Performance

Report

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| Name of service: | IRT Lakeview Lodge |
| Service address: | 4 Ruth Place DALMENY NSW 2546 |
| Commission ID: | 0032 |
| Approved provider: | Illawarra Retirement Trust |
| Activity type: | Site Audit |
| Activity date: | 9 May 2023 to 12 May 2023 |
| Performance report date: | 19 June 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 IRT Lakeview Lodge (**the service**) has been prepared by J. Howard, 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 conducted from 9 May 2023 to 12 May 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 this 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 | | 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 and representatives stated they were treated with dignity and respect, with their identities, cultures and diversity valued. Staff interacted with consumers respectfully and care planning documents included information about consumers’ preferred names, backgrounds, what was important to them, and religious affiliations.

The service provided culturally safe care and services, and a review of consumers care plans recorded information about their cultural backgrounds and practices. Lifestyle calendars and a white board displayed information for consumers about scheduled cultural and spiritual activities and events taking place within the service.

Consumers said they were supported to exercise choice and independence about the way care and services were delivered and were able to make their own decisions and maintain personal relationships. Care planning documents identified consumers’ individual choices around who they wanted to be involved in their care, and staff described how they supported consumers to make choices and encouraged independence in line with care planning documents.

Consumers said they were supported to take risks and live the best lives possible. Staff described how the service supported consumers to have choice and control, including when that choice involved risk. Care planning documentation included dignity of risk forms which included consumer preferences, the benefits and risks of making choices, and risk mitigation strategies.

Consumers and representatives indicated they received information that was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled them to exercise choice and control. Management indicated they communicated information to consumers and representatives via newsletters, emails, phone and verbal communication.

The Assessment Team observed the practical ways staff respected the privacy of consumers, such as knocking on consumers’ doors prior to entering and keeping doors closed when providing personal care. Consumer’s privacy preferences were respected, including wishes to not to be disturbed. Clinical information was shared in a secure and restricted manner.

# 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

The service demonstrated assessment and planning informed and supported the delivery of safe and effective care, including the consideration of individual consumer risks. A review of care planning material showed assessments and care plans included professional input from skilled providers to inform the identification of risks. The service had policies and procedures which guided staff in assessment, care planning and risk management.

The Assessment Team reviewed files that demonstrated the service provided effective, comprehensive assessment and care planning that identifies the needs, goals and preferences of consumers. Care planning documentation showed consumers’ end-of-life preferences and advance care plans were included, where they chose to have one. Management described how the service’s palliative care and end-of-life care planning guided staff practice.

Management described how consumers and representatives were involved in the assessment, planning and review processes, including partnerships with medical and other specialist practitioners and services. Care planning reviews demonstrated integrated and coordinated assessments were conducted every 3 months or when changes in consumer care occurred.

Consumers and representatives said the service kept them involved about changes to their care plan and services and they were emailed or offered a copy of their care plan on request.

Consumers said the service regularly communicated with them and sought feedback about the effectiveness of care and services when circumstances changed, or incidents occurred. Staff explained the 3-monthly review process for care documentation. An examination of care documentation showed reviews occurred within 3 months and when circumstances changed, or when incidents occurred.

# 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 indicated consumers received personal and clinical care which was right for them, met their needs and optimised their health and well-being. Care documentation and staff demonstrated the service managed personal and clinical care needs in alignment with individual needs, goals, and preferences with best practices, such as the management of pain, skin integrity, restrictive practices and complex nursing.

The service demonstrated effective management of high impact or high prevalence risks to consumers, in relation to falls, weight loss, pressure injury and choking risks. Consumers and representatives said risks were effectively managed and staff described individual consumer’s risks and strategies in place to mitigate these. Care planning documentation identified risks were reviewed and recorded in specific assessments, care plans and progress notes.

Care planning documentation reflected the needs, goals, and preferences of consumers nearing end-of-life were recognised and responded to and comfort and dignity were maximised. Management reported assessments were reviewed every 3 months and care plans included advance care directives. Advance care plans were in place when a consumer chose to have one, and staff discussed these plans with consumers and family.

Consumers expressed satisfaction with how staff responded with appropriate actions in response to deterioration or change in a consumer’s condition or health. The service’s policies and procedures guided staff in the timely identification and response to consumer deterioration and consumer care files showed changes were identified and responded to in a timely manner.

Consumers and representatives said consumers’ care needs and preferences were effectively coordinated and communicated between staff, and they received the care they needed. The Assessment Team observed effective handover processes and the electronic clinical management system documented comprehensive sharing of information with allied health services and external providers.

Care planning documentation showed timely referrals to medical officers, allied health therapists and other providers of care and services. Management and staff advised on the process for referring consumers to other health professionals and provided details of referrals made for specific consumers and the reasons for referrals.

Staff demonstrated how they applied best practice infection control practices in their routine work. The Assessment Team observed staff following infection control practices, including a thorough visitor and staff COVID-19 screening process. The service also demonstrated they practiced antimicrobial stewardship through close monitoring of infections and working with the medical officer for the safe prescription of antibiotics. Consumers expressed confidence in the service’s ability to minimise and prevent infections and outbreaks.

# Standard 4

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

Findings

Staff described how they supported consumers’ needs, goals, and preferences to promote independence and quality of life. The Assessment Team observed consumers engaging in activities, interacting with each other, with staff and with visitors.

A review of care planning documentation showed care plans included interventions and strategies which supported the emotional, spiritual, and psychological wellbeing of consumers. Staff described how consumers participated in the community and how they kept in touch with the people important to them.

Consumers said they can take part in community and social activities in the way they wanted and were supported to maintain personal relationships and have day-to-day control over what they did. Staff described how they worked with organisations and community groups to help consumers follow their interests, enjoy social activities and maintain community connections.

Consumers said they were fully informed and benefited from information being shared about them with different organisations, which supported continuity of services and supports. Staff described how the service informed them about consumers’ conditions, needs, goals and preferences relevant to their own roles, duties and responsibilities. Care plans included updates, reviews, and communication alerts from multiple sources, including reassessments.

Care planning documentation included timely and appropriate referrals to other individuals, organisations and providers of care and services and demonstrated collaboration which met the diverse needs of consumers. Consumers said referrals happened promptly when their needs, goals or preferences changed and they were satisfied with the delivery of these services and supports.

Most consumers provided positive feedback regarding the quality and quantity of the meals provided by the service, they could choose from a variety of food and confirmed they were involved with menu planning. Staff demonstrated they were aware of consumers’ needs and preferences and the service had access to a dietician to assist with nutritional advice when required. One consumer offered feedback about the standard of food, and they were invited to join the quarterly Food Focus Meeting as part of the Plan for Continuous Improvement.

The Assessment Team observed a range of equipment at the service was safe, suitable, clean, and in good condition. A review of preventative maintenance records showed regular maintenance of equipment was completed by contractors or staff using a preventative maintenance schedule. Consumers said the equipment was safe and met their needs.

# 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

The Assessment Team observed the service environment was welcoming, easy to understand, made consumers feel at home, assisted them to remain as independent as possible, and facilitated interaction and function. Consumers’ rooms were personalised using their own furniture and possessions of choice, and the service was easy to navigate with consumers easily able to move to key locations around the service.

Consumers and representatives said the facility was clean and maintenance was completed quickly. The service environment was safe, clean, well maintained, and comfortable and the design enabled consumers to move freely, both indoors and outdoors. However, during the site audit, management discovered some complaints about cleaning. This resulted in management reviewing the next cleaning contract, which is due in June.

The Assessment Team observed the service’s furniture, fittings and equipment, including the call bell system, were well maintained and suitable for use by consumers and staff. Consumers advised equipment was well maintained, safe and clean. Maintenance staff described how routine and scheduled maintenance was completed for both preventative and corrective maintenance requests.

# 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

The service demonstrated how consumers, representatives and others were encouraged and supported to provide feedback and make complaints by speaking with management, raising issues at Residents and Relatives Meetings, and by phone or email. Staff explained avenues for providing feedback and complaints, such as through the electronic feedback system, and the Assessment Team observed the newsletter and noticeboards displayed information on how to make a complaint, and suggestion boxes for feedback were located within the service.

Consumers and representatives were aware of other avenues and advocacy services for making a complaint. Staff demonstrated an understanding of the internal and external complaints and feedback avenues, advocacy, and translation services were available for consumers. Staff described how they assisted consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Consumers and representatives were confident the service acted appropriately and promptly responded to, and sought to resolve, their concerns after they made a complaint. Management explained when things went wrong, management and staff apologised to the consumer and promptly sought to resolve issues. The Assessment Team observed how the complaints register documented the use of open disclosure, which included timely management of, and actions taken in response to, complaints by consumers and representatives.

Consumers explained how their feedback and complaints were used to improve care and services. Management described how feedback and complaints resulted in care and service improvements, including cleaning and food services. The service demonstrated feedback and complaints were trended, analysed, and used to improve the quality of care and services. Improvement actions taken in response to feedback and complaints were evaluated in consultation with consumers and representatives through various regular service meetings.

# 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

The service demonstrated it had a system for planning and managing the number and mix of staff to ensure the range of skills needed to assess, plan and deliver safe and quality care and services to consumers. A review of the fortnightly roster showed clinical staff were available on all shifts and vacant shifts were backfilled by staff before sourcing nursing agencies. Consumers and representatives said they knew staff cared for them and they had continuity of care.

Consumers said staff engaged with them in a respectful, kind, and caring manner, and were gentle when providing personal care. Staff were observed interacting with consumers using their preferred names and demonstrated a comprehensive understanding of consumers’ cultural backgrounds, needs and preferences. Management described how the service had a culture of respect for diversity and provided evidence of staff completing a course on the topic.

Consumers and representatives said staff were skilled in their roles and competent to meet their care needs. Staff said they were well supported by management to undertake training provided upon commencement and ongoing thereafter, while at the service. Management ensured staff were comfortable to commence independent practice once buddy shifts were completed and, if staff report they were not, management scheduled additional buddy shifts. Position descriptions specified the core competencies and capabilities for each role and staff were required to have relevant qualifications, which included key competencies related to their position and role.

Consumers and representatives said staff were well trained and were confident in their skills and abilities. Staff described how they received email reminders to attend mandatory training and attend further training sessions at team meetings. Staff could access face-to-face or online training and could request more training if required. The Assessment Team reviewed staff training for food safety and hygiene and found one staff member had not been trained in this standard, as they had come from another organisation. Management responded immediately and enrolled the staff member into a one-day training course, to ensure they were competent for their role.

Management said staff performance was formally reviewed 3 months after recruitment and then annually using a formal performance appraisal process. Staff demonstrated awareness of the service’s performance development processes. A review of documentation identified performance appraisals, mandatory training and competency assessments were scheduled to be completed annually. The service has a suite of documented policies and procedures which guided the monitoring of staff performance and the performance management of staff when issues were identified with performance.

# 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 said they provided ongoing input into how care and services were delivered and the service sought their input through regular care plan reviews, Residents and Relatives Meetings, surveys and face-to-face discussions. Management advised all feedback or suggestions made by consumers and representatives were included in the service’s plan for continuous improvement for review, investigation, and action.

The service demonstrated the organisation’s governing body promoted a culture of safe, inclusive care. The Assessment Team reviewed evidence of correspondence sent by the management team which showed how the governing body used information from reports and sub committees to identify the service’s compliance with the Quality Standards; initiate improvement actions to enhance performance; and monitor care and service delivery. Reports to the governing body included clinical governance and quality review summaries that showed the monitoring of operations. Monitoring data from internal audits, clinical indicator reports, SIRS, incidents or near misses, consumer/staff feedback, and visits from the Commission were used to drive improvements and innovation. The service worked to improve its quality of care by being responsive to reported data.

The service demonstrated it had organisational processes in place and and its governance systems supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The service provided a documented risk management framework, which included policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best lives possible and how to manage and prevent incidents. Staff were screened to ensure competency with these policies.

The service demonstrated it had a clinical governance framework and supporting policies that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management said the service ensured the entirety of care and services provided were delivered in partnership with aged care consumers to provide a holistic and person-centred approach.

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)