Performance

Report

**1800 951 822**

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| Name: | Alton Lodge |
| Commission ID: | 0373 |
| Address: | 549-551 Freemans Drive, COORANBONG, New South Wales, 2265 |
| Activity type: | Site Audit |
| Activity date: | 15 January 2024 to 17 January 2024 |
| Performance report date: | 20 February 2024 |
| Service included in this assessment: | Provider: 2514 Seventh-day Adventist Aged Care (North New South Wales) Ltd  Service: 389 Alton Lodge |

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 Alton Lodge (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information 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 felt respected regardless of their identity, culture and background. All staff spoke about consumers with respect and demonstrated an understanding of their personal circumstances, backgrounds and culture. Care planning documents recorded consumers’ background, culture, and preferences. Staff were observed treating consumers with dignity and respect such as addressing them by their preferred name.

Consumers said their cultural identities and religious needs were valued and they felt culturally safe. Staff were aware of consumers’ diverse cultural and religious backgrounds and understood how this influenced their daily care delivery. Care planning documents reflected consumers’ cultural needs and preferences.

Consumers stated they were supported to make their own choices about their care and daily lives, who was involved in their care, and the relationships they wished to maintain. Staff demonstrated they knew consumers well and could describe how they supported consumers to make decisions about their care and maintain relationships of their choice. Care plans contained details of consumers’ choices around personal and clinical care, lifestyle, and the involvement of others in their care.

Consumers described ways they were supported to live the life they chose and do the things that were important to them. Staff explained how each consumer was supported to live the life they chose and understand the benefits and possible harm when they made decisions around taking risks. Staff described the areas in which consumers wanted to take risks and were observed supporting consumers to engage in activities involving risks. The service had documented policies and processes to guide staff regarding consumer risk taking and minimising risks.

Consumers said they were provided with information that enabled them to make informed daily choices such as meal selections, activities available, and what is happening at the service. Representatives said they received regular and timely communication from the service which assisted them in supporting their consumer to make choices. Staff described various ways information was provided to consumers and representatives to support informed choice. Notice boards around the service displayed information such as the monthly activities calendar, menus and how to provide feedback and suggestions.

Consumers and representatives said the service respected their personal privacy and kept their personal information confidential. Staff described how they maintained consumers’ privacy when providing care, and ensured consumers’ personal information was securely stored. The service had written policies and procedures to ensure consumers’ privacy was respected. Staff were observed knocking on consumers’ doors before entering.

# 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 were satisfied with the assessment and care planning processes and felt consumers’ care needs and preferences were being met. Staff explained the assessment and care planning processes and how they ensured risks were identified and managed. Care plans detailed individualised assessments of consumer’s care needs including risks to their health. The service had documented policies and procedures which guide staff in the assessment and planning of consumers’ care.

Consumers and representatives described how their current needs and preferences were identified and they had conversations about palliative and end-of-life care. Care plans identified consumers’ current needs, goals, and preferences, as well as advance care and end-of-life wishes. Staff described how they identified what was important to consumers and explained how they approached palliative care planning conversations with consumers and their families.

Consumers and representatives said they, and others they wished to involve, were engaged in the assessment and care planning process. Staff described how assessment and care planning occurred in partnership with the consumer, their representative and other providers of care. Care planning documents demonstrated the involvement of consumers, representatives and others in the assessment and planning of care.

Consumers and representatives felt they were kept informed about consumer’s health and they said they received a copy of their updated care plans via email or in hard copy. Staff described how consumers and representatives were involved in the assessment and care review processes. Care planning documents showed assessment and care planning information was communicated to consumers and representatives and copies were made available.

Consumers and representatives confirmed consumers care and services were reviewed for effectiveness regularly, or when there were changes in consumers’ needs. Care planning documents showed they were reviewed regularly, or when there were changes in consumers’ health or preferences. Staff described how care plans were reviewed regularly, and following incidents and changes in consumers’ 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

Consumers and representatives expressed satisfaction with the personal and clinical care provided including the management of risks to consumers well-being. Care documents showed individualised care that was safe, effective, and tailored to the specific needs and preferences of consumers. Staff demonstrated individual knowledge of consumer’s personal and clinical care needs and could describe how they were met. The service had policies, procedures, and tools in place to support the delivery of quality care.

Consumers and representatives expressed satisfaction with the way the service managed risks associated with consumers’ care. Staff could describe the high-impact and high-prevalence risks to consumers in the service and how these were managed effectively. Care planning documents showed the risks associated with the care of individual consumers were identified and mitigation strategies put in place.

Consumers and representatives described how the service discussed palliative and end of life care planning. Representatives of consumers’ receiving palliative care expressed satisfaction with the care provided. Management and staff described how they engaged with consumers and their representatives in discussions about palliative and end-of-live planning. And this was documented in care planning documents. The service had written policies to guide staff practice in providing palliative care and end of life care to consumers.

Consumers and representatives expressed confidence in staff recognising and responding promptly to signs of deterioration and changes in consumers’ condition. Staff described how they identified and responded to changes in consumers’ condition and said they could refer to organisational policies and procedures to support their knowledge and practice.

Consumers and representatives were satisfied the current care needs and preferences of consumers was communicated effectively within the service and with others involved in their care. Staff described how current information about consumers’ condition and needs was communicated within the service, and with others providing care. Care planning documents were updated regularly so staff had access to the information needed to provide safe and effective care.

Consumers and representatives confirmed consumers had timely referrals to appropriate other health professionals and providers of care when required. Management and clinical staff described the process for referring consumers to other health professionals when needed. Care planning documents showed the input of other health professionals was obtained and documented.

Consumers and representatives expressed confidence in the way the service prevented and managed infections. Staff described the infection prevention and control measures used daily to protect consumers. Management and clinical staff described ways they minimised the use of antibiotics and ensured they were used appropriately. Staff were observed adhering to appropriate infection control measures.

# 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 their needs, goals, and preferences for daily living were being met and they felt supported to do the things they wanted to do. Staff described how they provided the services and supports consumers needed to live the life they chose and do what was important to them. Care plans recorded consumers’ lifestyle needs, goals and preferences and how the service could support their independence and well-being.

Consumers said their emotional, spiritual, and psychological well-being was supported by the service. Staff described how they supported consumers mental well-being through individualised strategies, activities, visits and one-to-one support. Care plans provided information on consumers’ cultural, religious and spiritual beliefs and preferences, and the emotional support wanted from family/friends, volunteers and staff.

Consumers stated the service supported them to participate in satisfying activities inside and outside the service, maintain personal relationships, and do things of interest. Staff described how they supported consumers to participate in their community, enjoy personal relationships and participate in activities. Care plans showed a comprehensive lifestyle assessment was conducted to ensure consumers’ needs and preferences were met, and this was reviewed and updated regularly.

Care documentation reviewed showed up to date information on consumers’ needs, preferences and interests, and care staff said they check this daily, or when advised of a change in needs. Consumers and representatives interviewed said staff are aware of their needs and preferences and provide support in accordance with this. They said they felt comfortable letting staff know of any changes to their needs and preferences. Support staff were able to describe how they know about consumers’ condition, needs and preferences, and how they are notified of changes to these.

Consumers and representatives said they received appropriate lifestyle support and were referred to external organisations and service providers when needed. Management and staff described how they worked with outside providers to ensure the services and supports for daily living were appropriate for all consumers. Care planning documents and observations confirmed consumers were supported by external individuals and organisations.

Consumers and representatives were very satisfied with the meals provided by the service and said their dietary needs and preferences were met. Consumers said they enjoyed the dining experience, and the service encouraged their feedback in relation to the meals. Staff described how they met consumers’ dietary requirements and preferences, and this was consistent with care planning documents. Consumers appeared to enjoy the meal service and staff members were assisting consumers when needed.

Consumers and representatives said the equipment provided was safe, clean and well maintained. Staff described the procedures in place to ensure the equipment was safe, suitable, clean and in good working order. Consumers were observed using equipment which appeared to be 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

Consumers and representatives confirmed they felt at home in the service, and the environment optimised their independence, interaction and quality of life. Staff described how they maintained a safe and welcoming environment for consumers and visitors. The service environment appeared clean and tidy, with clear signage and other features to support consumers with diverse needs.

Consumers and representatives said the service environment was safe, clean, well maintained and they could move freely indoors and outdoors, with staff assistance if required. Cleaning and maintenance staff described effective processes in place for cleaning and maintaining the facility. Schedules set out reactive and preventative maintenance programs and cleaning arrangements. Consumers were observed mobilising freely inside and outside the service.

Consumers and representatives said the furniture, fittings and equipment at the service were clean, well maintained and suitable for their needs. Staff explained the processes in place for preventing faulty equipment being used and lodging maintenance requests. The furniture, fittings and equipment throughout the service appeared safe, clean and well maintained.

# Standard 6

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

Findings

Consumers and representatives knew how they could provide feedback and make complaints and felt supported to do so. Management explained various ways they encouraged consumers to provide feedback and make complaints. Documentation confirmed the service provided consumers and representatives with multiple methods of providing feedback and making complaints. Information about providing feedback and making complaints was displayed throughout the service.

Consumers and representatives were aware of external avenues for raising complaints and accessing advocacy and language services. Staff were aware of external support organisations that consumers could access and knew where to access their contact details. Management explained how they ensured consumers and representatives were made aware of advocacy services, language services and other methods of raising complaints. Information about complaints and advocacy services was displayed around the service.

Consumers and representatives considered the service responded appropriately to complaints and took the necessary action to resolve them. Management described the complaints management processes and how they ensured appropriate action was taken using open disclosure. Staff displayed knowledge of open disclosure and could describe how they applied it in resolving or escalating complaints.

Consumers and representatives said the service used feedback and complaints to improve the quality of care and services. Management provided examples of improvements made as a result of consumer or representative feedback. Documentation showed feedback was recorded, reviewed, and action taken to improve services, where appropriate.

# 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 stated staffing levels were appropriate to provide the necessary care and services. Staff considered there were enough staff to allow them to complete their tasks in a timely manner. Management described how it planned the number and mix of staff to ensure that safe and effective quality care was provided to consumers. Workforce documentation confirmed the workforce was planned and there were sufficient staff to support the delivery of quality care. Staff were observed responding to call bells in a timely manner.

Consumers and representatives said staff were kind, caring and knew their individual needs and preferences. Staff described how they ensured they were kind and respectful to consumers and displayed knowledge of consumers’ needs, interests and backgrounds. Staff were observed interacting with consumers in a kind and respectful manner.

Consumers and representatives expressed satisfaction with the competency and knowledge of staff, and felt they were appropriately qualified. Management described how they ensured staff were competent and qualified for their roles, both during the recruitment process and on an ongoing basis. Staff records confirmed staff had the appropriate qualifications and knowledge required to effectively perform their roles.

Consumers and representatives were satisfied staff were trained and equipped to do their jobs and provide quality care. Management described how it ensured staff were trained and supported in their roles through ongoing training and support. Staff could describe the training they received, and said it was adequate to support them in their duties. Documentation confirmed the workforce was recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards.

Management could describe how they monitored and reviewed the performance of staff, including through training, observations and supervision, feedback and performance reviews. Management and staff described how performance assessments occurred, and staff records confirmed staff performance was regularly reviewed.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said they had input in the development, delivery and evaluation of their care and services. Management described various ways they supported consumers and representatives to participate in development, delivery and evaluation of their care and services. Records confirmed consumers and representatives were supported to provide input into the running of the service through various methods.

Consumers and representatives felt the service provided safe and inclusive quality care and services. Management demonstrated how key information about the service’s performance was reported to the Board who oversighted the provision of care and services, to ensure the Quality Standards were met. The Board was accountable for the service and promoted a culture of safe and quality care through receiving reports at regular Board meetings and engaging with the service.

Management demonstrated how the organisation had effective governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management and staff were aware of the policies and procedures that supported the governance arrangements.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Management and staff understood the high-impact and high-prevalence risks to consumers and there were documented policies and registers which supported the management of risks and incidents.

The organisation had a clear clinical governance framework in place which included policies, procedures, practices and staff training covering areas including antimicrobial stewardship, restrictive practices and open disclosure. Management and staff described how the clinical governance policies were applied in the delivery of care and services.

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)