Performance

Report

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| Name of service: | Jacaranda Lodge |
| Service address: | 55 Belgrade Road WANNEROO WA 6065 |
| Commission ID: | 7132 |
| Approved provider: | Shire of Wanneroo Aged Persons Homes Trust Inc |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 11 November 2022 |
| Performance report date: | 15 December 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 Jacaranda Lodge (**the service**) has been prepared by K. Spurrell, 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.
* 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 described staff as kind, respectful, and supportive. The service is home to consumers from a diverse range of backgrounds, and staff have completed cultural awareness training. Consumers reported exercising choice about their daily routine, care and individual preferences. Sampled care documents included information about consumers’ cultural backgrounds, preferred languages, religious or spiritual beliefs, and unique personal information.

The service had a process for ensuring consumers’ cultural needs formed part of its care planning and delivery of services. Sampled files included detail of consumers’ cultural identities and language needs, and staff referenced these files when describing how they learn about consumers. Processes are in place to ensure consumers’ identities and preferences are recognised and recorded to their plans.

The service supported consumers to exercise choice and independence, including to make decisions about their own care, decide when family, friends, carers or others should be involved in their care, to communicate their decisions; and to make connections with others. Consumers reported they had choice about their daily routine, which included activities of their choosing within or outside the service. Consumers also stated they were involved in care planning, and that the service communicates general information about their care regularly, and, in the event of an incident, the service communicates promptly. A review of consumer care planning documents showed consumers were supported to exercise choice and independence, make decisions about their care and maintain or develop relationships and friendships.

Consumers reported regularly and independently going into the community to attend events, do shopping, or for appointments. The service had risk management processes in place, which outlined how it actively supported consumer choice and risk. This included discussing risk and consequence with consumers and their representatives to ensure consumers made informed decisions, and keeping records of those discussions and decisions. The service showed it respects consumer choice and dignity by conducting risk assessments and developing plans for consumers to participate in activities of interest to them, including activities such as cooking for themselves, being out in the garden and neighbouring village.

Consumers said they knew what was going on in the service, and that staff advised them of any activities, encouraging them to join in. Consumers’ representatives said they received emails and phone calls from clinical staff or management as required, and care staff always spoke with them when they visited the home. The Assessment Team observed that information the service gave to consumers was current, accurate, and timely, and assisted them to make decisions.

Staff respected consumers’ privacy and dignity while providing personal care. For example, staff knocked and asked permission before entering a consumer’s room. They also kept information about consumers private, and they locked computers when not in use. Staff use privacy towels when delivering personal care, handle handover notes appropriately, and conduct privacy audits. The Assessment Team observed staff implementing practices to protect consumer information during the assessment.

# 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 reported that the service involved them with its planning process, and that they were satisfied with this involvement. Clinical staff demonstrated the processes and tools they use for assessment and planning, including considering risks, initial assessment processes, and multidisciplinary assessments, among others. Sampled consumer care plans showed appropriate planning and use of relevant tools, such as the Falls Risk Assessment Tool (FRAT), and the Abbey Pain Scale. The service has procedures to support staff with assessment and planning.

Consumers reported that care planning addressed their current needs, goals, and preferences, including advance care planning and end of life planning. Clinical and care staff demonstrated the processes they use for assessment and planning, including how they consider goals, preferences, and advanced care planning. The service has procedures to support staff with assessment and planning.

Consumers stated the service involved them in ongoing assessment, planning and review of their care plans. They also confirmed the service supports them to involve other organisations, individuals, or providers in their care, as desired. Clinical staff demonstrated the processes and tools they use for ongoing assessment, planning and review of care plans, including how the service involves other providers at consumers’ direction. A review of consumer care plans showed other individuals were involved with consumers’ care.

The service effectively communicated assessment and planning outcomes to consumers and documented them in care plans. This finding was corroborated by consumers, who confirmed that the service communicated outcomes of assessment planning to them and that they had access to their care plan. Clinical and care staff demonstrated how they communicate assessment outcomes to consumers and their representatives.

The service regularly reviewed care and services for effectiveness, and upon a change of circumstances or when incidents impacted on the needs, goals, or preferences of consumers. Consumers and representatives reported that the service advised them when it reviewed their care and services, which included advice about any changes resulting from the review. Sampled consumers and representatives also stated they were satisfied with the service’s review process.

# 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

The service provided safe and effective personal and clinical care that was consistent with best practice, was tailored to meet the needs of consumers, and which optimised consumers’ health and wellbeing, consumers stated they were satisfied with the care they were receiving. Care plans showed the service conducted assessments in accordance with relevant procedures. A set of work instructions was accessible on the service’s intranet site and all interviewed staff referenced the instructions and used the service’s electronic care management system (ECMS) to ensure consumers received safe and effective personal care.

The Assessment Team found the service effectively managed high impact, high prevalence risks associated with each consumer. Clinical staff demonstrated processes for managing high impact risks, which included maintaining clinical oversight by reading all assessments for a given consumer together, to assist in forming a picture of the specific risks for that consumer. A review of care plan documents showed the service uses a range of assessments to identify and manage, high impact or high prevalence risks such as falls and pressure injuries.

Sampled Consumers stated that they were satisfied with the service’s approach to end-of-life planning. Care plans included advance care plan documents and evidence of consumer or representative consent. The service has a policy and procedures for advance care planning, of which clinical staff demonstrated operational knowledge. Consumers and representatives were satisfied the service communicated changes through their preferred contact medium. Clinical and care staff demonstrated the processes they follow when a consumer deteriorates, including reporting and notifying registered staff of any changes. Progress notes showed that staff had recorded changes to consumers’ conditions and notified representatives.

The service documented information about the consumer’s condition, needs and preferences as appropriate, and communicated this information within the organisation, and with others where responsibility for care was shared. Consumers stated they were satisfied the service worked with them to ensure their care needs were being met and staff demonstrated how they communicated about a consumer’s condition, which included in care plans, progress notes and sharing information at handovers.

The service made timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumer and representatives said that the service made timely and suitable referrals to other practitioners, as appropriate. Clinical and care staff explained the internal process used when seeking a referral, which included referrals to a range of allied health professionals within and external to the service. Care Plan documents showed evidence the service had made referrals to a range of allied health professionals.

The service minimised risk of infection by implementing standard and transmission-based precautions, and it prescribed antibiotics appropriately to support optimal care. Staff demonstrated how they control infection when working with consumers, and the Clinical Care Coordinator (CCC) outlined the service’s approach to reducing the risk of antibiotic resistance, which included investigating probable causes for multiple similar diagnoses. The service has policies and procedures relating to infection control and antimicrobial stewardship.

# 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 reported getting safe and effective services and supports for daily living that met their needs, goals and preferences, and optimised their independence, health, well-being and quality of life. Staff demonstrated how the service ensured consumers were getting effective care that aligned with their care plan. For example, the service’s physiotherapist uses consumer assessments to inform programs that help consumers achieve goals outlined in their care plans. Sampled consumer care plans documented consumer needs, goals and preferences intended to optimise their independence, health, well-being, and quality of life.

The service supported each consumer’s emotional, spiritual and psychological well-being. Consumers reported being satisfied with the service’s spiritual support, and staff provided examples of how they contributed to each consumer’s emotional, spiritual, and psychological well-being. This included by celebrating special occasions and paying close attention to the emotional states of consumers. Consumer care plans included information about the consumer’s preferred emotional, spiritual, and psychological well-being activities.

The service’s supports for daily living assisted each consumer to participate in their community within and outside the service’s environment, have social and personal relationships, and do things of interest to them. Consumers confirmed that the service supported them in their activities of daily living. For example, some consumers reported enjoying each other’s company while sitting near the service’s fire. The service also ran activities to assist consumers to participate in their community, have social and personal relationships, and do things that interest them. One such example included visiting the nearby village on a weekly basis to purchase locally made handcrafts.

The service effectively communicated information about consumers’ conditions, needs and preferences among its staff, and with others responsible for consumers’ care. A review of care documents showed that consumer information was up-to-date and had been communicated across the organisation. Consumers reported that staff were informed about changes to their care needs or preferences. During interview, consumer representatives said they were kept informed of any incidents or changes that occurred. The service has a process for communicating information about the consumer’s condition, needs and preferences.

The service made timely and appropriate referrals to individuals, other organisations, and providers of other care and services. Consumers reported they were aware of how to initiate referrals to providers of other care, and that they were happy with the way the service provided information about referrals.

Where the service provided meals, they were varied and of suitable quality and quantity. Consumers reported that meals were varied and of suitable quality and quantity. They also reported satisfaction with the way food was served. Staff demonstrated how consumers order their meals, and how the service stores meals, plates them, and presents them to consumers.

Where the service provided equipment, it was safe, suitable, clean and well maintained. This was corroborated through the Assessment Team’s observations, and consumers, who reported the equipment they used was safe, suitable, clean, and well maintained, and that they were satisfied with the service’s upkeep of it. Sampled cleaning & maintenance schedules were up to date.

# 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

The service environment was welcoming, easy to understand, and optimised consumers’ sense of belonging, independence, interaction, and function. Consumers reported they were happy with their environment, that the service was friendly and welcoming, and that they could move around the service as they pleased. Staff worked to ensure that consumers and their visitors felt welcomed, and they encouraged consumers to be as independent as possible, while being sensitive to their support needs.

The service environment was safe, clean, well maintained, and comfortable, and enabled consumers to move freely, both indoors and outdoors. Consumers confirmed that the service was clean and well maintained, and that they felt safe and free to move around as they wished. Staff reported that the service is cleaned and maintained according to set schedules. The Assessment Team reviewed documents showing up-to-date cleaning and maintenance schedules, verifying staff information.

Furniture, fittings, and equipment were safe, clean, well maintained, and suitable for consumers. Consumers reported that the furniture and equipment was clean, safe, and well maintained. Staff confirmed the cleaning and maintenance schedules, and the Assessment Team sighted documents that indicated those schedules were up to date.

# 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

The service encouraged consumers, their family, friends, carers and others to provide feedback and make complaints. Consumers reported they were aware of the options for raising a complaint, should they need to do so. They also felt confident they would be listened to when raising concerns with the service. The service ensured feedback processes were accessible, and it encouraged consumers and representatives to provide feedback and raise concerns.

The service ensured consumers were aware of, and had access to, advocates, language services and other methods for raising and resolving complaints. Consumers stated they were provided ample information on how to make a complaint, and how to access an advocate of their choosing. The service ensures consumers are aware of advocacy services and how to access them by delivering presentations, providing information within the Resident Handbook. Consumers were aware of the support available to raise or resolve complaints and access feedback mechanisms.

The service took appropriate action in response to complaints and used an open disclosure process if things went wrong. Consumers who raised concerns with the service were satisfied with the outcome and reported that the service used an open disclosure approach when reviewing, responding to, and resolving complaints. The service’s approach ensured complaints were responded to quickly and complaint records evidenced an open disclosure approach, as well as a timely response.

The Assessment Team found that the service reviewed feedback and complaints and used them to improve the quality of care it provided. Evidence showed the service used feedback to identify trends and improve care and services. The service collates feedback in a register, and staff discuss trends at meetings, to bring focus to areas for change. The service documents all forms of feedback, identifying them as either a comment, concern, compliment or complaint. Consumers who had raised concerns or provided feedback indicated they were happy with the changes that had been made as a result.

# 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

The number and mix of the workforce enabled it to deliver quality care and services. At the time of assessment, the service planned its workforce on an annual basis and had systems in place to enable flexibility within workforce planning and staff reported there was a sufficient number of staff to provide safe, quality services. Care staff advised they were supported by the Registered Nurses (RN), who were prompt to assist if required. Consumers reported that staff responded to calls for assistance promptly.

The Assessment Team found that staff interactions with consumers were kind, caring and respectful of each consumer’s identity, culture and diversity. Staff reported they initially check care plans for information about consumers to ensure they were respectful of each consumer as an individual, but that they also get to know consumers personally during their time at the service. The Assessment Team observed staff interactions with consumers to be kind and respectful, and consumers corroborated this, stating that staff were kind, caring and respectful.

Evidence showed staff were competent and had the required qualifications, skills, and knowledge to perform their roles. Recruitment documents, such as position descriptions, showed the service recruits staff based on relevant criteria, identifying necessary skills, qualifications and knowledge. The service’s recruitment process included staff screening with police and reference checks. Other records showed individual staff training, qualifications, credentials, and records of professional registration as required. Consumers described staff as caring, capable and competent.

Staff are recruited against criteria specific to their intended roles and complete mandatory training prior to starting, and orientation once commenced. Staff are required to complete mandatory training annually and the service conducts monitoring to ensure staff satisfy their training obligations. During interview, staff reported the service’s training was useful and relevant to their roles. Documented evidence indicated the service recruits, trains, equips and supports staff to provide quality support to consumers.

The service undertook regular assessment, monitoring and review of the performance of each member of its workforce. The service conducts performance appraisals bi-annually, to review staff performance and identify training needs. The service also conducts internal audits to monitor care quality, and uses feedback data from consumers as an indicator of staff performance. Management assessed, monitored and reviewed performance, and staff reported they felt supported and their training was useful.

# 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

The service engaged consumers and supported them in the development, delivery and evaluation of care and services. Consumers verified the service had engaged them to provide feedback and the Assessment Team sighted documents that demonstrated the service made changes or improvements informed by consumer feedback. Staff supported consumers to raise concerns or make suggestions, and to escalate a matter, if required.

The organisation’s governing body promoted and was accountable for delivering quality care and services. The Approved Provider’s senior management and Board received information about the service’s safety, quality, risk and consumer satisfaction through reporting mechanisms and a range of meetings. The service has access to organisational resources such as quality systems, training and development, and human resource staff.

The service had effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. The organisation’s quality management system is documented in policy, procedure and processes, and is managed and maintained digitally. The Assessment Team found the service had acceptable financial management processes, workforce governance, regulatory compliance monitoring, continual improvement, and complaints management processes.

The service had effective risk management systems and practices, including the ability to manage high impact or high prevalence risks associated with the care of consumers, identify and respond to consumer abuse and neglect, support consumers to live the best life they can, and manage and prevent incidents. The service had risk management processes in place to manage business risks and clinical risks, including high impact or high prevalence risks. Incident management policies included the serious incident response scheme (SIRS) and reporting requirements and timeframes. Processes were in place to monitor risks, manage incidents, report events internally and externally as required, and review actions to ensure they were appropriate and identify opportunity for change or improvement.

The service had a clinical governance framework, including antimicrobial stewardship, minimising use of restraint, open disclosure frameworks, and others as appropriate. In particular, the organisation’s Clinical Governance and Risk Management Framework outlined the clinical governance process and actions the service took to ensure safe, quality clinical care was provided. The framework incorporated clinical care, quality and safety, antimicrobial stewardship, restrictive practice, 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)