Performance

Report

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| Name of service: | Aruma Lodge |
| Service address: | 229 Beryl Street BROKEN HILL NSW 2880 |
| Commission ID: | 0028 |
| Approved provider: | Southern Cross Care (Broken Hill) Ltd |
| Activity type: | Site Audit |
| Activity date: | 23 May 2023 to 25 May 2023 |
| Performance report date: | 11 July 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 Aruma Lodge (**the service**) has been prepared by M Glenn, 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 management; and
* the provider’s response to the Assessment Team’s report received 23 June 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 | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 8 Requirement (3)(d)**

* Review the organisation’s risk management systems and practices, specifically in relation to managing and preventing incidents and responding to abuse and neglect of consumers.

# 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

Staff support consumers to celebrate significant events and could describe consumers’ cultural backgrounds, identity and religious beliefs. Staff were observed interacting with consumers in a respectful manner, using consumers' preferred names, knocking on consumers’ bedroom doors prior to entering their rooms and delivering care and services in a way that was considerate of consumers' ethnicity and culture. Consumers confirmed staff are knowledgeable and respectful about what is important to them and provide services that are culturally safe.

Care plans documented individual consumer choices around when care and services are delivered, who is involved in care and how they are supported to maintain relationships. Observations showed staff interactions with consumers promoted consumer decision making, independence and interaction with both other consumers and visitors. Consumers and representatives said consumers are supported to exercise choice and independence about their care and services.

Documentation showed risk assessments have been undertaken for consumers’ chosen activities with strategies implemented to minimise the risks. Staff were knowledgeable of the risks taken by consumers and described how they support consumers to take risks. Consumers said they are supported to engage in risky activities of their choosing to enable them to live the best life they can.

Staff could describe the strategies used to ensure effective communication with all consumers and documentation showed care plans to be reflective of consumers’ current needs. Consumers and representatives said they are provided with information that is current, accurate and in a way that is easy to understand.

Care documentation was identified to be only accessible to authorised personnel and staff were observed not discussing consumers’ personal information in communal areas to maintain consumers’ privacy. Consumers and representatives said consumers’ privacy is respected by staff and consumers’ personal information is kept confidential.

Based on the Assessment Team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# 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

Assessment and planning processes identify risks to consumers’ health and well-being, and outline management strategies to inform care and services. Staff are familiar with assessment processes and confirmed care plans contain sufficient information to inform care. Consumers and representatives said staff know consumers’ individual risks and expressed satisfaction with the care and services received.

Consumers are reassessed and care plans updated when circumstances change or incidents occur. Resident surveys and daily progress note reviews ensure information relating to care is accurate and current. End-of-life care preferences are captured in a palliative care plan which is regularly reviewed. Consumers and representatives confirmed consumers’ needs, goals and preferences are identified and addressed.

Documentation showed assessment and planning is conducted in collaboration with consumers and their representatives and staff confirmed involvement of others, such as allied health and specialists where appropriate. Consumers and representatives considered the process to be based on partnership and expressed satisfaction with their level of involvement in assessment and planning processes.

Staff have access to care plans and assessments on the electronic care system and confirmed outcomes are communicated at daily handovers, huddles and via a ‘Read and Sign’ book where all staff are required to confirm knowledge of changes.

Based on the Assessment Team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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

Risk assessments are conducted to identify personal and/or clinical care needs and preferences individualised care plans are developed aimed at optimising health and well-being. High impact or high prevalence risks are screened on entry, with interventions and recommendations from specialists incorporated into care plans. Staff demonstrated familiarity with consumers’ personal and clinical care needs, and monitoring systems are in place to identify deficiencies. Consumers and representatives expressed satisfaction with personal and clinical care, and confirmed staff had identified risks, such as pain, falls and impaired skin integrity and implemented strategies to minimise harm.

Staff described how they maximise comfort and preserve dignity during end-of-life and work closely with consumers, their families, the medical officer, and local palliative care team to ensure high quality care is provided. Documentation showed that the needs, goals, and preferences of the consumer are recognised and addressed during end-of-life care.

Deterioration or changes to a consumer’s condition, function and capacity are documented, recognised, and responded to in a timely manner, with key risks and changes about consumers communicated effectively within the organisation. Staff demonstrated familiarity with processes for escalating concerns and were knowledgeable of consumers’ conditions. Consumers and representatives expressed satisfaction with communication processes and responsiveness of staff, confirming staff are knowledgeable of consumers’ current condition, needs and preferences.

Clinical staff could describe referral processes and staff are proactive at initiating further review when warranted. Consumers and representatives confirmed consumers are referred to members of allied health and other external organisations as appropriate and in a timely manner.

The service demonstrated processes, such as infection reports to log and monitor treatment of infections and use of antimicrobial treatment. Staff confirmed they had undertaken training and were knowledgeable of what to do in an infectious outbreak. Consumers confirmed they observe staff use personal protective equipment when warranted and progress notes demonstrated infection control practices had been effective at treating and minimising further spread of disease.

Based on the Assessment Team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# 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

A lifestyle program is developed in consultation with consumers to meet their needs, goals, and preferences to enable them to do the things they want to do with support from staff. Observations of staff interactions with consumers were kind, caring and thoughtful and staff described the processes in place to provide additional emotional, spiritual, and psychological support to consumers. Consumers and representatives said they are satisfied consumers receive safe and effective services and supports for daily living that meet their needs, goals and preferences and were confident consumers’ emotional, spiritual, and psychological well-being is a priority for staff.

Consumers were observed participating in group activities and individual activities of interest to them, meeting in communal areas with other consumers and visitors, and leaving the service to shop or meet with friends and family. Consumers and representatives said consumers are supported to participate in their community within and outside the organisation’s environment, have social and personal relationships, and do things of interest to them.

Documentation relating to care was clear, easy to read and regularly reviewed. Observations showed information about consumers’ condition are communicated daily through handovers after each shift. Consumers and representatives said information about consumers’ condition, needs and preferences is communicated within the organisation and with others where responsibility of care is shared.

Staff said referrals are made in consultation with consumers and/or their representative as required or indicated by assessment. Documentation showed care planning included interventions based on specialist recommendations, as well as evidence of regular volunteer support following referral to religious and other organisations. Consumers and representatives said consumers are provided with timely and appropriate referrals to individuals, other organisations and providers of other care and services when they need them.

Observations confirmed staff were knowledgeable about consumers’ needs and preferences and could describe how they seek feedback regarding menu changes through consumer meeting forums. Documentation showed consumers’ dietary needs and preferences, including allergies, likes and dislikes, were included in care plans and kitchen staff monitored any consumer changes. Staff were observed to be assisting consumers with meals in a respectful manner and ensured other consumers were directed and supported as needed. Consumers said they enjoy most meals and are supported to provide feedback for meal options.

Based on the Assessment Team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# 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

The service environment consists of large communal spaces, activity rooms and sitting rooms. Representatives said they feel welcome at the service and enjoy using both the internal and external spaces to meet with family members. Signage throughout the service assists with the location of amenities and consumers’ bedrooms are personalised with family photos and soft furnishings. Consumers said they like where they live and find the environment easy to navigate.

Regular maintenance and cleaning processes ensure the environment remains clean, safe, and well maintained. Consumers and representatives confirmed being able to move freely within internal and external areas of service and said the service is clean, well maintained, comfortable and consumers feel safe living here.

Maintenance records confirmed the regular servicing of furniture, fittings, and equipment, such as lifters, weight chairs, air-conditioning units, and hot water systems by either onsite staff or contracted services. Staff were able to describe processes to address maintenance and cleaning issues and confirmed equipment to be fit for purpose with any maintenance issues being actioned promptly. Consumers and representatives said furniture, fittings and equipment are safe clean and well maintained.

Based on the Assessment Team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# 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

Policies and procedures are in place to guide staff on how to identify, manage, escalate, and resolve complaints. Consumers and representatives were aware of mechanisms available to make complaints and provide feedback and felt supported by management and staff to utilise these.

Consumers have access to language services, advocates and other external complaint agencies with written materials and contact information readily available. Consumers and representatives are aware of the external agencies who can provide assistance to raise concerns if required.

Staff have undertaken training in open disclosure and understood the importance of adhering to it when things go wrong. Overall, consumers and representatives confirmed appropriate action is taken to address feedback and complaints, and felt the service is transparent when things go wrong.

All feedback and complaints are captured, analysed, trended, and reviewed for areas of improvement. Management provided examples of improvements made throughout the service as a result of consumer feedback and confirmed consultation is undertaken to ensure satisfaction with the outcome. Consumers and representatives were satisfied with the way in which management utilise feedback to improve the quality of care and services.

Based on the Assessment Team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# 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

Rosters are regularly reviewed based on staff experience and the needs of consumers. Staff reported there are sufficient staff rostered to get things done, and when vacant shifts cannot be covered, they support each other to complete tasks. Call bells are monitored regularly, and extended call bell response times are followed up with consumers. Most consumers and representatives are happy with staffing levels at the service.

Staff were knowledgeable about the needs of consumers and are aware of where to find additional information if required. Staff felt their colleagues' interactions with consumers are kind and respectful and are comfortable raising concerns if they felt other staff members were not treating consumers respectfully. Consumers and representatives spoke positively of staff and observations confirmed staff are kind, caring and respectful when interacting with consumers.

Policies and procedures ensure staff have the appropriate qualifications and registrations required for their role and the onboarding process ensures the workforce is equipped to undertake their roles. Staff felt supported by management and have sufficient training to undertake their roles and have opportunities for additional training if requested. Consumers and representatives felt staff understand the needs of consumers and are generally satisfied with the skills and knowledge of staff.

Management described their framework for monitoring and reviewing staff performance, which includes an annual performance review, analysing complaint data, daily progress note reviews and observation of practices. Staff stated they participate in performance reviews where they can discuss their performance and identify areas where additional support is required.

Based on the Assessment Team’s report, I find all requirements in Standard 7 Human resources compliant.

# 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. | Non-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 Quality Standard is assessed as non-compliant as one of the five specific requirements has been assessed as non-compliant.

The Assessment Team recommended requirement (3)(d) in Standard 8 Organisational governance not met as they were not satisfied the service demonstrated effective risk management systems relating to managing and preventing incidents and identifying and responding to abuse and neglect of consumers. The Assessment Team’s report provided the following evidence relevant to my finding:

* No incident reports were completed for Consumer A who over a period of 27 days had 9 incidents which included being verbally and physically aggressive, allegations of being sexually assaulted and an allegation of being medicated without consent.
  + Management stated as these behaviours are recurring and have been confirmed by the mental health team, they do not complete an incident report each time Consumer A makes an allegation.
  + Management confirmed an investigation was not undertaken as it was a known behaviour, and they did not believe there to be any truth to the allegations. However, management was unable to describe how they could be sure the allegations made by Consumer A were not true.
* No incident reports were completed for Consumer B who over a period of 83 days had 8 incidents of physical aggression towards staff recorded on their behaviour chart.
  + Staff stated they did not report these occurrences as they were recorded on Consumer B’s behaviour chart.
  + Management acknowledged each of these behaviours should have been recorded as an incident and stated additional training would be provided to staff to ensure they understand the incident reporting process.
* Management stated all incidents and near misses should be reported on the incident log and a member of the management team checks progress notes each day to ensure all appropriate incidents have been recorded. This system was found to not be effective in identifying all incidents and management acknowledged incidents cannot be effectively trended and prevented if they are not being captured on the incident log.

The provider acknowledged and accepted the Assessment Team’s recommendation. The provider’s response was limited to commentary relating to governance deficits identified in the Assessment Team’s report. The provider’s response included, but was not limited to:

* Team leaders to have toolbox talks on behaviour charting and the need to escalate to an incident form as needed during handover and at huddles.
* Dementia Support Australia referrals to be organised for consumers with ongoing behaviours of concern.
* Serious Incident Response Scheme training to be allocated to all staff and monitored.

The provider’s response did not address areas of improvements relating to monitoring and evaluation of the staff training and procedures implemented for effectiveness in resolving the deficits identified.

I acknowledge the provider’s response, however, I find the organisation did not demonstrate effective risk management systems and practices, specifically in relation to managing and preventing incidents and responding to abuse and neglect of consumers.

In coming to my finding, I have considered staff did not demonstrate understanding of the incident management process, particularly when an incident report should be completed in response to a consumer’s behaviours and have not demonstrated a sound knowledge of Serious Incident Response Scheme reporting requirements. The service’s incident management system did not capture numerous incidents of physical aggression, and allegations of abuse from the consumers highlighted. As incidents are not consistently reported through the service’s processes, I find this does not enable the service and organisation to have sufficient oversight of incidents that are occurring, enable effective analysis of incident data to assist to identify trends and opportunities for improvement or ensure risks to consumers’ health and well-being are minimised and/or eliminated.

However, the service did demonstrate some understanding in relation to this requirement as policies and procedures are in place to guide staff in completing risk assessments for each consumer who chooses to undertake a risky activity, and management described how they regularly meet to discuss high-risk consumers and important information is relayed to staff at handovers.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance non-compliant.

In relation to all other requirements in this Standard, consumers and representatives are engaged using various methods to identify areas of improvement for the service. Consumers felt they are actively involved in the development and delivery of their care and can suggest improvements by providing feedback verbally, through feedback forms and attending resident meetings.

The organisation’s mission, values and strategic directions are promoted and communicated throughout the service. The organisation has up-to-date policies, procedures and frameworks in place which describe responsibilities, accountabilities, and service expectations. Members of the Board sit on governance committees throughout the organisation to ensure they are informed and accountable for care and services provided.

Information management systems ensure staff have access to relevant information to perform their role. Consumers and representatives confirmed they are encouraged to participate in feedback, surveys and meetings which drive continuous improvement. Management described the annual financial planning process and financial delegation systems for in and out of budget expenses. Processes are in place to support the service to ensure staff are selected and trained to meet the job requirements and organisation’s values. Head office monitors current legislation and ensures the service is meeting all obligations. Feedback and complaints are governed and responded to by the site’s leadership team and reports to head office regularly.

Clinical processes support the management of antimicrobial stewardship, minimising the use of restraint and open disclosure. The service has systems for preventing, managing, and controlling infections and antimicrobial resistance, which is monitored and reported through clinical indicator data and internal audits. A restrictive practice log details the type of restraint and the due date for review, and the service discusses and monitors the use of restraint through progress notes and clinical indicator analysis. Staff have received training on open disclosure and demonstrated understanding of its use and provided recent examples of when this occurred.

Based on the Assessment Team’s report, I find requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 8 Organisational governance compliant.

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