Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Karri and Tuart Lodge |
| Service address: | 19 Hughie Edwards Drive MERRIWA WA 6030 |
| Commission ID: | 7205 |
| Approved provider: | Air Force Association (Western Australian Division) Incorporated |
| Activity type: | Site Audit |
| Activity date: | 30 January 2023 to 1 February 2023 |
| Performance report date: | 24 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 Karri and Tuart 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 30 January 2023 to 1 February 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.
* The Approved Provider’s response to the site audit report, received on 21 February 2023.
* Other information and intelligence held by the Commission in relation to this service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

All consumers stated staff treated them with dignity and respect, and were aware of their identities and cultural backgrounds. Staff tailored their care to suit each consumer's needs in line with care documentation. Sampled care planning documentation reflected what was important to consumers to maintain their identity.

Consumers/representatives said staff valued consumers’ cultures, values and backgrounds. Staff delivered care that met the specific cultural needs and preferences of consumers.

Consumers were supported to exercise choice and independence, make decisions and maintain personal relationships. Care planning documentation showed consumers’ choices as described by consumers, representatives and staff.

The service supported consumers to take risks to enable them to live the best lives they can. The Assessment Team sighted dignity of risk forms which detailed consumer preferences, documented the benefits and risks of making such choices, including strategies to mitigate risk and support consumers.

Consumers, representatives and staff were provided with timely and accurate information and were kept informed through electronic messaging, word of mouth from staff, and posters on noticeboards displayed around the service.

The consumer handbook and newsletters provided information about services available and upcoming events. The Assessment Team observed various flyers displayed throughout the service, fortnightly lifestyle calendars, newsletters and a noticeboard used to communicate daily activities to consumers/representatives.

Most consumers advised their privacy was respected, and personal information was kept confidential. The organisation had documented policies and procedures on the collection, disclosure, security, storage and protection of personal information of consumers.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 received the care they required, and risks were identified and managed to promote their independence and safe care. Staff described individual consumer risks and interventions, and could access the service’s electronic care management system for further information. Documentation identifying individual risks was contained in consumer care plans. The service has an assessment and care planning policy which guided staff practice.

Advance care planning and advance health directive forms were completed prior to the consumer’s admission to the service. End-of-life care planning was discussed with consumers/representatives, their medical officer (MO) and the service if there was health deterioration. The service undertook an annual end-of-life audit to identify any gaps in end-of-life documentation. The last audit showed a 100% compliance rate for assessing and documenting end-of-life care wishes in the care plans. Consumers’ advanced care planning wishes were documented in the service’s care management system.

Consumers discussed their current care needs, goals and preferences with the service management. Care planning documentation reflected the involvement of consumers/representatives and other health professionals, and confirmed their involvement in care planning upon admission, and on an ongoing basis.

Consumers and representatives confirmed outcomes of assessments and planning were communicated to them and they could access their care plans upon request. Staff utilised the service’s electronic care management system to access and communicate outcomes of assessment and planning. Care plans were updated when consumers’ circumstances changed. Consumers and representatives were notified of changes to the consumer’s care.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 demonstrated consumers received care that was safe, suited for them and optimised their health and well-being. The service had policies and procedures in place to support the delivery of care provided. Care planning documentation was tailored to specific needs and preferences of consumers. Staff and management described consumers’ most significant personal and clinical care needs, and staff delivered care in alignment with their care plans. The service utilised a suite of policies and procedures to guide staff to provide best practice care.

The service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Discussions were held with staff and consumers/representatives to implement strategies that could reduce or eliminate the risks. Staff described the risks for consumers, and how care planning was performed in collaboration with allied health and MOs. All adverse events were tracked, reported and escalated as required. Staff provided evidence of assessment and planning, which were recorded in care plans and in progress notes.

Consumers and representatives confirmed staff spoke to them about advance care planning and their end-of-life preferences. The service demonstrated how consumers who are nearing end-of-life have their dignity preserved, and comfort care is provided in accordance with their documented preferences. Staff explained end-of-life preferences and care plans were created on admission, placed in the electronic care management system, and reviewed in response to consumer deterioration. Staff described how a palliated consumer’s comfort was maximised, and how care and goals for care change. Consumers/representatives said they were happy with the end-of-life care provided.

Consumers/representatives reported the service responded to changes in consumers’ health status in a timely manner. The Assessment Team observed a suite of clinical pathways available to staff to identify change or deterioration of a consumer’s health or wellbeing. Staff provided recent examples of when a deterioration or change in a consumer’s condition was recognised, documented, responded to and communicated within the organisation.

Care documentation demonstrated, adequate information was shared and kept on the service’s systems. Staff reported they received up-to-date information relating to consumers’ conditions, needs and preferences in line with care documentation. Changes in consumers, incidents and consumer feedback are documented in the care management system and communicated through written handover notes and face-to-face communication.

Care planning documentation demonstrated timely referrals to medical officers, allied health services and other providers of care and services. Staff detailed the process for referring consumers to health professionals and allied health services. Consumers’ care planning documentation included input from other services such as medical practitioners, podiatry services, physiotherapists, geriatricians, and dieticians.

The service had policies and procedures in place which guided staff practices on antimicrobial stewardship and infection control management. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 they received services and supports that met their needs, goals and preferences, and enabled them to maintain their independence and quality of life. Staff described the needs and preferences of consumers, and this information aligned with care planning documentation.

Consumers advised the service provided supports for daily living which promoted their emotional, spiritual and psychological well-being. Volunteers also assisted consumers with such supports. The service provided a chapel to hold religious services, and consumers were supported to attend the chapel if they wished to do so.

Consumers stated the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships, and do things of interest to them. Lifestyle staff provided information to consumers to connect them with others. Volunteers provided support by presenting activities, engaging in one-on-one visits or taking consumers for walks. Care planning documents included information on consumer participation in the community, things of interest to them, and staying connected with family and friends.

Care planning documentation provided information to support the delivery of effective services and safe care. Staff detailed the process for communicating internally at the service, and externally to others where the responsibility for care is shared.

Consumers said they were referred to individuals and other organisations for care and services in an appropriate and timely manner. Care planning documentation identified other organisations and providers of care and services, The lifestyle team provided religious services, one-on-one support and connections with the community. Volunteers met consumers regularly. Care planning documents reflected the involvement of others in the provision of support.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of the meals provided. Staff assisted, encouraged, and offered choices with meals throughout the Site Audit. Care planning documentation identified the correct information regarding dietary requirements and preferences of consumers.

Consumers and representatives stated the equipment provided was safe, suitable for their needs, clean and well maintained. Equipment used for activities of daily living were safe, suitable, clean, and well-maintained. The Assessment Team reviewed maintenance documentation which identified current and scheduled preventative maintenance for equipment in use at the service.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 advised the service environment was welcoming, clean and well-maintained, with shared areas, seating and outdoor garden areas for consumers. The service environment was easy to understand and optimises the consumer’s sense of belonging, independence, interaction and function. The Assessment Team observed plenty of space for consumers, with no clutter and with clear signage in common areas, to aid navigation around the service. The service was built within a village estate of purpose-built retirement homes, and was next to the RAAFA club, which provided amenities including bowling greens and a swimming pool. The area surrounding the service was flat and surrounded by well-kept gardens.

Consumers and representatives stated the service was clean, well-maintained and comfortable, and they could move around freely, with easy access to both indoor and outdoor areas.

The Assessment team observed furniture, fittings, and equipment were safe, clean, well maintained, and suitable for the needs of consumers. Maintenance staff were observed checking, cleaning, and repairing equipment used by consumers. Consumers/representatives said the equipment was well maintained, safe and clean. Maintenance staff described and demonstrated how maintenance was scheduled and carried out to satisfy routine, preventative, and corrective maintenance requirements.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 were encouraged to provide feedback or make complaints, and understood how to do so. Staff were aware of the avenues available to consumers and representatives to provide feedback, and described the ways they supported consumers to lodge complaints.

Consumers/representatives were aware of avenues for seeking support or escalating issues. Detailed information on advocacy services was available in the consumer handbooks, on noticeboards throughout the service and in consumers/representatives meeting minutes distributed after meetings. Advocacy information, signage and booklets were displayed and available throughout the service. Documentation reviewed included examples where complaints and feedback had been raised by staff on behalf of consumers/representatives.

The service had documented policies regarding consumer feedback and open disclosure processes to guide staff practice in resolving consumer complaints. Staff and management described the process followed when feedback or a complaint was received, including applying the service’s open disclosure policy.

Consumers and representatives confirmed the service used feedback and complaints received from them to improve care and services. Management demonstrated that feedback and complaints are analysed for trends, and used to improve the quality of care and services provided to consumers.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Care planning documentation detailed the provision of care and services that met consumers’ needs and preferences. Management said staffing continued to be an ongoing challenge, but they were supported by the governing body with recruitment, onboarding and retention strategies. Management advised registered nurses (RNs) were rostered on every shift, with a combination of enrolled nurses (ENs) and carers. Unplanned leave coverage included extension of shifts, existing staff taking additional shifts and some staff working across multiple departments. Some staff provided ‘on call’ support. Call bell data from the last 4 months confirmed an average of 93% were answered in less than 15 minutes.

Consumers and representatives felt staff were kind, caring, respectful and gentle when delivering care and services, and were responsive to their needs. Staff described the ongoing consumer-centred training they received, with a focus on recognition of consumers’ identities, culture and background. Management described how staff interaction with consumers was closely monitored, and feedback gathered was used to inform training needs.

Management detailed processes which ensured the workforce was competent and had the qualifications or knowledge to effectively perform their roles. Consumers and representatives felt confident staff were sufficiently skilled to meet their care needs.

The service demonstrated staff were trained, equipped and supported to deliver care and services that met consumer’s needs and preferences, in line with the Quality Standard requirements. Staff confirmed they received the training, equipment, and support required to provide care and services consumers require. The Assessment Team observed training materials and records relating to the new Code of Conduct introduced by the Commission on 1 December 2022.

The service regularly undertook assessment, monitoring and review of the performance of each member of the workforce. Management described the performance appraisal process, and how they continually assessed staff performance via incident data, observation, input from other staff and supervisors and consumers/representatives’ feedback. When issues were identified, the service had policies and procedures which guided required actions.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 the service was run well, and they were satisfied with their level of engagement in the development, delivery and evaluation of care and services. They said the service encouraged their participation when making decisions. The service had effective systems to engage and support consumers in the development, delivery, and evaluation of care and services.

The organisation’s governing body promoted a culture of safe and inclusive care and was accountable for the delivery of safe, quality care and services. The service had systems and processes in place to monitor the performance of the service, and to ensure the governing body was accountable for the delivery of safe care and services. A Board member described how the committee received information about consumer needs and preferences for care to help inform strategic decision making, in particular relating to promoting a culture of safe and inclusive care.

Management described the processes and mechanisms in place for effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service had a continuous improvement plan which was updated regularly. Opportunities for improvement were identified from complaints, feedback, audits, surveys and consumers/representatives’ meetings. Improvements were detailed for each of the Quality Standards with actions logged, and once completed, assessed for efficacy. If the proposed results were not achieved, actions were again identified for continuous improvement.

Management sought approval from the governing body for unplanned expenditure. The service had effective workforce governance systems in place with responsibilities and accountabilities clearly outlined in position descriptions. Feedback and complaints were captured, reviewed and analysed at both the service level and reported to the governing body monthly with correlating trends, analyses and actions taken.

Consumers/representatives described how the service supported them to live the best lives possible. The Assessment Team reviewed the service’s documented risk management framework, and management and staff described how they used these policies, procedures and practices to minimise risks to consumers. Risks relating to each quality standard were identified and included in the continuous improvement plan for action and implementation.

The organisation’s clinical governance system ensured the delivery of safe and effective clinical care across antimicrobial stewardship, minimising the use of restrictive practice, and the use of open disclosure. Management and clinical staff described how they followed procedures that support preventing, managing and controlling infections and antimicrobial resistance. They described how the service worked to minimise the use of restraint, and looked to behaviour support as best practice. The complaints and incidents register included details of the application of open disclosure, and how the service provided explanations of the facts, listening to consumers’ experiences and steps taken for future prevention of similar incidents.

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)