Performance

Report

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| Name of service: | Glenara Lakes |
| Service address: | 390 Hobart Road YOUNGTOWN TAS 7249 |
| Commission ID: | 8068 |
| Approved provider: | Southern Cross Care (Tas) Inc |
| Activity type: | Site Audit |
| Activity date: | 6 February 2023 to 9 February 2023 |
| Performance report date: | 9 March 2023 |

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

**This performance report**

This performance report for Glenara Lakes (**the service**) has been prepared by L Glass, 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

Most consumers considered they were treated with dignity, respect and their individuality, identity, culture and diversity were supported. Staff demonstrated an understanding of consumers’ backgrounds, the people who were important to them, consumers’ preferences and choices. Staff were observed engaging with consumers respectfully. Care planning documents detailed consumers’ life stories, preferences and the people who are important to them.

Consumers and their representatives were satisfied the service provides culturally safe care and services. Staff explained and provided examples of how they support consumers’ individual needs. Care planning documents individual consumer requirements.

Consumers and their representatives feel consumers are supported to exercise choice, make decisions about care and to maintain relationships that are important to them. Staff support consumers to make choices and maintain relationships. Care planning documentation details how individual care is to be delivered.

Consumers and their representatives were satisfied the service supported consumers to do the things they wanted to do including where the activities involved risk, so the consumer could live the best life they can.

Consumers and their representatives were satisfied with the information about lifestyle activities on offer. Consumers were reminded to attend and were provided with daily menus with choices. The organisation has a quarterly newsletter; however, they are not currently preparing newsletters at the service level.

Consumers and their representatives were satisfied privacy is respected. Staff demonstrated an understanding of practice to support consumer’s privacy and maintain confidentiality of information. Observation of staff practice showed that privacy of consumers is respected.

# 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

All consumers and representatives interviewed were confident assessment and care planning identified the consumer’s current risks to health and wellbeing and informed the delivery of safe and effective care and services. Care documentation showed care planning includes relevant assessments and identification of risk. Staff demonstrated knowledge of consumers’ risks and described strategies to ensure safe and effective consumer care.

Care planning documentation reviewed for each of the sampled consumers reflected the goals of care, needs and preferences of each consumer under all domains of care. Files reviewed for advanced care planning indicated advanced care planning is usually commenced at admission and reviewed as consumer needs change. Documentation identified where staff have consulted with the consumers and their representatives about preferences for the consumer’s advanced care plans. Staff consistently demonstrated knowledge of the needs and preferences of the sampled consumers.

Most consumers and all representatives interviewed confirmed participation in the planning and review of consumer’s care. Care planning documents evidence input from other care providers and the consultation that occurs between staff and others that are involved in consumers’ care. Management and clinical staff explained there is discussion between consumers, representatives and other health professionals to ensure an ongoing partnership to meet consumers’ needs and preferences.

Most consumers and representatives interviewed said there was effective communication about assessment and planning outcomes of consumers’ care and they were provided with care plans. Staff access care plans and use handover sheets to inform care. Documentation evidences communication with consumers and representatives about relevant care outcomes.

All consumers and representatives sampled are kept informed about changes to consumers’ health including when incidents occur. Management and clinical staff described the monitoring and review process following incidents or changes to consumers’ care in line with the schedule for 3 monthly evaluations. Consumer files sampled, demonstrated evidence of care plan evaluation and review for effectiveness or as a result of incidents altering consumers’ needs.

# 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

All consumers and representatives interviewed said they were confident clinical care was managed competently. Consumers and representatives said consumers usually receive effective personal care in line with their preferences. Clinical care documentation reflected consumers’ clinical care is monitored and reviewed for effectiveness. Staff interviews reflected best practice principles are implemented and followed in relation to skin integrity, pain, behaviour management, restrictive practices and specialised nursing care to optimise health and wellbeing. Most consumers and representatives interviewed said they were satisfied with the personal and hygiene care provided. Consumer files sampled show care plan documents support a planned approach to delivery of personal care and hygiene.

The service demonstrated it provides safe and effective care for consumers with complex care needs. Care documentation reflected high impact and high prevalence risks have been identified and interventions have been implemented.

Eleven of the 12 consumers sampled have an advanced care directive (ACD) with information relating to their individual wishes and the end of life care they would like to receive. Clinical and care staff said a consumer who is nearing end of life has a full palliative care plan which directs care in all domains.

Consumers and their representatives said staff inform them of changes in the consumer’s health status such as when they have had a fall, demonstrate responsive behaviours, develop an infection or skin injury. The review of consumers’ care files showed staff are recognising and responding to changes in consumer’s health, wellbeing and function. Staff explained they report changes in a consumer’s condition to nurses and refer consumers to other health professionals or transfer to hospital for investigation and treatment. Management explained staff would be undertaking training in recognising and responding to deterioration following a recent Serious Incident Report Scheme (SIRS) report.

Most consumers and all representatives sampled, confirmed information about consumer care is communicated with others providing the consumer with care. Progress notes, care planning documentation and handover sheets reflected current information about consumers’ conditions, needs and preferences. Clinical staff receive updated information at handover and demonstrated how information is shared with external services involved in care as required. Consumer files sampled reflected information regarding each consumer’s health status, communication about their care and their preferences for how they would like their care delivered. Clinical and care staff refer to care plans and progress notes for up-to-date information about changes to consumers’ needs and preferences and handover is effective and is an opportunity to share consumer information.

Most consumers and representatives expressed satisfaction with access to medical officers, allied health professionals and specialists when required. Care planning documents reflected timely referrals to providers of other care and services and recommendations are documented. Management and clinical staff described the service’s referral processes and provided examples of referrals completed.

Consumers and their representatives were satisfied consumer infections are managed effectively they observe staff wearing personal protective equipment (PPE), sanitising, and washing their hands. The service has policies and guidelines to assist with the minimisation of infection and appropriate antibiotic prescribing. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. The service has a staff and consumer vaccination program and records are maintained for Influenza and COVID-19 vaccinations.

# Standard 4

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

Findings

Consumers and representatives were satisfied consumers get safe and effective services and supports for daily living which meets their needs, goals, preferences, optimises their independence and improves well-being and quality of life. Care planning documentation identified consumers’ choices and provided information and services and supports needed to help them to do what they like. The activities program is designed in consultation with family, residents, information from resident’s meetings, activity evaluation forms, clinical staff, and care planning documents.

Consumers and their representatives were satisfied consumers’ emotional, spiritual, and psychological well-being is supported. Staff described how consumers were supported emotionally, spiritually, and psychologically and have a pastoral carer. The service provided regular church services as well as individual communion as required. Care planning documentation included information on consumers’ individual emotional, spiritual, and psychological needs.

Consumers and their representatives were satisfied the services and supports enabled the consumer to participate in the community and have relationships and do the things of interest to them. Staff support consumers to do the things that are important to them, participate within and outside the service environment and have social relationships. Care planning documents contained information on individual consumers’ interests and identified the people important to them.

The service demonstrated information about consumers’ needs and preferences are communicated within the organisation and with others where the responsibility for care is shared.

Consumers and their representatives described how they can access other organisations and services. Staff identified other available supports and services including voluntary and allied health services and described the referral process.

Consumers and their representatives expressed satisfaction with the choice of quality and quantity of meals. Staff were knowledgeable about individual consumers’ preferences and dietary requirements. Staff were observed to be assisting, encouraging, and offering choices with meals. Meals were prepared on site. Care planning documentation includes consumers’ dietary needs, preferences, and allergies.

Consumers and their representatives and staff were satisfied the equipment was suitable, available and well-maintained. Equipment was observed to be clean and well maintained.

# 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 their representatives were satisfied the service is welcoming and offers a number of comfortably furnished internal and external communal spaces that enable consumers to interact with their families and other consumers. Consumers rooms all have private ensuites. There is a resident’s laundry in each wing. Consumers are encouraged to personalise their rooms.

Consumers and their visitors were observed moving freely throughout the service, accessing a variety of spaces including lounge rooms, dining rooms, library, tranquillity room, general purpose rooms and gardens. However, some consumers raised concerns that some external doors were not always unlocked and feedback to management resulted in doors being observed unlocked for the remainder of the Site Audit. Most consumers described the service as clean and well maintained, however some staff felt the service was not always clean. The service was observed by the Assessment Team to be clean and uncluttered enabling the free movement of consumers.

The Assessment Team observed a range of equipment available to meet consumers’ needs. Staff demonstrated the maintenance process when equipment required repair and room maintenance required. Staff were aware of the need to clean shared equipment before and after use. However, sanitiser wipes and reminders were not always located on or around equipment. Maintenance described the preventative maintenance schedule for all furniture, fittings, and equipment and explained the maintenance cycles.

# 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

All consumers and representatives were satisfied they are supported to provide feedback and make complaints. Most staff described how they can support consumers to provide feedback and refer complaints onto senior management. The Assessment Team observed the availability of information regarding internal and external feedback mechanisms throughout the service. A regular consumer meeting is scheduled to provide management with feedback about the quality of care and services and the service has a consumer representative nominated by other consumers to speak on their behalf.

Most consumers said they were unsure about complaints mechanisms available to them outside a direct approach or consumer meetings, however, the service has feedback forms, advocacy and language service information available in communal areas for consumers and representatives. Following feedback from the Assessment Team a letter and copy of the consumer handbook was distributed to all consumers. The letter directed consumers to the pages providing information about the service’s and other complaints mechanisms and availability of advocacy services should they require assistance.

Most consumers and representatives were satisfied appropriate actions are taken to resolve identified issues. Staff and management described using open disclosure principles in their handling of feedback and complaints and the service has resources to guide staff in complaints management and application of open disclosure.

The service demonstrated that feedback and complaints are reviewed to improve the quality of care and services, and to inform the service’s plan for continuous 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

Most consumers and representatives said the service does not have enough staff, however, while the Assessment Team ascertained some consumer and representative dissatisfaction, there was no identified systemic consumer impact. Rostering is considerate of staff consistency and skill mix with permanent staff given priority when replacing unplanned leave and recruitment is ongoing. The service demonstrated ongoing workforce planning with a view to enable the delivery of safe and quality care and services to consumers through an active national and international recruitment strategy.

All interviewed consumers and representatives said staff are kind and caring and mostly understand what is important to each consumer. Staff were observed engaging with consumers and representatives in a kind and respectful manner. Care planning documentation is individualised and includes the cultural and personal preferences, needs and interests of each consumer at the service.

Most consumers and all representatives interviewed expressed confidence in the qualifications, competency and knowledge of service staff, to enable them to provide quality care and services. Management described recruitment requirements to ensure staff are suitably qualified for their roles. A review of the service’s training records identified gaps in mandatory completion rates, however, the service was able to describe a current process to follow up on non-completions and clarify reliability of data.

Most consumers and representatives were satisfied staff are trained and supported to deliver quality care. Staff and management interviewed, and documentation reviewed indicated the workforce has mostly been provided education to deliver the outcomes required by the Aged Care Quality Standards. Most staff confirmed receiving education in relation to legislative/regulatory changes such as for SIRS, restrictive practice, infection control, open disclosure and code of conduct.

All staff and management identified that for an extended period of time the service did not have a process of regular assessment, monitoring and review of staff performance. However, management and staff identified the recent introduction of a process for staff probation, and annual performance and review.

# 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 provided mixed responses relating to having input about changes within service delivery. While the service has demonstrated an intent to support consumers to actively participate in the development, delivery and evaluation of care and services, not all consumers and representatives were confident changes were or will be made as a result of their feedback.

Management demonstrated that the organisation has overarching policies and procedures which promote a positive culture of safe, inclusive care and quality services, and explained how the service is accountable for their delivery. The organisation has policies inclusive of dignity and respect, choice and independence, supporting consumer relationships and privacy and confidentiality to provide staff guidance on the organisation’s preference for provision of care in these areas.

The service conducts regular audits in various areas of care and service delivery to identify and analyse trends, with reports through subcommittees made to the board, and for actioning at the service level by clinical management. Where incident trends and gaps in staff practices are identified, they are included in the service’s plan for continuous improvement for actioning and reported to the board for consideration of any required changes to policy and protocol.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints. The organisation’s board has processes to satisfy itself that systems for delivery of care and services operate in accordance with the Aged Care Quality Standards.

The service has an effective electronic risk management system supported by an incident management policy and protocol and is one of the 9 domains of the organisation's clinical governance framework. Management and staff were able to explain the system and outline their reporting responsibilities, based on their position. Management and staff provided examples of risks identified and investigated, and education provided to ensure risks to consumers are minimised. The Assessment Team viewed a demonstration of the online risk management system including analysing and trending of incident data.

The service demonstrated an understanding of how clinical governance is provided for antimicrobial stewardship, minimising the use of restraint and open disclosure. Current policies are available to all staff to guide practice and process and staff demonstrated an understanding of and could describe their responsibilities relating to these.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)