Performance

Report

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| Name of service: | Performance report date: |
| Emily Gardens at the Rock | 9 September 2022 |
| Commission ID: | Activity type: |
| 0839 | Site audit |
| Approved provider: | Activity date: |
| Lutheran Aged Care Albury | 10 August 2022 to 12 August 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 Emily Gardens at the Rock (**the service**) has been considered by Ms D McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the Site audit, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the assessment team’s report received 8 September 2022.
* other information and intelligence held by the Commission in relation to the 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 | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 4(3)(a) – The service ensures the social activities supports and services optimises the consumers independence, health and well being, through the delivery of a leisure program that includes activities tailored to the needs, preferences and interests of individual consumers.

# 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

Consumers said staff were kind and caring and they were treated with dignity and respect and they felt their identity, culture and diversity were respected. Staff demonstrated knowledge of the consumers’ needs and preferences. Care planning documentation identified consumers’ backgrounds, personal preferences, identities, and cultural practices. All care plans aligned with consumer feedback. The service had policies and procedures to guide staff practice in relation to dignity and respect for the consumer.

Consumers described how their care and services were delivered with the understanding of their needs and preferences while ensuring they felt respected, valued, and safe. Care plans showed the service recorded the consumer’s emotional, spiritual, and cultural needs and preferences. Staff demonstrated respect for consumers and an understanding of their identity and individual values. The Charter of Aged Care Rights was displayed in the services foyer.

Consumers said they were supported to exercise choice and make decisions by identifying their preferences for when care and services provided. Staff provided an example of supporting consumer choices such as bringing the consumer dinner later in the evening as per their preferred time; the consumer confirmed the service was very accommodating and allowed them flexibility.

Consumers said staff supported them to take risks and life the best life they could. Staff described areas in which consumers wanted to take risks and how consumers were involved in problem solving solutions to reduce the risk once the benefits and potential harm had been discussed. Staff described 2 consumers who were supported to regularly ride their motorised scooters to access the community, with parking and access to power for recharging the scooters was supplied. Care plans evidenced risk assessments had been completed and interventions to mitigate risk were identified.

Documentation such as activity schedules and minutes of consumer meetings evidenced consumers and representatives were updated regularly on information regarding lifestyle activities. Consumers said staff updated them on any changes daily, activity calendars and newsletters were hand delivered to each consumer and emailed to representatives. Staff confirmed they informed and prompted consumers with daily activities and advised consumers regarding any changes to activities or meals.

Consumers were confident their information was kept confidential and said their privacy was respected by staff. Staff described keeping computers locked and using passwords to access consumers’ personal information. Staff were observed knocking on bedroom doors and waiting for a response before entering.

# 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

Consumers and representatives confirmed their involvement in care planning and assessment to identify risks for the consumers. Care planning documentation evidenced considerations of risks and interventions for falls, challenging behaviours, psychotropic medications, diabetes management and pressure injuries. Staff identified risks for consumers and described the interventions utilised to manage those risks in line with care planning documentation. The service has care planning and assessment policies in place to guide staff care and staff practice was in accordance with this.

Consumers and representatives said they were consulted in relation to the needs, goals and care preferences of consumers and confirmed staff had spoken with them about advance care and end of life planning. Care planning documentation included advance care directives and end of life plans, these were accessed by staff through the electronic care management system. Staff described how they approached end of life and advance care planning discussions with consumers during the admission process and at case conferences and as needs change.

Consumers and representatives confirmed they were involved in assessment and planning and the people important to them were involved on an ongoing basis. Care documents evidenced involvement and input from the consumer and representative, medical officer, and allied health specialists in consumer care assessment and planning. Staff and management described involvement of external support organisations for specific or complex care issues such as dementia related behaviour issues. Case conference documentation showed aspects of consumer care including behaviour support, reviews and use of psychotropic medications, pain management, falls risk and interventions were discussed.

Consumers said they got timely information and were comfortable they could access a copy of their care plan if they requested it. Staff described how outcomes of assessments were captured electronically in care plans and case conference records demonstrated these were communicated to consumers and representatives.

Care planning documentation evidenced review on a regular basis or when circumstances changed, or incidents occurred, representatives confirmed timely notification if the consumer had a fall or other care needs changed. For a consumer identified as having a recent fall, their care plan reflected transfer to hospital, and review of the consumer by an occupational therapist on return to the service, a falls risk assessment was completed, and interventions documented and communicated.

# 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

Consumers and representatives provided positive feedback on how the service met consumer’s personal and clinical care needs, care planning documentation reflected individualised care tailored to the specific needs and preferences of each consumer. Staff were observed delivering personal and clinical care in accordance with the consumers’ care plan and described significant aspects of delivering personal and clinical care for each consumer.

Consumers and representatives said the service was managing high impact and high prevalent risks effectively for individual consumers; care planning documentation included identified risks and management strategies including for falls, restrictive practices, skin integrity, pain, and behaviour management. Staff knew risks specific for each consumer and described strategies to manage risk for consumers. Clinical indicator reports included monthly monitoring of high impact and high prevalence risks to identify areas for improvement.

The service had policies and procedures to inform staff practice in relation to palliative care and end of life care. Staff and management described how care delivery changed for consumers nearing end of life and practical ways in which consumers’ comfort was maximised and dignity preserved. Care planning documentation, for a consumer who recently received end of life care, evidence they received comfort cares as required, their family were present, and a priest read them their last rites as per their wishes.

Consumers and representatives felt the service was responsive when there was a deterioration in condition, health, or ability of the consumer. Care documentation reflected the service identified and responded to any changes in the consumer’s condition, this included review by a medical officer, where appropriate. Staff explained processes for identifying and reporting changes in a consumer’s condition including signs and symptoms for recognising pain, poor appetite, weight loss, bowel movement, changed behaviours and mobility changes.

Consumers said their care needs and preferences were effectively communicated between staff and others responsible for their care. Consumer information was contained in care plans and progress notes, via the electronic care management system and staff described how shift handovers ensured consistent sharing of consumer information. Care plans evidenced the exchange of information to medical officers and representatives when a consumer experienced a change in care needs.

Consumers and representatives said timely, and appropriate referrals were made including to their medical officer and allied health providers such as the physiotherapist, occupational therapist or dietitian when required. Care planning documentation evidenced a referral process was in place, staff described the referral process involving other health professionals and how this informed the care and services provided to consumers.

Consumers confirmed staff performed standard and transmission-based precautions to prevent and control infection. The service had policies and procedures to guide staff practice in relation to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak. A newly appointed infection control and prevention lead was undertaking appropriate infection control training and staff demonstrated an understanding of precautions to prevent and control infection and how to minimise the need for antibiotics. Management described monitoring vaccinations and antibiotic usage through regular review with trends discussed at medication advisory committee meetings.

# Standard 4

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| Services and supports for daily living | | Non-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. | Non-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

I have found this Quality Standard as non-compliant as I am satisfied the service was not able to demonstrate how it met this Requirement:

* 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.

The Site Audit Report identified the lifestyle program was not of interest to most consumers who said it was repetitive, lacked variety, they kept themselves busy on their own and consumers and representatives did not have input into the program. A review of thelifestyle calendar confirmed the same activities were offered weekly, limited activities were held each day with no activities scheduled on weekends. Additionally, some scheduled activities did not occur and afternoons in the service appeared sombre as most consumers were spending time in their rooms alone.

The Approved Provider responded on 8 September 2022, acknowledging deficits raised and advised corrective actions to improve the lifestyle program had commenced. These improvements included engaging directly with each consumer and their representatives to gain their input into the design of the lifestyle program to ensure it is more tailored to the consumers interests and preferences and a revised lifestyle program was submitted to demonstrate the changes made in response to their feedback.

I acknowledge the corrective actions which were initiated promptly and note this has resulted in immediate changes to the lifestyle program, in response to deficits identified, however, at the time of the site audit, the service was not able to adequately demonstrate it was providing services and social supports for daily living to meet consumer’s needs, goals and preferences which optimised their quality of life.

Therefore, I find Requirement 4(3)(a) is non-compliant.

Regarding the remaining requirements which I have found compliant, consumers said they were services and supports promoted their emotional, spiritual, and psychological well-being. Care planning documentation specified individual support strategies for each consumer, staff were familiar with these including people important to consumers and described how it was common for representatives to eat meals at the service with their loved ones.

Care planning documentation demonstrated consumers were supported to participate in the community, inside and outside the service and to keep in touch with the people important to them. Staff described how various priests attended the service to provide spiritual support to individual consumers who wished to partake.

Staff demonstrated how information was shared with those responsible for providing care to consumers through detailed shift handover, alerts generated on the electronic care management system and progress notes recorded during case conferences. Staff described where consumers were accessing external disability services, these were included in care reviews to ensure relevant information was discussed and recorded in care plans.

Care planning documentation showed collaboration with external services to support the needs of individual consumers. The service has policies and procedures to support the referral of consumers to allied health professionals and other organisations. Management described the service had assisted a consumer to access additional disability supports to meet their needs.

Consumers said they enjoyed the meals, treats and refreshments provided by the service, they felt there was always plenty of food and alternative options available. The menu was planned in incorporating consumer feedback, dietary needs, and preferences. Meals were observed to be varied and of suitable quality and quantity, were prepared on-site daily and fresh fruit was available in the communal areas.

Consumers said they felt safe when using the service's equipment, equipment was easily accessible and suitable for their needs. Staff said equipment was regularly maintained and described the process to document and report faulty equipment. Maintenance records showed current and preventative maintenance was carried out and included equipment maintenance.

# 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

Consumers and representatives said they felt at home and enjoyed living at the service. The service environment was observed to be clean and welcoming and reflected dementia enabling principles such as printed photos on consumer’s doors. Staff said representatives were encouraged to participate in activities with consumers at the service such as enjoying a meal or attending the pop-up café.

Consumers said they could move freely both indoors and outdoors, and the cleanliness of the service was adequate. Management advised consumers were supported to move around the service with the use of handrails, walking frames and staff assistance. Staff described cleaning responsibilities and duties which included reactive and preventative maintenance. The service environment was observed to be safe, clean and well maintained.

Consumers and representatives confirmed furniture, fittings and equipment were kept clean, as consumer’s rooms were cleaned weekly and checked daily with rubbish bins emptied. Staff said there was enough furniture and equipment suitable for consumer’s needs with consumers using mobility aids observed moving freely through the service.

# Standard 6

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

## Findings

Consumers and representatives said they were comfortable raising concerns and providing feedback to the service by; speaking to staff or management directly, completing a feedback form, via email or telephone. Staff described internal and external complaint processes and knew how to escalate issues to management where necessary; staff considered staff meetings an effective feedback mechanism as concerns could be raised with management.

Consumers and representatives confirmed they were aware of and had access to advocates, language services and other methods for raising and resolving complaints. Information on advocacy services, raising complaints externally and seniors' rights were observed in the reception area. Staff understood processes for using interpreter services although no consumers currently required these services for support.

Consumers and representatives said management and staff acknowledged their concerns promptly providing solutions to address issues. Managed and staff demonstrated an understanding of the principles of open disclosure including providing an apology to the impacted consumer and implementing strategies to prevent the reoccurrence of the complaint or incident.

Management described how complaints were investigated and used to improve the quality of care and services by tracking and monitoring outcomes that drive quality care for consumers. Complaints were trended and escalated through the electronic care management system to the corporate division, if necessary, for resolution. A continuous improvement plan evidenced the service had ongoing reviews to improve services, and actions were updated and evaluated accordingly.

# 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

Consumers and representatives indicated there were sufficient staff to attend to their needs and they did not have to wait for long for assistance. Rosters demonstrated all shifts were covered and management were providing weekend support while a newly appointed registered staff member was undergoing onboarding and orientation processes. Management explained how call bell records were monitored on a regular basis and any concerns regarding delays in assisting consumers would be communicated to staff.

Consumers and representatives said staff were kind, caring and gentle when providing care. Staff demonstrated an understanding of consumers’ needs and preferences which aligned with information contained in care planning documentation. Staff were observed engaging with consumers in a respectful manner, chatting to them in communal areas and referring to consumers by their preferred name.

Consumers felt staff were effective in their roles and equipped to provide support to consumers. Position descriptions outlined the qualifications, registration, knowledge skills and abilities required for staff roles and responsibilities and the performance appraisal register evidenced gaps in staff knowledge were recorded and additional training requests logged.

Consumers and representatives confirmed staff had the necessary skills and knowledge to ensure the delivery of safe and quality care and services. Staff confirmed they had received and completed annual mandatory and essential training on core competencies and felt comfortable requesting additional training should they require it. Staff training records recorded on the electronic learning management system demonstrated the service had systems in place to monitor ongoing compliance of staff training and development; this was maintained and monitored at corporate level.

Management described performance reviews conducted annually for all staff, staff confirmed they had completed a performance appraisal with their manager. The performance appraisal register demonstrated management monitored staff performance and performance improvement plans were observed to be in place for relevant staff.

# 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

Consumers and representatives confirmed they were aware of engagement opportunities to inform the design, delivery, and evaluation of services, including consumer meetings and surveys. Staff described how the menu options had been increased in response to feedback from consumers to include lamb’s fry on the menu. Feedback forms and boxes were observed in the service; consumer surveys and case conference records evidenced consumers and representatives had input into the design and delivery of care and services.

Consumers and representatives said they felt safe at the service and lived in an inclusive environment with access to quality care and services. Management and staff described how the organisation’s governing body promoted a culture of safe, inclusive and quality care including having a direct line of communication from the governing body to management at the service. Board meeting minutes, monthly audits, and clinical indicators demonstrated the Board’s involvement with monitoring the performance of all aspects of the service. The service had a diversity and inclusion policy and organisational charter promoting diversity and inclusivity as one of the organisational values

The service demonstrated effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. The service had policies and procedures relating to a range of relevant legislative requirements including for restrictive practices, serious incident reporting, complaints management, and clinical governance.

The service had policies and procedures to support the management of risk in response to incidents, this included on high impact and high prevalence risks, abuse and neglect, mandatory reporting and supporting consumers to take risks. Staff knew what constituted elder abuse and neglect and knew their responsibilities in relation to incident reporting. Staff gave examples of how they supported consumers to engage with risk

A documented clinical governance framework was in place including policies for antimicrobial stewardship, the minimisation of restraint and open disclosure. Staff confirmed receiving education about policies and how these were relevant to their work. Management described their efforts to minimise and monitor the use of restraint, including reviewing the psychotropic register and consumer care planning documentation in consultation with the medical officer, consumer and representatives. Staff were familiar with elements of open disclosure as outlined in the organisation’s policy and procedure.

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-2)