Performance

Report

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| Name of service: | Labrina Village |
| Service address: | 63 - 71 Labrina Avenue PROSPECT SA 5082 |
| Commission ID: | 6128 |
| Approved provider: | Southern Cross Care (SA, NT & VIC) Incorporated |
| Activity type: | Site Audit |
| Activity date: | 24 October 2022 to 26 October 2022 |
| Performance report date: | 18 November 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 Labrina Village (**the service**) has been prepared by D, McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they were respected regardless of their culture, spirituality, or background. Staff spoke about consumers with respect and understood their personal circumstances, backgrounds and were observed treating consumers with dignity and respect as they addressed them by their preferred name. Care planning documents included the consumer’s background and choices.

Consumers said their cultural and religious needs are valued in the service. Staff said they are aware of the consumer’s cultural and religious needs. Care planning documents reflected consumer’s cultural needs and preferences, including their spirituality. The activity calendar provides information about various cultural and religious activities offered to consumers.

Consumers said their choices for care and services were supported and they maintain relationships with whom they choose. Staff described how they support consumers to maintain relationships with people important to them. Policies and procedures demonstrated the service has a process to support and manage client’s choice and decisions to maximise their dignity, independence, and safety.

Consumers said they are supported to take risks enabling them to live the best life they can. Staff described areas in which consumers want to take risks, how the consumers were supported to understand the benefits and possible harm when they make decisions about taking risk, and how consumers were involved in problem-solving solutions to reduce risk where possible. Staff were guided by policies and procedures on how to support consumers to live the best life they can.

Consumers advised they get enough information through email, flyers, written notices, newsletters, and announcements to make decisions and choices about their care and daily living. Staff confirmed they provide consumers choices around food, activities, and care preferences. The service provides a range of printed information about meals, activities, and support services, and consumers receive information updates at consumer meetings.

Consumers said staff respect their privacy by knocking on the door before entering the room and closing the curtains while providing care. Staff maintain a consumer’s privacy when providing care, kept computers locked, used passwords to access consumer’s personal information and held handovers behind closed doors. Privacy and confidentiality policies and procedures outlined requirements on storage and sharing of information.

# 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

Consumer and representatives said they were involved in their assessments and care planning which enabled them to receive the care and services they need. Staff described the process of assessment and planning, including consideration of risks to the consumer’s health and well-being, and how it informs the delivery of care and services. Care planning documents demonstrated assessment and planning includes consideration of risks to the consumer’s health and wellbeing and informs the delivery of safe and effective services.

Consumers and representatives said clinical staff regularly discuss their needs, goals, and preferences, including what their end-of-life wishes were. Staff described how they initiated end of life discussions with consumers and their families. Care planning documents included information regarding the consumer’s end of life wishes and their current needs, goals and preferences.

Consumers and representatives said they were involved in assessments and development of their care plan. Staff said consumers, representatives and other providers were involved in the assessment, planning and review of consumer care plans. Care planning documents demonstrated partnerships with consumers, representatives and other relevant providers, in the assessment, planning and review of the consumer’s care plan.

Consumers and representatives said they were aware of what was in their care plan and could access a copy if they chose. Staff said consumers and representatives were offered a copy of the consumer’s care plan, with some representatives requesting an emailed copy. Care documentation detailed the outcomes of assessment and planning, including engagement with consumers and their families.

Staff described consumers and their representatives participated in care plan reviews either at 6-monthly intervals, post incident or if the consumer’s care needs changed. Care documentation demonstrated care plan were reviewed 6-monthly, after an incident occurred and when there was a change to the consumer’s care needs. An electronic care management system guided staff when evaluation, reassessment, and review of care plans was scheduled.

# Standard 3

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

Findings

Consumers and representatives said the care received was safe, effective, and reflects the consumer’s needs and preferences. Staff said they were provided with support, resources, and training, which ensured they were kept up to date with industry best practice and the needs of consumers. Care planning documents demonstrated personal and clinical care provided was aligned to best practice and optimised consumer’s health and well-being. Staff demonstrated knowledge of legislative and best practice requirements.

Care planning documents identified high impact risks to consumers, such as weight loss, choking, medication including psychotropic medications, restraint, pain, pressure injuries, behaviours, and sensory loss; and included strategies to minimise these risks. Staff demonstrated knowledge of consumer risks and strategies to reduce the risks. Consumers and representatives said these risks were effectively managed.

Consumers and representatives said they had discussed their end of life wishes with staff. Staff explained processes to support end of life care, including the involvement of family and other health professionals. Policies and procedures guide staff when providing end of life care and care documentation demonstrated the consumer’s end of life wishes were recorded.

Consumers and representatives said staff respond to any changes in the consumer’s health promptly. Staff described how they recognised and responded to deterioration or changes in the consumer’s condition, including observing consumers, completing assessments, providing relevant referrals, and notifying families. Care planning documents evidenced where deteriorating and changing conditions occurred, appropriate assessment, referrals, engagement with families and outcomes were recorded. Guiding documentation to support staff is available in relation to changing health needs of consumers.

Consumers and representatives said staff were aware of their needs and preferences and felt confident this information is communicated to their medical officers, visiting allied health professionals, as well as their families. Staff described how consumer information is accessed and shared during handover and in care planning documents. Care planning documents showed appropriate and relevant information regarding the consumer’s condition, needs and preferences is recorded and accessible to staff, medical practitioners and allied health workers involved in the consumer’s care.

Consumers and representatives confirmed they were referred to allied health professionals, when needed. Staff described and gave examples of the referral process, including dates, reflecting timeliness from when the issues were noted to the referral being made and the provision of care by the specialist. Care documentation demonstrated appropriate and timely referrals to external health providers.

Consumers and representatives confirmed staff practiced hand hygiene, wore personal protective equipment and consumers were provided with updates regarding COVID-19 requirements and restrictions. Staff demonstrated knowledge of infection prevention and control practices and said they undertake regular infection control training. Staff explained antimicrobial stewardship and the steps taken to minimise the use of antibiotics. Staff described the infection prevention and control program and how it is regularly monitored.

# Standard 4

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

Findings

Consumers and representatives said services and supports for daily living met the consumer’s needs, goals and preferences and maintained their independence, well-being, and quality of life. Staff demonstrated knowledge of the consumer’s needs and preferences, what was important to them and gave examples of how they supported them to do what they wanted to do. Care documents identified the services and supports the consumer needs to help them do the things they want.

Consumers and representative described how consumers emotional, spiritual, and psychological well-being needs were met and confirmed they felt connected and engaged in meaningful activities. Staff provided examples of how they supported the consumer’s emotional and psychological well-being. Care planning documentation recorded consumers’ individual spiritual and emotional needs, support strategies and how these were implemented.

Consumers and representatives said they participate in activities within the service and in the outside community as they choose, and the service supported them to maintain social and personal connections important to them. Staff were aware of what consumers enjoyed doing and who was important to them. Care planning documentation identified the people important to individual consumers, the activities of interest and how to support them. The leisure program included weekly bus trips, exercise classes, sing-a-longs, quizzes, active games, relaxation, massage, armchair travel and gardening.

Consumers and representatives said staff were aware of their needs and preferences, and they do not have to repeat their preferences. Staff knew the conditions, needs and preferences of consumers and said changes were communicated at handovers or through consumer’s care plans available on the electronic care management system. Care planning documents evidenced input from allied health professionals and other providers, in the services or supports provided to consumers.

Consumers and representatives said when the service is unable to provide suitable support, they are confident they would be appropriately referred to an external provider. Staff provided examples of consumers being referred to other providers of care and services. Documentation demonstrated timely and appropriate referrals of consumers to organisations, individuals and providers of other care and services.

Consumers and representatives said the meals were varied, of suitable quality, quantity and reflected their choice. A seasonal four-week rotating menu was in place and was informed by consumer feedback on the quality of the food provided. Documentation demonstrated relevant practices to ensure safe food storage, preparation, delivery, and dietary needs and preferences of consumers are considered.

Consumers and representatives said the equipment available to them was suitable, safe, clean, and well maintained, and felt confident to tell staff if there were any concerns. Staff confirmed consumers had access to safe equipment reflecting their needs and could describe the process of reporting issues regarding equipment. Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-maintained.

# Standard 5

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

Findings

The service environment features multiple communal and private areas located both inside and outside which are easily accessed. Staff confirmed consumers were encouraged to individualise their rooms and the environment was designed to promote independence and support consumers with cognitive impairment. Consumer’s rooms were personalised, with furniture, photographs, and bedding. Consumers said they felt at home, were able maintain their independence, and interact with whoever they chose to, including visitors.

Consumers and representatives described the service as clean, well maintained and they were able to access all areas of the service, both inside and outside, as they chose. Staff explained how the service was cleaned and maintained and how consumers are supported to move freely and safely throughout the service. Documentation reviewed demonstrated cleaning was conducted as scheduled and maintenance issues were resolved in a timely manner.

Consumers and representatives said furniture and equipment was suitable and well maintained and consumers had access to a call bell. Staff explained the preventative maintenance of equipment and fittings and how assessments were conducted to ensure equipment used for consumers is suitable and safe. Policies, procedures, and schedules ensured furniture, fittings and equipment was suitable, clean, safe, and maintained. Equipment was observed to be clean and in good condition, with mobility aids and call bells within reach of consumers.

# Standard 6

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

Findings

Consumers stated they felt comfortable to raise concerns or provide feedback directly to staff, completing a feedback form, or at meetings. Staff explained feedback and complaints can be verbally provided to staff, written on a feedback form, or emailed to management. Feedback forms and suggestion boxes were located at the main reception and dining areas.

Consumers reported they were informed about how to access advocacy, interpreter, legal services, as well as external complaints through the consumer handbook. Staff knew how to access advocacy and interpreter services for consumers. Posters with the contact information of external complaints support organisations were displayed within the service. Complaints procedures demonstrated consumers were made aware of how to access advocates, language services and other methods for raising and resolving complaints.

Consumers felt the service responded to their complaints appropriately and discussed their concerns with them. Staff were aware of the complaint management and open disclosure processes. An electronic complaints management system included the description of complaints, concern or compliment and the action taken in response. Procedures guided staff to effectively manage complaints and implement open disclosure when something goes wrong. Documentation supported all complaints were actioned and closed in a timely manner.

Consumers felt feedback and complaints were reviewed and gave examples of when they had been used to improve the quality of care and services, such as reopening the main dining hall for all meals. Staff described how service improvements have been made in response to feedback, and the service’s complaints management process states feedback, including comments, compliments and complaints, data will be recorded and used for continuous improvement. The continuous quality improvement register detailed the changes made in response to feedback and complaints to improve services.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers reported there was adequate staff and staff respond to call bells immediately. Rostering documentation demonstrated the service has sufficient staff to fill shifts to deliver safe and quality care and services. Staff stated shift vacancies were filled with existing staff first, then agency staff as last resort. A mix of staff were available to support consumers as required.

Consumers felt the workforce interacted with them in a kind, caring, gentle and respectful way regardless of their cultural or religious background. Staff described the ways they respect consumers and were observed addressing consumers by their name and using respectful language when assisting them.

Consumers felt staff knew what they were doing. Management described the process to ensure staff were suitable for, and competent in their role. Documentation supported staff were appropriately qualified and the service carries out the necessary checks required for their roles, including police checks, professional registrations, certifications, and mandatory trainings. Position descriptions included the responsibilities, accountabilities, qualifications, personal attributes, skills, training, and experience required.

Consumers said staff were adequately trained and equipped to do their jobs. Management said the workforce was required to complete a mandatory training program accessed through online learning and face-to-face training. Staff confirmed they received training on the Quality Standards and adequate training was provided for them to perform their assigned duties. Documentation supported the workforce had completed the training required of them.

Management said they monitor staff performance through performance assessments annually. Staff confirmed they receive reminders when their appraisals were due, they discussed their performance with their manager and confirmed they were aware of the outcome of their last review. Documentation supported performance assessments were recorded, monitored and all performance appraisals were up to date.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers confirmed they felt the service was well run and they were engaged in the development, delivery and evaluation of care and services through various meetings. Staff described the various mechanisms used to engage consumers such as meetings or surveys, and how this was provided to the management committees with examples given of changes made as a result of consumer suggestions. Policies and procedures demonstrated the service’s commitment to actively encourage and seek feedback from consumers, their families, and representatives.

Management described how the Board, is involved in the delivery of care and services, their role in promoting a culture of quality, safety, inclusivity and is accountable for it’s the service’s performance. Meeting minutes demonstrated how reports inform the Board on how the service’s maintains compliance with the Quality Standards. The roles and responsibilities of the governing committee were established through governance frameworks.

Systems and processes to govern regulatory compliance, continuous improvement, the workforce, financial resources, manage information, feedback and complaints were effective as staff confirmed there were established communication channels to provide information to, or receive information from, the Board including when policies and procedures were updated due to changes to regulations. Documentation evidenced continuous improvement was informed by feedback or complaints, and where additional funding was required, staff understood their role, responsibilities and financial delegations were exercised appropriately.

Risk management frameworks, policies and procedures ensured current and emerging risks were identified and their potential consequences understood so staff take effective steps to mitigate and manage the risks. Management described the processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Risks are escalated to management and further to the governing body, who has the overall responsibility for the oversight of risk, and the systems and processes of risk management.

A clinical governance framework including policies and procedures guide staff in understanding their responsibilities in antimicrobial stewardship, minimising restrictive practice and open disclosure. Staff described strategies to reduce the need for antibiotics and if prescribed, they were used appropriately and confirmed antimicrobial usage and infection rates were monitored. Staff demonstrated knowledge of restrictive practice and if these were applied, alternate interventions had been exhausted. Open disclosure principles were understood by staff including expressing regret and engaging in timely communication with those effected when things go wrong.

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)