Performance

Report

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| Name of service: | Harbourside Lodge |
| Service address: | 141-151 Bentinck Street PORTLAND VIC 3305 |
| Commission ID: | 3467 |
| Approved provider: | Portland District Health |
| Activity type: | Site Audit |
| Activity date: | 3 January 2023 to 5 January 2023 |
| Performance report date: | 24 January 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 Harbourside Lodge (**the service**) has been prepared by G. Hope-Simpson, 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, dated 3 January 2023 to 5 January 2023; 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.
* 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 | **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 and representatives said consumers were treated with dignity and respect in regard to their identity and culture. Staff demonstrated an understanding of individual consumers’ care preferences and were observed delivering care respectfully. Consumers’ care plans included information about cultural backgrounds and individual consumer preferences.

Consumers and representatives said care and services were culturally appropriate. Staff could identify consumers with cultural differences and could demonstrate how it was supported throughout service delivery. Care planning documents included individual cultural, religious, and spiritual needs and preferences.

Consumers and representatives said consumers are supported to exercise choice and maintain connections and relationships. Staff describe how consumers are supported to maintain relationships of choice. Consumers’ care planning documents identified individualised consumer choices for care and services and supports for maintaining independence.

Consumers provided examples of how they are supported to take risks to live their best lives. Staff described providing relevant information to consumers to ensure they can make informed risk-based decisions. The service has risk consent forms which are completed when consumers and/or representatives choose to accept the assessed risk.

Consumers and representatives said they were kept well informed of events, activities, COVID-19 advice and menus by notices placed around the service and information delivered to each consumer’s room. The service provided current, accurate and timely information to consumers and representatives through a monthly newsletter, white boards, notice boards, and online social media platforms.

Consumers confirmed their privacy was respected. Staff described the practical ways they respected consumer personal privacy, and this information aligned with feedback received from consumers. The organisation had policies and procedures regarding privacy and the protection of personal information which guided staff practice.

# 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 and representatives said they are involved in the assessment and care planning process. Care planning documents included risks to the consumer’s health and well-being and were used to inform the delivery of safe and effective care and services. Care planning included involvement from medical officers (MO) and other allied health professionals.

Consumers and representatives said they have been provided the opportunity to discuss current care needs, goals, and preferences. Staff were able to describe what is important to consumers in terms of how their care is delivered. Consumer files showed some consumers have yet to complete their advance care directive (ACD) and end of life (EOL) pathway. However, management advised they are working with consumers and representatives to complete these documents and have commenced a continuous improvement plan.

Consumers and representatives said assessments and planning are based on partnership with the consumer and others that the consumer chooses to involve in their care. Staff could describe the process of referring consumers to relevant allied health professionals. Care planning reviews for sampled consumers included input from consumers, representatives, medical officers (MO) and allied health professionals.

Consumers and representatives were satisfied with the delivery of care, including the communication of changes to a consumer’s condition. However, some consumers and representatives could not recall being offered a copy of their care plan. Staff could explain the process of accessing care plan documents on the electronic care management system (ECMS) and said they communicate outcomes of assessments to consumers or representatives. The Assessment Team observed a handover where outcomes of assessment and planning were communicated and discussed, including changes in consumer needs, goals, and preferences.

Consumers and representatives said they are notified when circumstances change or when incidents occur. Staff are guided by policies and procedures for updating care plans following changes in health circumstances or incidents, such as falls, dietary requirements or behavioural incidents. However, the Assessment Team identified monitoring and reviews are not occurring consistently for every consumer, however no impact to consumers was identified. Management evidenced a continuous improvement plan to increase auditing of resident of the day (ROD) processes and ensure staff are completing documentation as outlined in the organisation’s policy.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives said they were satisfied the care delivered was tailored to their needs and optimises their health and well-being. Staff demonstrated an understanding of individualised personal and clinical needs of consumers. Care planning documentation for sampled consumers generally reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. Although some documentation and monitoring reviews were not consistently carried out according to service policy, no impact to consumers was identified.

Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed. Staff advised MO and allied health professionals are consulted to identify and manage risks to consumers. Care planning documents identified effective strategies to manage key risks and were recorded in assessment tools.

Most consumers and representatives confirmed staff have spoken to them about advanced care planning and EOL care. Staff said they involve families during palliation and ensure personal and clinical care needs are being attended to during EOL care. Advanced care planning information was included in some of the sampled consumer files (refer to Standard 2).

Consumers and representatives said they were satisfied with the delivery of care, including the recognition of deterioration or changes in consumers' conditions. Staff provided recent examples of when a deterioration or change in consumer's condition was recognised and responded to by the service and this was evidenced in care planning documents and progress notes.

Consumers and representatives said they were satisfied with the communication of changes to a consumer’s condition. Staff described how changes in consumers’ care and services are communicated through verbal handover, meetings, care plans, and electronic notifications. A clinical handover was observed.

Consumers and representatives said they were satisfied with referral processes. The service is guided by organisational procedures regarding referral processes to health professionals within and outside of the service. Consumers’ care planning documentation included input from MO and allied health professionals.

Consumers and representatives expressed satisfaction with the service’s infection control practices. Staff demonstrated an understanding of infection minimisation strategies and the appropriate use and minimisation of antibiotics. The service had policies to guide infection control practices, including antimicrobial stewardship, infection control guidelines, and hand hygiene.

# 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 were satisfied with services and supports provided to meet their needs, goals, and preferences. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care planning documents captured the individual needs and preferences of consumers and were updated 3 monthly in consultation with the consumer.

Consumers said there are services and supports for daily living that promote their emotional and spiritual well-being. Staff could describe the services and supports in place that promote consumers’ emotional, spiritual, and psychological well-being. Care planning documents outlined consumers’ emotional and spiritual needs, including strategies to support and promote these needs.

Consumers said they are supported by the service to participate in their community within and outside the service environment as they choose. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documents identified activities of interest for consumers and described how they are supported to participate in the wider community.

Consumers said staff were aware of their individual preferences. Staff were able to detail the process for communicating internally at the service and externally to others where responsibility for care is shared. The service utilises an ECMS which ensures consumer information is recorded and accessible.

Consumers said the service has referred them to external providers to support their care and service needs. Staff could describe how consumers are referred to other providers of care and services. Care planning documents showed the service collaborates with external services, including a library service and a visiting hairdresser, when required.

Consumers and representatives said the service provides meals that are varied and of suitable quality and quantity. Staff demonstrated an understanding of the processes for monitoring dietary and food safety requirements. Care planning documents included dietary preferences or requirements for consumers.

Consumers and representatives said consumers felt safe using the provided equipment and it is suitable for their needs. Staff knew how to report maintenance issues. The service conducts monthly audits of the service environment and care staff were observed cleaning equipment after use.

# Standard 5

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

Findings

Consumers and representatives said the service environment is welcoming, easy to understand, and optimises the consumer’s sense of belonging. Consumer rooms were furnished with personal belongings and furniture. The Assessment Team observed the environment to be welcoming with clear signage.

Consumers said the service environment is clean, well maintained, and comfortable. Cleaning schedules are in place for each room and communal area. Consumers were observed moving freely between indoor and outdoor areas.

Consumers and representatives said the furniture and equipment appears safe, clean, well maintained, and suitable for use. Staff described the process for logging a maintenance request in the electronic documentation system. The Assessment Team observed that furniture and equipment appeared to be clean and well maintained inside the service.

# Standard 6

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

Findings

Consumers and representatives said they are encouraged and supported to provide feedback regarding care and services. Staff described methods for providing feedback and making complaints, and the process for raising an issue with them directly. The service had various avenues for providing feedback, including speaking to staff or management directly, feedback forms, consumer meetings, and consumer surveys.

Consumers and representatives said they were aware of how to make a complaint through various avenues. However, some consumers and representatives said they were unaware of advocacy services. Staff described how they assisted consumers with communication barriers to raise a complaint or provide feedback. Feedback mechanisms are documented in the consumer handbook and Consumer Participation Policy.

Consumers and representatives said management promptly addressed and resolved their concerns when they had complained, or when an incident had occurred. Staff described the process that is followed when feedback or a complaint was received including escalation to management personnel. Review of the feedback register confirmed the service took appropriate and timely action in response to complaints and applied open disclosure.

The service trended, and analysed feedback made by consumers and representatives and used them to inform continuous improvement activities across the service. Consumer meeting minutes and the continuous improvement plans demonstrated complaints, feedback and suggestions are documented and changes at the service were communicated with consumers.

# 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 said the service has sufficient staff to meet their needs. Care delivery was observed to be calm, professional, and planned. Management was able to describe how unplanned leave is covered and recruitment practices to fill vacancies. The roster for the previous 2 weeks showed all shifts were filled and an RN was allocated on all shifts to ensure safe and quality care.

Consumers and representatives said staff are kind and responsive to their needs. Staff interviewed demonstrated and understanding of the sampled consumers, including their needs and preferences. The Assessment Team observed staff interacting with consumers and representatives during the site audit and noted these interactions to be of a kind and caring nature.

Consumers and representatives said they felt confident staff are sufficiently skilled to deliver care. The Nurse Unit Manager detailed processes for ensuring the workforce is competent and has the qualifications or knowledge to effectively perform their roles. The service has documented policies in relation to key qualifications and knowledge requirements of each role.

Consumers and representatives said staff know what they are doing, and they are satisfied with the care delivered. Staff interviewed confirmed they receive training, equipment, and support to provide the care and services consumers require. The service has systems to ensure staff are recruited, trained, equipped, and supported to deliver care and services in line with the Quality Standards. While half the clinical staff had not completed mandatory training, the service had identified the issue and an improvement plan was being implemented to rectify the matter.

Management advised the service is currently behind in completing annual performance appraisals. The Assessment Team reviewed data which showed a 70 percent completion rate of staff performance appraisals. Staff were able to describe the performance appraisal process and confirmed informal reviews of work performance are ongoing.

# 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 said they provide ongoing input on how consumers’ care and services are delivered and confirmed the service has sought their input in a variety of ways. Staff confirmed the service keeps consumers and representatives informed and engaged in the delivery of care and services. Documentation review showed consumers are meaningfully engaged in evaluation of services through consumer meetings and surveys.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Management discussed how the organisation supports the service in providing care and services through a range of committees. The governing body analyses data to ensure a culture of safe, inclusive, and quality care.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Management and staff were able to describe how incidents are identified, responded to, and reported in accordance with legislation, including serious incident reporting. The service has risk management systems which outline the management of high impact or high prevalence risks. The service’s incident register showed incidents are managed and reported in line with the service’s risk management system.

Staff understood the principles of antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint and open disclosure.

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)