Performance

Report

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| Name: | Centennial Lodge |
| Commission ID: | 4167 |
| Address: | 13 Lewis Road, WANTIRNA SOUTH, Victoria, 3152 |
| Activity type: | Site Audit |
| Activity date: | 8 November 2023 to 10 November 2023 |
| Performance report date: | 8 December 2023 |
| Service included in this assessment: | Provider: 839 Royal Freemasons Ltd  Service: 2716 Centennial Lodge |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Centennial Lodge (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# 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 said they were treated with dignity and respect. Staff demonstrated an understanding of consumers’ needs and preferences, personal circumstances, life experiences, and cultural backgrounds. Staff were observed engaging with consumers respectfully.

Consumers and representatives said care provided to consumers was delivered in ways that were culturally safe for them. Staff said they adapt care and services in response to consumer’s cultural preferences. Care documentation guided staff on how to deliver care to each consumer based on their life experiences and preferences.

Consumers felt supported to make decisions regarding their care, the way it was delivered, who was involved in their care and their care decisions. Care documentation included contact information for the consumer’s nominated representatives. Staff described strategies of how they assisted consumers to maintain relationships and were knowledgeable of consumer’s care decisions.

Consumers said they are supported to live life the way they choose, including eating foods, brought into the service after being prepared by family. Staff were aware of how they were to support consumers who engaged with risk. Care documentation evidenced strategies to promote the consumers safety while participating in activities were risk was present.

Consumer and representatives advised they receive up-to-date information Staff described information is disseminated via newsletter, email, meeting minutes, verbally and displayed on noticeboards to promote consumer choice. Noticeboards were observed to display a range of information including menu’s, activity calendars and contact details for external support organisations.

Consumers gave practical examples of how staff respect their privacy. Staff were observed knocking on bedroom doors, waiting for a response before entering and closing doors when providing care. Policies and procedures guide staff practice on keeping consumers information confidential, with information stored on password protected computer systems.

# 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

Staff described the assessment and care planning process in detail, including the use of validated assessment tools to identify risks, such as falls or pressure injury. Consumers said during entry, risks to their health were identified and strategies to minimise those risks were documented in their care plan. Policies, procedures and an admission process guide staff in completing assessments and care planning.

Consumer representatives confirmed staff had discussed the consumers advance and end of life care wishes, and an advance care directive had been completed when relevant. Care documentation reflected consumers’ goals of care, their care preferences including for end of life. Staff described how they approach end of life discussions, during entry, and as needs change.

Consumers’ representatives felt they were regularly consulted during assessment and care planning processes. Care documentation evidence frequent conversations with consumers, representatives and multidisciplinary care personnel. Staff described how they work together with consumers and health professionals to assess, and plan, consumer’s care.

Consumers and representatives said they knew they could access but did not need a copy of the consumer’s care plan, as they were verbally advised on assessment outcomes. Staff understood and care documentation evidenced outcomes were recorded, communicated and copies of care plans were offered.

Consumers’ representatives stated, and care documentation evidenced, care and services were routinely reviewed, and reassessment occurred when changes, such as when mobility declined, were identified. Policies and procedures, guided staff to complete annual care reviews.

# 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 said consumers were receiving care, which was safe, right for them, in line with the consumers preferences and as per directives. Staff demonstrated knowledge of consumers individual personal and clinical care needs and the use of non-pharmacological strategies, to manage pain and to be used prior to applying restrictive practices. Care documentation supported consumers with wounds were monitored, with treatment and dressings undertaken as directed.

Care documentation evidenced, consumers with high impact risks, such as falls and diabetes, were effectively managed. Staff understood the individual risks for each consumer and demonstrated knowledge of the care strategies to use to promote their health and wellbeing. Policies and procedures guided staff practice on the management of high-impact and high-prevalent risks.

Care documentation, for a consumer who had recently passed away, evidenced the consumer was kept comfortable and care was delivered in line with their preferences. Staff demonstrated knowledge of end of life care strategies, with policies and procedures available to guide their practice.

Consumers said, and care documentation evidenced, when consumers were unwell or their condition had changed, this was identified quickly and response, was prompt. Staff demonstrated knowledge of the signs and symptoms to watch for and knew how to escalate any concerns. Clinical procedures assisted staff to manage consumers experiencing deterioration.

Consumers’ representatives said information about consumer’s care was shared effectively. Staff were observed handing over changes in consumer care needs between shifts and care documentation evidenced the exchange of information between staff and health professionals.

Consumers said they were appropriately referred to health professionals when they needed to be. Care documentation supported referral process were undertaken quickly and the consumers was reviewed promptly. Staff understood the referral process and gave practical examples of referrals undertaken for consumers.

Consumers and representatives said the potential risks of infection transmission were well managed. Policies and procedures guide staff on practices to promote antimicrobial stewardship and staff gave practical examples of non-pharmacological strategies to use to prevent infection. Staff and visitors were observed being screened for signs of infection prior to entering the service.

# Standard 4

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

Findings

Consumers said they received safe and effective services and supports which met their needs. Care documentation outlined the specific support needs and service preferences of each consumer and staff confirmed activities are adjusted to meet consumers varying levels of participation.

Consumers said they were provided with, and attended, religious services relevant to their faith. Staff said they were encouraged to, and were observed, spend one on one time with consumers to promote their emotional health. Care documentation evidenced consumers well-being needs had been assessed and supporting strategies planned.

Consumers felt supported to participate in service or community-based activities, such as bus outings and shopping trips. Care documentation identified those important to consumers and how consumer liked to maintain those relationships. Staff demonstrated knowledge of which consumers liked to participate in particular activities and were familiar with consumers social connections.

Consumers said changes to their dietary needs were effectively communicated when changes were made. Care and hospitality documentation contained consistent information on serving sizes and consumer preferences. Staff confirmed information is handed over, and if a consumer is transferred to hospital, documentation containing their support needs and preferences was sent with them.

Consumers said they were receiving services from external support agencies and the two services worked well together. Staff demonstrated knowledge of available external support agencies including libraries, men’s shed and community visitors. Care documentation evidenced timely referral of consumers.

Consumers and representatives gave positive feedback on the variety, quality and quantity of food provided. Care plans detailed individual consumers’ preferences and current dietary requirements. Staff confirmed the menu is designed with consumer input and consumers were observed enjoying the meals served.

Consumer mobility equipment was observed to be clean and regularly maintained. Staff said cleaning of equipment was scheduled and they had access to suitable equipment to support consumers daily living needs. Consumers confirmed equipment provided to them was safe.

# Standard 5

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

Findings

Consumers and representatives said consumers fell at home and the environment was welcoming. Staff described how consumers were encouraged to decorate their rooms to promote a sense of belonging. Consumers’ rooms were observed to be decorated with their own artwork, photos, and memorabilia.

Consumers and representatives stated consumer’s rooms and communal areas were kept clean, with cleaning logs evidencing cleaning had been completed as scheduled. Staff were knowledgeable of processes to follow when repairs were required. Consumers were observed moving freely, around and between the internal and external environments.

Consumers’ representatives said the furniture supplied to consumers was suitable, comfortable, shared equipment was cleaned between use and repairs were undertaken promptly. Maintenance documentation evidenced maintenance was routinely scheduled and external contractor inspected fittings and equipment when required. Fire safety systems servicing was observed to be up to date.

# Standard 6

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

Findings

Consumers and representatives said they were aware of how to make complaints, confirming they felt comfortable taking any concerns directly to management. Staff described the processes followed when feedback was given and required to be escalated. Feedback forms and a secure box were observed to support consumers who wanted to lodge concerns anonymously.

Consumers and representatives said they knew of other avenues for raising a complaint, such as through the Commission or an advocate. Staff knew how to access interpreter and advocacy services for consumers, if required and described how they would assist consumer with cognitive or communication barriers. Posters and brochures promoting access to external agencies were displayed and had been translated into the various language spoken by consumers.

Consumers and representatives said their complaints were followed up in a timely manner, they had received an apology and were informed of actions taken in response. Staff gave practical examples of actions taken following a complaint. Complaints documentation evidenced responses to complaints were undertaken quickly and open disclosure principles were used.

Consumers and representatives reported improvements had been made to meal temperatures after providing feedback. Management described how feedback was registered and transferred to the plan for continuous improvement, which evidenced complaints prompted improvement actions, which were monitored and evaluated.

# Standard 7

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

Findings

Consumers and representatives said there was enough and the mix of staff was suitable to meet consumers needs. Staff said the number of staff allocated was sufficient for them to provide safe and timely care. Rostering documentation evidenced strategies were in place to fill planned or unplanned leave, a registered nurse was on duty continuously and the care minutes target was close to being met.

Consumers said staff treated them kindly and respectfully. Care documentation showed consumer’s cultural and religious preferences were recorded and accommodated. Staff were observed using consumers’ preferred names and treating consumers kindly.

Consumers felt they received care from staff who were capable and competent. Management described how qualifications and vetting checks were conducted prior to staff being employed. Personnel documentation evidence staff qualifications, police checks, completion of buddy shifts and mandatory training, were monitored.

Consumers felt staff had been trained appropriately and performed their duties well. Staff advised they received mandatory and ongoing training via online and on-site training programs, with management confirming the completion of training was monitored. Education records evidenced training included manual handling, management of serious incidents, emergency management and fire safety.

Staff confirmed annual performance appraisals are conducted. Policies, procedures and guides were available to support the performance of the workforce to be monitored and reviewed. Personnel documentation evidence staff performance appraisals were mostly up to date.

# 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

Management advised consumers contribute to service design through various meetings and surveys and their suggestions had led to the introduction of a dog and furniture refurbishment. Meeting minutes evidenced consumers were involved in the development and evaluation of the menu, activities and care. Consumers confirmed they are given opportunities to say how they want care and services to be delivered.

The Board oversees the operations of the service, through the submission of 3 monthly operational reports and risk reports are produced monthly, to monitor the quality of care provision. A Charter of conduct displayed, promotes inclusion and consumers said they felt safe and the environment was inclusive.

Organisation-wide governance systems were effective as staff have reliable access to accurate information, a variety of sources were used to identify continuous improvement, including feedback and complaints, funding was available to resource operations and improvements, a suite of resources were available to assist staff with their roles and responsibilities, which ensured regulatory compliance was achieved.

A risk management system had been implemented. Staff were aware of high impact and high prevalence risks and their responsibilities in assessing and managing those risks including the need to report adverse events, including allegations of abuse. Policies and procedures promoted consumers right to live their best life through engagement with risk. Incident reporting documentation evidenced incidents were investigated for root cause and responsive actions were implemented to prevent reoccurrence.

A clinical governance framework, including policies and procedures, sets out staffs roles and responsibilities to promote antimicrobial stewardship, minimise use of restrictive practices, and apply open disclosure principles. Staff demonstrated knowledge of those responsibilities an how they applied to their daily duties. Clinical reporting evidenced the effectiveness of clinical governance systems was monitored.

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)