Performance

Report

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| Name of service: | Clelland Lodge |
| Service address: | 201 Illaroo Road NORTH NOWRA NSW 2541 |
| Commission ID: | 0332 |
| Approved provider: | The Churches of Christ Property Trust |
| Activity type: | Site Audit |
| Activity date: | 25 October 2022 to 27 October 2022 |
| Performance report date: | 29 November 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 Clelland Lodge (**the service**) has been prepared by M. Nassif, 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.

# 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 valued by the service and are treated with respect and dignity, with their culture and diversity valued. Staff were familiar with care planning documents and described ways to appropriately provide culturally safe care and support for consumers’ lifestyle and cultural choices, preferences. Staff demonstrated respect and an understanding of consumers’ diverse cultural backgrounds.

Consumers stated the care they received was culturally safe. Staff identified the indigenous status of the consumers and supported them by providing culturally appropriate services and events to better connect with their community Care planning documents evidenced the service has captured information of consumers’ religious, spiritual, cultural needs and personal preferences.

Consumers said they were supported to exercise choice and independence and maintain relationships of their choice. The workforce respects married couple’s independence and provides shared rooms to support privacy and intimacy. Care planning documents evidenced consumers decision-making processes are communicated with staff.

Consumers felt supported to take risks to enable them to live their best lives. Management and staff said they ensure consumers understand the associated risks, involving family and health professionals as needed. Dignity of risk forms stating consumer preferences and documenting the benefits and risks of making informed choices as well as strategies to mitigate risk and support consumers were recorded to inform risk management practices.

Consumers and representatives said the information provided to them was clear and easy to understand. Menus and lifestyle calendars were displayed around the service to inform consumers of choices in activities and food.

Consumers confirmed the service was considerate of their privacy and did not express concerns about their confidentiality of their personal information. Staff were observed knocking on doors before entering consumers rooms and consumers confidential information was protected by relevant staff, and computers were password protected.

# 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

Consumers said their care is well planned and they feel safe and confident because staff take time to listen and understand how to support their health and well-being. The service had policies and procedures to guide staff in assessment, care planning and risk management. Staff described the assessment and care planning processes and how they are involved in the process. Care planning documents evidenced assessment and planning includes consideration of risks to consumers.

Consumers advised that assessment and planning address the consumer’s needs, goals, and preferences. Staff described what is important to consumers in terms of how their care is delivered. Care planning documents were individualised and reflected the consumers’ individual needs and preferences, including advance care plans.

Care planning documents demonstrated consumers and representatives are consulted throughout the assessment and care planning process. Staff described the processes in place to ensure that the service partners with consumers to assess, plan and review care and services.

Consumers and representatives confirmed the outcomes of assessment and planning have been communicated and consumers and representatives are offered a copy of their care plan, sent through email or printed as requested. Management confirmed that consumers and representatives are offered a copy of the consumers care plan in accordance with the consumer’s or representative’s preference.

Consumers said when something goes wrong, or things change, staff communicate with them about this and seeks their input to update their care and services plan. The service had policies and procedures that guide care and care plans includes automated review mechanisms and a suite of assessments and charting. Staff evidenced how they contribute to reviews and clinical staff provided overview of the review process that was observed during the audit.

# 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 said they are receiving care that is safe and right for them and meets their individual needs and preferences and that care provided supports their health and well-being. The service had policies and procedures to direct care that is best practice, effective, and tailored to the specific needs and preferences of consumers. Care planning documents demonstrated that care is best practice and optimised consumers’ health and wellbeing.

Consumers confirmed they are provided safe, effective care and the service assesses and manages high impact or high prevalence risks to consumers, such as falls, skin integrity, weight loss, pain and infection. The service had documented policies and procedures, medical input and clinical practices to guide how the service manages high-impact or high-prevalence risks. Staff identified, assessed and managed high-impact or high-prevalence risks to the safety, health and well-being of each consumer.

Consumers and representatives said that symptoms such as pain are managed well, their end of life wishes are known and staff know what to do. Care planning documents reflected the consumer’s end of life care needs, goals, and preferences. Staff were equipped to provide end of life care and a palliative care service is available to support the team.

Consumers and representatives expressed confidence that changes in consumer care needs would be identified and addressed in a timely manner. Care planning documents demonstrated identification of, response to, deterioration or changes in consumers’ condition and health status. The service provided all staff training in the electronic deterioration detection system, with flowcharts and guidelines for staff to follow and action when a consumers deteriorates.

Consumers and representatives said information about consumers’ condition, needs and preferences is documented and effectively communicated with those involved in the care of the consumers. Care planning documents demonstrated handover reports, progress notes and care plans provided adequate information to support effective and safe sharing of consumers’ information to support care. Staff were observed accessing care planning documents.

Consumers said timely and appropriate referrals to other health specialists occur when required. Staff described the process for referring consumers to health professionals and care planning documents evidenced referrals to other allied health providers such as medical officers, physiotherapists, dieticians, speech pathologists and geriatricians to meet the care needs of consumers.

Consumers said the service is clean and they are satisfied with infection control practices. Staff confirmed they receive training in infection minimising strategies and precautions they use to monitor consumers for infections to minimise the need for antibiotics. The service had policies and procedures on antimicrobial stewardship and infection control that guide staff practice, and explain how the service will prepare for, identify, and manage any outbreaks.

# 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 felt satisfied with the services and supports for daily living that meet their needs, goals and preferences and optimise their overall health and well-being. Staff described how they partner with consumers and representatives and conduct assessments to evidence consumers preferences, interests, emotional and cultural needs.

Care planning documentation included information on how to support the emotional, spiritual, and psychological wellbeing of consumers. Staff detailed how they supported the emotional, psychological, and spiritual well-being of consumers. Consumers said that while living at the service they feel connected and engaged in meaningful activities that are satisfying to them.

Consumers said they have an active social life and are supported to maintain personal relationships and join in social and community activities. Staff described how the service has provided increased opportunities for consumers social interaction, inside and outside the service.

Consumers said that staff know their needs and preferences, and that the organisation coordinates their services and supports well. Staff described how changes in consumers’ care and services are communicated through both verbal and documented handover processes. Care planning documents, progress notes and handover sheets reflected up to date information.

Care planning documents showed the service collaborates with other individuals, organisations, or providers to support the diverse needs of consumers. Staff identified individuals, organisations, or providers where they made referrals and described how they refer consumers. Staff described how consumers are actively involved in referrals and how consent is obtained.

Consumers said they were satisfied with the variety, quality and quantity of food. Feedback from consumers Food Focus Meetings contributed to the menu design. Staff were observed assisting consumers in a dignified way in the dining room and consumers said food and drink is available at any time. Hospitality staff had a copy of each consumers diet care plan, and consumers dietary and nutrition needs and preferences are recorded electronically.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean, and well maintained. Consumers confirmed this to be the case and staff described the shared responsibility for safety, cleaning and reporting faulty equipment. Maintenance staff provided electronic evidence of service audits and maintenance.

# 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 said that they can personalise their rooms, including bringing in the furniture and possessions of choice. They said that the service monitors the condition of the building and renovations are in progress to ensure it meets their needs. Staff described how consumers are supported to make the service feel like home, and how they support consumers to maintain independence.

Consumers and representatives said the service environment is clean and well maintained. Observations confirmed consumers are able to move freely, both indoors and outdoors. Staff explained the routines for cleaning and demonstrated cleaning practices, and electronic maintenance schedules demonstrated maintenance processes are completed in a timely manner.

Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for the needs of consumers. This was consistent with feedback from consumers. Staff were observed cleaning equipment between use and said there is adequate and suitable equipment for the consumers.

# 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 felt supported to provide feedback and make complaints. The service informed consumers of how to raise feedback and complaints through feedback forms, letters, phone, email or verbally to both management and staff. Feedback forms are available at the service and staff explained how they assist consumers to complete forms and report feedback to management.

Information on alternatives for making a complaint, advocacy services and translation services was observed displayed on the service’s noticeboard. Staff demonstrated how they supported consumers to give feedback or complaints using different tools.

Consumers expressed satisfaction with the service’s response to their complaints and feedback and received an apology where appropriate. Management demonstrated that appropriate action was taken in response to complaints and an open disclosure process was used when things went wrong.

Consumers and representatives felt feedback and complaints are reviewed and used to improve the quality of care and services. Meeting minutes showed consumers feedback and complaints were used to improve services and the service encouraged continuous feedback and complaints which served as crucial input for identifying areas that required improvement.

# 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 expressed satisfaction with the staffing numbers and said staff are meeting the needs of the consumers. Staff said they are busy but manage to provide the care required by consumers and unplanned leave is covered by a mix of regular and agency staff. Management described a range of strategies used to ensure sufficient staff to provide safe and quality care that meets the need of consumers. Staff rosters demonstrated all shifts were filled by the appropriate mix of staff.

Consumers and representatives said staff engage with consumers in a respectful, kind, and gentle manner when providing care. Staff were observed to be interacting with consumers in a kind and respectful way. The service had a suite of polices and training that guide staff in providing a person-centred approach to the delivery of care and services.

Consumers and representatives said staff are competent and were confident that staff are skilled and trained to meet their care needs. Management described how the service ensures staff are competent and capable in their role including monitoring the completion of mandatory training. Documentation demonstrated staff have qualifications, knowledge, and experience to perform their duties.

Consumers and representatives were satisfied that staff are adequately trained and equipped to do their jobs. Management described the training matrix which monitors and controls online training for all staff and how current mandatory training is tracked. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis.

Management explained how staff are regularly assessed, monitored, and reviewed in line with the service’s policy and procedures. Staff described how their performance is reviewed annually and described how management provided training or support through regular assessments and monitoring of staff’s performance through performance reviews.

# 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 reported they are engaged in the development, delivery and evaluation of their care and services through monthly consumer meetings, care planning conversations and the robust feedback system. Staff and documented evidence demonstrated that consumers are engaged and supported in providing feedback and input on service delivery.

The governing body oversee the mission, philosophy, values and policies and procedures that guide management and staff in the delivery of quality care and services that are safe, inclusive. The organisation had implemented systems to monitor the performance of the service and to ensure the governing body is informed via a robust reporting regime. The governing body used the information from consolidated reports to identify the service’s compliance with the Quality Standards and initiate improvement actions.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Documentation and practices demonstrating effective implementation of these governance systems was observed.

The service had a documented risk management framework and practices that included high impact and high prevalent risks, abuse or neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Management and staff were able to describe these systems and practices and how it applied to their day-to-day work.

The service had a clinical governance framework and supporting policies that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated an understanding of the framework and how it applied to their day-to-day work.

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)