failure to manage and prevent incidents, particularly where evidence demonstrated the consumer’s wounds were appropriately treated. Therefore, on the balance of the evidence before me, I find Requirement 8(3)(d) compliant.

I am satisfied the remaining 4 requirements in Quality Standard 8 are compliant.

Consumers and representatives said they were supported to be involved as a partner in care and services provided. Management described various mechanisms for involving consumers in the design and evaluation of care and services such as monthly consumer meetings, consumer surveys, and resident and relative meetings where consumers could engage directly with the governing body.

Management described the role the governing body and sub-committees played in ensuring safe and quality care is delivered within the service and provided examples. Management explained the governing body and its sub-committees had full visibility of the service and they promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. Management said the service’s clinical governance and risk committee met once a month to discuss clinical trends and risks.

The service had effective organisation wide governance systems in relation to; information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. Staff described the key principles of the organisation’s governance systems and written policies and procedures detailed the processes. However, a staff member who witnessed an alleged reportable incident did not report the incident to management, and management did not report through the Serious Incident Response Scheme (SIRS), within legislated timeframe. The provider’s response clarified that the timing of the incident was not known and outlined investigations that had been undertaken which found no corroborating evidence that the incident had occurred and concluded, on the balance of probability, that it did not happen. This appears to be an isolated event and no evidence of further occurrences was brought forward to suggest systemic issues of not reporting incidents within legislated timeframes.

The organisation had a documented clinical governance framework which included a suite of policies and procedures covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they could access the documents and had received training on these policies and processes.

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