Performance

Report

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| Name of service: | Barridale Lodge |
| Service address: | 89 Barridale Drive KINGSLEY WA 6026 |
| Commission ID: | 7190 |
| Approved provider: | Shire of Wanneroo Aged Persons Homes Trust Inc |
| Activity type: | Site Audit |
| Activity date: | 25 October 2022 to 28 October 2022 |
| Performance report date: | 17 February 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 Barridale Lodge (**the service**) has been prepared by J. Howard, 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 conducted from 25 October 2022 to 28 October 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 provider’s response to the site audit report, received on 29 December 2022.
* Other information and intelligence held by the Commission in relation to this 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 confirmed staff treated them with dignity and respect and valued their identities, cultures and diversity. Staff were observed treating consumers with dignity and respect and understood consumers’ individual choices and preferences.

Consumers and representatives stated the service delivered care and services which were tailored to their needs and culture. Staff identified consumers with diverse cultural backgrounds and explained how they delivered culturally safe care and services.

Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Care planning documentation captured information concerning consumers’ cultural needs and preferences.

Consumers advised they were supported by staff to take risks and live the best lives possible. Staff demonstrated an understanding and provided examples of supports provided to consumers to enable them to participate in activities which involved an element of risk.

The Assessment Team observed lifestyle calendars and newsletters displayed on blackboards and noticeboards throughout the service. Consumers and representatives indicated they received information that was current, accurate and timely, and communicated in a way that was clear, and easy to understand.

The Assessment Team observed staff knocking on bedroom doors and awaiting a response prior to entering and closing office doors when discussing personal information about consumers. Consumers and representatives reported their privacy was respected and were confident their personal information was kept confidential.

# 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

Care planning documentation showed the service considered risks in areas such as falls pressure injuries, behaviour management strategies and weight loss. Consumers and representatives stated they were involved with their assessment and care planning process, with consideration given to their preferences and risks.

Care planning documentation identified and addressed consumers’ current needs, goals and preferences, including advance care planning. Staff demonstrated an understanding of their roles in providing palliative care for consumers.

Consumers and representatives indicated they were involved in the assessment and care planning process. Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access copies of their care plans upon request. Care planning documentation reflected outcomes of assessment and planning and changes to consumers’ conditions were communicated to consumers and representatives.

The service had policies and procedures in place regarding the review of assessments and care planning information. Consumers and representatives confirmed they were notified when circumstances changed or when incidents occurred.

However, although the Assessment Team decided all Requirements in Standard 2 were Met, with regard to Requirement 2(3)(a), the site audit report noted, “There was no evidence to confirm an updated Consent Form for Restrictive Practice was obtained as a regular process, or changes amended to be reflective of each individual consumer’s needs and risk.”

In its response, the Approved Provider explained consent forms for environmental and mechanical restrictive practices were reviewed at least every 6 months, if the consumer’s situation changed, or at the request of the consumer or representative. The response also included copies of completed consent form reviews, six- and twelve-monthly review checklists and the service’s care plan review calendar.

Having considered the Approved Provider’s response, I am satisfied the service is compliant with Requirement 2(3)(a).

# 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 considered consumers received safe and effective care that was best practice, tailored to their needs and which optimised their health and well-being. A review of the psychotropic medication register by the Assessment Team identified all consumers were regularly reviewed by the medical officer as per the service’s policies and procedures.

Care planning documentation identified risks relevant to consumers’ care and the strategies in place to manage those risks. Consumers and representatives expressed satisfaction with the service’s management of high impact or high prevalence risks such as falls, diabetes and catheter usage.

A review of care planning documentation for a consumer who recently received palliative care showed the consumer’s dignity was preserved and care was provided in accordance with their needs and preferences. The service had policies and procedures in place which guided staff regarding the management of palliative care.

Staff described the process of notification in response to recognising changes to consumers’ conditions. Consumers and representatives advised staff recognised and responded to any deterioration or changes in their health in a timely manner.

Staff reported information relating to consumers’ conditions, needs and preferences was documented in the service’s electronic care management system and communicated via the shift handover process. Consumers and representatives were satisfied staff understood their needs and preferences.

Consumers and representatives confirmed they could access medical officers, allied health therapists and other providers of care and services. Staff explained the referral process to external providers of care to support the consumer’s needs.

The service had policies and procedures in place which guided staff practices on antimicrobial stewardship and infection control management. Consumers and representatives were satisfied with the service’s management of COVID-19.

# 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 and representatives were satisfied they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. Care planning documentation identified consumers’ needs, goals and preferences and provided information about the services and supports required to assist consumers to engage in activities of their choosing.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff provided examples of consumers who were supported to participate in activities external to the service.

Staff advised information about consumers’ conditions, needs and preferences was shared via the handover process and recorded in the service’s electronic care management system. Care planning documentation provided information to support staff in the delivery of effective care and services.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Care planning documentation demonstrated the service collaborated with external providers to support the needs of consumers.

Consumers stated the meals provided were varied, and of suitable quality and quantity. The service had processes in place to engage consumers in the development of the meals provided.

The Assessment Team reviewed maintenance logs and schedules which confirmed preventative and reactive maintenance was completed as required to ensure equipment was serviced and maintained. Consumers and representatives indicated the equipment provided for their use was safe and well maintained.

Consumers and representatives described the services and supports which promoted their emotional, spiritual and psychological well-being. Care planning documentation identified the interventions and strategies used to support consumers’ emotional, spiritual and psychological well-being.

However, although the Assessment Team decided all Requirements in Standard 4 were Met, with regard to Requirement 4(3)(a), the site audit report noted, “Most of the consumers interviewed said that activities provided by the service are limited and were not of interest to them” and “The activities provided weren’t always what they enjoyed but it gave them something to do.”

In its response, the Approved Provider explained it conducted a Lifestyle and Activities Survey with residents. It will analyse the results of the survey, use it to update each consumer’s lifestyle plan, and implement the results by the end of January 2023. This was added to the service’s Plan for Continuous Improvement. The service also scheduled a monthly meeting with the lifestyle team to review the previous month’s activities and schedule one-on-one activities of interest to consumers.

Having considered the Approved Provider’s response, I am satisfied the service is compliant with Requirement 4(3)(a).

# 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 Assessment Team observed the service environment was welcoming, and consumers’ rooms were personalised with their art and photographs. Consumers advised they felt comfortable within the service and it was easy to navigate.

Consumers indicated the service environment was safe, clean, and well maintained and allowed them to move freely, both indoors and outdoors. Staff advised the process for reporting safety issues was effective.

Staff indicated shared equipment was disinfected both prior to and after use. Consumers and representatives confirmed furniture, fittings and equipment were safe and well maintained.

However, although the Assessment Team decided all Requirements in Standard 5 were Met, with regard to Requirement 5(3)(b), the site audit report noted the main entrance door was restricted by a lock which required a code be entered on a wall-mounted keypad. With the exception of the activity room door, all doors to external communal areas were locked; and doors to the external communal areas had steps at the threshold, without threshold ramps to assist consumers with mobility issues.

In its response, the Approved Provider explained all residents not subject to restrictive practices have the code to the front door keypad. If other residents wish to exit the service, they are assisted by staff to do so. All external communal doors, with the exception of the front door, were unlocked from morning to evening, but are locked at night to ensure resident safety. The service conducted an audit in December 2022 to check all external communal doors to ensure consumers were able to use the doors. The service installed threshold ramps at all external communal doors and external doors in consumers’ rooms. The response included a copy of the external door audit and pictures of the threshold ramps.

Having considered the Approved Provider’s response, I am satisfied the service is compliant with Requirement 5(3)(b).

# 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 indicated they were encouraged and supported to make complaints and provide feedback and indicated they were comfortable discussing issues with staff or management. Staff outlined the avenues available for consumers and representatives to provide feedback, and how they were supported to raise issues.

Consumers and representatives were made aware of, and had access to, advocacy and language services and other methods for raising and resolving complaints. The Assessment Team observed information on display regarding advocacy and language services.

Staff explained the open disclosure process and consumers and representatives confirmed that when feedback was provided, the service responded appropriately and promptly.

Consumers and representatives confirmed the service used feedback and complaints to improve care and services.

However, although the Assessment Team decided all Requirements in Standard 6 were Met, with regard to Requirement 6(3)(d), the site audit report noted, “A register to analyse, monitor complaint trends to inform continuous improvement was not evident” and “…not all complaints are documented.”

In its response, the Approved Provider explained it had implemented a complaints register and management at the service ensured it followed up on and closed off all outstanding complaints or feedback. The service added a review of the complaints and feedback register to its Plan for Continuous Improvement, to ensure the register was effective. The response included a copy of the service’s complaints and feedback register.

Having considered the Approved Provider’s response, I am satisfied the service is compliant with Requirement 6(3)(d).

# Standard 7

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

Findings

The service demonstrated the workforce was planned to enable, and the number and mix of staff enabled, the delivery and management of safe and quality care and services. A review of workforce management documentation and call bell response times by the Assessment Team demonstrated the service delivered quality and effective care to consumers using a well-designed roster and workforce.

Staff described consumers’ needs and preferences and were observed to be attentive and respectful in their interactions with the consumers. Care planning documentation acknowledged and recorded consumers’ cultural and religious preferences.

The service demonstrated the workforce was competent, and members of the workforce had the qualifications and knowledge to effectively perform their roles. Management advised they ensured newly recruited staff were competent for their roles through role-based position descriptions, well-designed recruitment and induction programs, and training and performance management processes.

Consumers and representatives expressed confidence in the ability of the workforce to perform their roles. The service had policies and procedures in place to support the management of training at the service.

Staff confirmed performance appraisals were conducted twice a year and this worked effectively to support their development. Management demonstrated the performance of the workforce was monitored in accordance with the service’s policies.

# 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 confirmed they used various avenues to provide feedback to the service, which included meetings, continuous improvement forms, surveys and discussions with staff. A review of consumer and representative meeting minutes showed consumers were actively engaged in providing feedback.

The service demonstrated the Board was accountable for the delivery of care and services and promoted a culture of safe and inclusive driven care. A review of documentation by the Assessment Team showed the service had an appropriate policy framework, designed to ensure it maintained a culture of safe and inclusive care.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Management described how the Board maintained effective oversight through a structured reporting and management framework.

The service had risk management systems in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers. Management advised how the service’s auditing system and consumer experience surveys assisted the service in focusing on specific consumer risks.

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)