Performance

Report

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| Name of service: | Performance report date: |
| Autumn Lodge Butler Street | 16 August 2022 |
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| Approved provider: | Activity date: |
| Autumn Lodge | 21 June 2022 to 23 June 2022 |

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 Autumn Lodge Butler Street (**the service**) has been considered by Melissa Buhagiar, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, dated 21 June 2022 to 23 June 2022; 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 following information given to the Commission, or to the Assessment Team for the Site Audit of the service: 13 consumers and 1 consumer representative provided feedback to the Assessment Team.
* the following information received from the Secretary of the Department of Health (**the Secretary**): Exceptional Circumstances Determination dated 09 March 2021.

# 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 | | Compliant |
| 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

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

The Assessment Team interviewed consumers who felt they were respected and valued as individuals and described how staff were polite, patient and caring. Consumers felt culturally safe and expressed their physical, spiritual, cultural and social needs provided for, with support received to follow their faith and attend church services, to attend outside and garden and to not participate in activities if that is their choice. Pastoral care and services were provided by volunteers and care documentation included cultural backgrounds, preferred names, spiritual practices and special interests and pastimes of consumers. representatives and involvement of families.

The Assessment Team found consumers felt supported to exercise choice and make decisions about their own care. Consumers described making choices about their meals, staying in touch with their families and being consulted about their accommodation options. Consumers discussed being supported to take risks like engagement with outdoor activities like gardening which enables them to live the best life they can. Consumers interviewed considered their privacy and confidentiality was respected and discussed how staff always knock before entering their room and close the door to deliver personal care.

The Assessment Team interviewed management and staff who spoke about consumers in a respectful manner and staff demonstrated knowledge of the consumers, their interests and their care delivery preferences. The Assessment Team observed care planning documentation captured extensive knowledge of consumer cultural and spiritual diversity, personal choices and preferences, consultation with authorised

Staff interviewed described discussing choices and preferences with consumers and who they want involved in their care, how they support consumers maintain important relationships and privacy and support consumers to remain connected with their community, like participation in the local show and parade. The Assessment Team observed consumer meeting minutes demonstrated consumers and consumer representatives provide feedback and input into decision making about care and services.

Staff described supporting consumers take risks as safely as possible, involving family in risk discussions and completion of risk acknowledgement forms and risk minimisation interventions. The Assessment Team observed risk acknowledgement forms were completed for sample consumers and allied health professionals like physiotherapists were involved to assess mobility and function of consumers for some risk-taking activities.

Staff described accessing consumer information only when required, ensuring information is not visible to others and have discussions about consumer care in private. The Assessment Team observed restricted access to consumer records through the computerised care records system and staff interactions with consumers to be discreet and confidential.

The Assessment Team found the service provided consumers with information upon entering the service about making informed choices and understanding care and service options available to consumers. The Assessment Team observed posters and brochures were on display throughout the service about the Older Persons Advocacy Network (OPAN), the Aged Care Quality and Safety Commission (the Commission), the Aged Care Quality Standards, the Charter of Aged Care Rights, and consumer or representative feedback forms.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

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

The Assessment Team interviewed consumers and representatives who confirmed outcomes of assessments are clearly communicated at the time of entry to the service, when care plans are reviewed and when incidents or changes occurred.

Consumers and representatives confirmed they are involved in consumer care planning, are consulted about the needs of consumers and engaged when assessments are undertaken on an ongoing basis. The Assessment Team observed medical officers were consulted in relation to changes in medical needs and other allied health professionals involved in consumer care and assessment included physiotherapists, speech pathologists and dieticians.

Consumers and representatives confirmed discussions occurred with staff about care needs and included goals and preferences for end of life care. Advanced care planning and end of life planning was evidenced for some consumers, with care files including advanced health care directives and palliative care goals and specific end of life wishes.

The Assessment Team interviewed staff who confirmed outcomes are primarily communicated to consumers and consumer representatives verbally, with copies of care and services plans offered to consumers and consumer representatives or available when requested. The Assessment Team found care planning documents demonstrated comprehensive assessment and planning and outlined various risk management strategies for sampled consumers requiring wound management, behaviour management and pain management.

Staff interviewed described consumer preferences for personal care needs and included individual shower and time to retire preferences and confirmed advanced care and end of life planning occurred on entry to the service and periodically and on deterioration of a consumer’s condition.

Staff described care assessment and planning was commenced prior to entry to the service, with information about the consumer’s medical history, background and routines captured to inform individual care plans and effective care and services delivery. Assessments are prioritised according to risk, occur on arrival at the service and provide individual needs, goals and preferences are identified through consultation with consumers and consumer representatives.

The Assessment Team observed care and services plans were reviewed regularly and when changes or incidents impact on consumers’ needs, goals and preferences and this was consistent with feedback received from consumers and consumer representatives. Care and services plans are reviewed on a six-monthly basis and as required and electronic clinical documentation system alerts were in place which generated review reminders.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

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

The Assessment Team interviewed consumer and representatives who confirmed that they get the care they need and have access to a doctor or other health professional when they need it.

The Assessment Team found that the service demonstrates consumers get care that is best practice, tailored to their needs and optimises their health and well-being. Consumers’ clinical and personal care needs are assessed regularly, and when changes occur. Care planning is agreed with each consumer or representative on their behalf.

The service demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer. Risk assessments are undertaken to identify and manage high impact or high prevalence risks. Staff are aware of consumers’ risks and interventions to manage the risks.

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

The Assessment Team reviewed care planning documentation and identified that information about the consumers’ condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. Staff, management, allied health professionals, doctors and medical specialists have access to the electronic system which contains consumers care planning documentation.

Referrals to allied and other health care providers occur and consumers with changing conditions are recognised and responded to in a timely manner.

The service demonstrates understanding of, and systems to minimise infection related risks through implementing standard and transmission-based precautions to prevent and control infections and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

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

The Assessment Team interviewed consumers and representatives who overall considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers reported they felt happy and safe living at the service and are encouraged to attend activities and maintain contact with those close to them. Consumers confirmed the service supports them to participate in the community when they wanted.

Overall feedback from consumers or their representatives was positive in relation to the quality and quantity of food, and consumers have input into the menu.

The Assessment Team reviewed care planning documentation and found that information relating to consumer goals contained in care plans was consistent with feedback provided by consumers and staff during interviews with the Assessment Team. Care plans included information about the services and supports they need to help them do the things they want to do and contained leisure, lifestyle and spiritual assessments.

The Assessment Team observed equipment used to support consumers to engage in lifestyle activities within and outside of the service to be suitable, clean and well-maintained. The Assessment Team found that mobility aids, such as walking aids and wheelchairs were clean and well-maintained. Equipment used to provide laundry, cleaning and catering was observed to be clean and in working order. Lifestyle equipment, such as televisions, sensory activities and puzzles, were suitable to the needs and abilities of the consumer cohort, clean, safe and tidied away when not in use.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team interviewed consumers and representatives who confirmed that felt safe in the service and the staff were very good, that staff knew them and supported them. Consumers said they feel comfortable to raise any concerns with staff. When they or family had expressed concerns, these were followed up by management and staff. Consumers and representatives said the staff were kind, respectful and caring toward them, and visitors felt welcomed when visiting the service. Family members were supported in keeping in touch and up to date with their consumers. Consumers were satisfied that the service is clean and maintained.

The Assessment Team observed consumers rooms are personalised with mementoes, some furnishings and individual decoration. Many of consumers rooms also have walk in wardrobes, small outdoor verandas or patio areas, and all have an ensuite bathroom. The service has a welcoming atmosphere and consumers were observed moving around the service using a range of mobility assistive equipment, including wheelchairs and wheeled walkers.

The Assessment Team observed consumers, including those with mobility aids managed the gradient on the short sloping corridors without difficulty. Communal areas were observed to have clean floors and surfaces and dining areas were observed to be cleared and cleaned promptly following meal services. Fire safety equipment and illuminated exit signage is displayed throughout the service. Consumers have call bells within reach when in their rooms, with some consumers observed to be wearing call bell pendants.

The service has processes in place to ensure furniture, fittings and equipment are safe, clean and maintained. This includes cleaning and maintenance schedules. Consumers and staff were observed using equipment they needed safely throughout the service.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

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

The Assessment Team interviewed consumers and representatives who considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers were aware of various ways they can provide feedback or make a complaint. Consumers said that matters raised are mostly addressed in a timely manner and that there has been no need to escalate their concerns. Consumer said they were satisfied with the level of responsiveness of current management and said they feel their suggestions are mostly listened to and actioned.

The Assessment Team observed internal and external complaints information on display within the service. The Assessment Team observed feedback forms located at the reception area of the service, as well as a locked suggestion box outside the manager’s office that is checked daily. Feedback forms are entered into the complaints register, along with feedback and complaints gathered through other mechanisms. Feedback and complaints are monitored and, as necessary, escalated by the service manager to ensure issues are resolved

The Assessment Team interviewed staff and management and staff described how they offer to assist consumers to make a complaint or feedback. Generally, they would try to address the issue at the unit level however if this was not possible then they would offer a complaint form to the consumer and where needed would assist them to complete and lodge the form. Staff were able to describe the advocacy and language services available to residents who require them and how they would assist them in contacting these if they needed assistance to do so.

#### The organisation has policies and procedures to support complaints management which includes a system to record, track and manage feedback. This framework is used to improve the quality of care and services via the continuous improvement plan. Management said they review feedback and complaints and provide information to the Board on trends.

**Standard 7**

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| Human resources | | Compliant |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team interviewed consumers and representatives who overall considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers felt that staff are effective at performing their roles and know how to provide care to consumers. Consumers felt that there are sufficient staff for them to receive the care they need, and they did not generally have to wait long for staff to attend after pressing the call bell.

The Assessment Team interviewed staff who said that although they sometimes needed more staff, they have the support of management and others to ensure consumers receive the care they need. Staff interviewed confirmed they receive training, equipment and support to provide the care and services consumers require. Staff interviewed said they get informal feedback from their supervisor on a regular basis. While staff stated that performance reviews are done annually, most staff could not recall when their last review took place.

The Assessment Team spoke with management who described the challenges faced in recruiting and retaining staff but demonstrated how it maintains staff levels to ensure consumers receive the care they need. Management advised that the roster is reviewed to ensure that there are enough staff. The service will firstly attempt to fill shifts with current staff but where this is unsuccessful can source staff from an agency. Staff can work longer shifts. If staff ask for additional shifts, this is usually approved by management. Management said that in most instances the probation period will determine whether the person has the skills and right nature for the role. All onboarding staff undergo a period under a buddy system to ensure that they understand and can perform the duties of the role. They will also be rostered with experience staff for the duration of their probation.

The service demonstrated completing probation reviews but acknowledged that yearly performance appraisals had not been completed for all staff. Management provided reasons for why performance appraisals were overdue and demonstrated that there is a plan for appraisals to be completed over the coming months.

The Assessment Team found the service monitors the completion of mandatory education via their education platform. The service demonstrated taking proactive steps to deliver and monitor staff education using the platform.

The Assessment Team observed staff interactions with consumers to be polite and caring.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team interviewed consumers who said that they are satisfied the service is well run, they are well cared for and they are kept informed of changes. Consumers said that they could put suggestions forward to management and could do this via resident meetings or directly speaking to staff or the manager.

The Assessment Team spoke with management who described various ways that input from consumers and representatives is sought, and how the service acts on feedback provided. Management described the process for requesting changes to budget to accommodate changes to the needs of consumers. This is done via a request to the Chief Executive Officer who discusses the affordability of the request with the finance officer prior to obtaining approval from the board. The organisation is responsive to expenditure to meet the change of needs to consumers.

The organisation has a risk management plan in place. There is a draft risk management framework in place however this has not yet been implemented. However, management and staff were able to describe the process that would be followed to minimise risk or the reoccurrence of an incident and how this would be recorded and reported.

The organisation’s clinical governance framework includes monitoring and review of antimicrobial use, the use of restraint and open disclosure. Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff said that they had been educated about anti-microbial stewardship, restrictive practices and open disclosure and were able to demonstrate an understanding and relevance to their work.

The Chief Executive Officer advised the Assessment Team that the organisation has had five Chief Executive Officers over the last two years and that when he took on the role in February 2022, he conducted a review of the organisation’s performance and advised the board that they were not meeting the requirements of the Aged Care Quality Standards. A number of options were discussed, and the board agreed to take the option to seek out a not for profit organisation to acquire the organisation. It is hoped that this will be finalised by the end of August 2022.

The organisation currently has no business or strategic plan other than working towards getting itself ready for acquisition. Work is being conducted in putting a governance framework together for this purpose. The organisation is committed to ensuring that its consumers will not be impacted by the decision and has advised the Assessment Team that since this decision the care of consumers has improved.

Consumers, their representatives and staff were advised in writing by the Chief Executive Officer of the decision to put the organisation up for acquisition.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)