Performance

Report

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| Name of service: | Charla Lodge |
| Service address: | 23 South Terrace BORDERTOWN SA 5268 |
| Commission ID: | 6027 |
| Approved provider: | Limestone Coast Local Health Network Incorporated |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 31 October 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 Charla Lodge (**the service**) has been prepared by R Beaman, 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 others; and
* the provider’s response to the assessment team’s report received on 04 October 2022.

# 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

This Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

Consumers provided positive feedback about their care and services and confirmed they are treated with dignity, respect and staff value their identities and culture. Consumers and representatives confirmed they are able to make choices about their care, when it is delivered and who are involved in the decision making process.

Consumers confirmed their care is delivered in a culturally safe manner and staff support their choices where they exercise those. Consumers felt supported to take risks to do the things they want to do to live their best quality life. They confirmed risks are discussed openly with them and they are engaged to develop strategies to mitigate any risk of harm to them or others.

Staff were observed maintaining consumers’ privacy and confidentiality and treating them in a dignified and respectful manner. Staff described ways in which they support consumers to undertake risks to do the things they want in a safe manner.

Documentation reflected the consumer’s choice and consultation of risks where appropriate.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives confirmed they are involved in the assessment and planning process. They provided positive feedback about how the assessment process was undertaken and communicated with them and those they choose for it to be. Documentation confirmed consumers are consulted during the assessment process and care plans are developed based around their needs, goals and preferences with them and those they choose to be involved and the outcomes of assessments are recorded within their individual care plans.

Consumers and representatives confirmed their care and services are regularly reviewed by clinical and other staff including lifestyle.

Documentation showed assessments are completed with consideration of risks to consumers’ health and well-being as part of the admission process for consumers and reviewed at regular intervals or when a change in condition or incident occurs. Sampled consumer care files showed assessments had been undertaken and a care plan completed to inform the delivery of care and services, consumer involvement was evident.

Staff demonstrated understanding of the assessment and planning process and described ways they engaged and involved consumers in this process.

# 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

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers and representatives confirmed they receive personal and clinical care that is safe and right for them. Documentation showed care plans are tailored to individual needs and high impact or high prevalence risks including falls, medication and wound management are recorded with appropriate strategies to guide staff practice and available to those for which responsibility is shared.

Sampled consumer care files showed where deterioration is detected there are processes in place to manage consumers safely and effectively. Documentation showed there are effective processes in place for timely referrals for consumers and end of life needs, goals and preferences are respected, recorded and communicated and the consumer’s comfort and dignity maximised.

Staff demonstrated knowledge of consumers’ needs, goals and preferences in relation to personal and clinical care, how they manage risks and communicate any changes in condition to other providers of care. Staff confirmed they receive regular infection control training and updates and demonstrated knowledge of the processes in place to minimise the spread of infection.

Staff were observed adhering to infection control practices including wearing appropriate personal protective equipment, regular hand hygiene and effective donning and doffing.

# 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

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers sampled provided positive feedback about the services and supports they receive for daily living, confirming there are tailored to their needs and assist them to maintain their independence, health and well-being. Consumers were satisfied with the quality and quantity of meals and provided positive examples of their enjoyment of the dining experience.

Consumers and representatives confirmed information is communicated and shared appropriately in relation to their care and service needs and they are referred in a timely manner to other providers of care and services when required or they wished to be. Consumers confirmed they are supported to maintain friendships of choice and do the things of interest to them. Consumers were observed to engage in facilitated and self-directed activities.

Staff demonstrated knowledge of consumers’ likes and preferences in relation to the lifestyle program and described ways in which they were able to support them to engage in things that interest them.

Documentation sampled reflected consumers’ likes, dislikes and requirements for meals and activities and recorded strategies to support their emotional, spiritual and psychological needs.

Equipment used as part of consumers’ engagement with lifestyle and maintaining their independence was observed to be clean, safe and well maintained.

# 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

This Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

Consumers provided positive feedback about the service environment confirming it was clean and they felt safe living at the service. Consumers were observed interacting with other consumers. Staff and visitors were observed in various communal spaces, including the outdoor garden and patio spaces.

Consumers confirmed they are able to easily navigate the service environment and were satisfied with maintenance, confirming furnishings and equipment are clean and well maintained.

The Assessment Team observed the service environment, furniture, fittings and equipment used for mobility, care delivery and lifestyle to be clean and well maintained. While observations showed consumers may not have easy access to outdoor areas when they wished, due to locked doors the service put in place, signage before the completion of the site audit visit provided consumers with clearer instructions on accessing those areas.

Staff were observed undertaking regular cleaning of individual, communal and high touch point areas and demonstrated knowledge of the maintenance system and how to resolve and escalate any issues that required fixing.

# 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

This Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

All consumers and representatives confirmed they know how to provide feedback, including complaints, and are able and supported to do so. Consumers were satisfied their feedback and complaints are actioned in a timely manner and confirmed they are provided various ways to provide feedback and given information about ways to access external services including advocates.

Feedback mechanisms were observed to be displayed throughout the service environment and documentation conformed feedback is collated, actioned and outcomes are discussed with those providing the feedback or complaints. Documentation confirmed consumers and representatives were provided with various ways to provide feedback and make complaints including via written confidential forms, through resident meetings, satisfaction surveys or verbally directly to staff and management.

Staff demonstrated understanding of open disclosure and how apply it when things go wrong. Staff described ways in which they support and assist consumers to provide feedback, make complaints and the process they use to escalate those when they receive them.

Documentation confirmed open disclosure is used when incidents occur, or a complaint is made. A feedback register is maintained and updated as feedback and complaints are provided and actioned. Documentation reflected feedback being used to drive continuous improvement.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives provided positive feedback about the way staff interact and treat them. Consumers confirmed they don’t have to wait long for assistance and felt staff are knowledgeable, trained and well equipped to perform their roles. Consumers described staff in ways that showed they deliver care and services in a kind, caring and respectful manner.

Overall staff confirmed they are satisfied with the number of staff and can complete their roles effectively. Staff described the various training opportunities they have and confirmed they have access to training and further education when they wish, or it is due for completion. Documentation confirmed mandatory training is completed and assessment of staff performance is completed at regular intervals.

The organisation has effective systems in place to monitor staffing levels, adherence to training and performance and ensuring staff have the relevant skills, knowledge and qualifications to undertake the roles they are recruited for. Documentation confirmed staff are recruited with appropriate qualifications to the role they are undertaking.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers confirmed they are involved in the development and evaluation of their own care and services and staff support them to be able to do this. Consumers and representatives were positive about the service and confirmed it was well run and they felt safe living there.

Documentation showed there are a range of ways the organisation’s Board is accountable for the delivery of safe, inclusive and quality care, including various committee meetings, the consumer handbook and the current Strategic Plan.

Documentation confirmed the service has organisational governance systems in place to ensure information is managed appropriately to enable staff to deliver care and services in a way that meets consumers’ needs and preferences. Staff described ways in which feedback drives continuous improvement and a register showed projects and actions to undertake those in place. Systems and processes are in place to ensure changes to legislation or the Quality Principles are monitored and communicated when required and the workforce is monitored at an organisational level to ensure right numbers, mix, skills and training.

Staff demonstrated understanding of how the risk management system operates and their part in monitoring high impact or high prevalence risks. Observations and documentation confirmed consumers are supported to live their best life and where risks are taken those are mitigated with strategies to ensure safety.

Staff confirmed they receive elder abuse training and described how they use the incident management system to manage and prevent incidents including those that require reporting.

Staff demonstrated knowledge of the clinical governance framework including antimicrobial stewardship and the use of open disclosure. Documentation confirmed restrictive practices are monitored and where applied they are used as a last resort.

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)