Performance

Report

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| Name: | Lake Cathie Manor Aged Care |
| Commission ID: | 8257 |
| Address: | 2 Saltwater Place, LAKE CATHIE NSW 2445 |
| Activity type: | Site Audit |
| Activity date: | 18 September 2024 to 20 September 2024 |
| Performance report date: | 4 November 2024 |
| Service included in this assessment: | Provider: 7134 RACS PTY LTD  Service: 27826 Lake Cathie Manor Aged Care |

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 Lake Cathie Manor Aged Care (the service) has been prepared by James 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 conducted from 18 September 2024 to 20 September 2024. 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 relevant information on the service and Approved Provider held by the Commission.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The Quality Standard is assessed as Compliant, as the service was assessed as Compliant with all six of the six specific requirements.

Consumers and representatives said consumers were treated with dignity, respect and felt valued. Staff were knowledgeable of consumers’ personal circumstances and backgrounds and were observed interacting with consumers in a respectful manner aligned to consumers’ preferences, such as addressing consumers by their preferred names. Care documentation reflected consumers’ life experiences and interests.

Consumers and representatives provided positive feedback regarding support of consumers’ culture, values and diversity. Staff were familiar with consumers’ cultural backgrounds and provided responsive support, including supporting consumers to share their heritage. Care documentation evidenced consumers’ individualised cultural needs and staff participated in cultural safety training.

Consumers and representatives said they were supported to exercise independence and choice regarding consumers’ care delivery, including maintaining relationships. Staff were knowledgeable of consumers’ choices and assisted consumers to maintain important relationships. Care documentation contained information on consumer choices, needs and preferences, which informed care delivery.

Consumers and representatives said consumers were supported to take risks to live their best lives. Staff described how they undertook risk assessments for consumers wishing to engage in risk related activities, including discussions with the consumer and flexible resolutions. Care documentation reflected risk assessments and acknowledgements signed by consumers.

Consumers and representatives confirmed the receive current, accurate and timely information. Staff described undertaking assessments at entry to identify consumers’ communication needs and tailor information accordingly. Care documentation reflected assessment of consumers’ communication needs, including for those with cognitive and sensory impairments.

Consumers said their privacy was respected and their personal information kept confidential. Staff were knowledgeable of consumers’ individual privacy needs, including knocking on doors prior to entry and ensuring consumer privacy during care delivery. Staff were observed knocking on doors and awaiting consent to enter and locking computers when not in use.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant, as the service was assessed as Compliant with all five of the five specific requirements.

Consumers and representatives gave positive feedback regarding assessment and planning of care and services. Staff were knowledgeable of the care assessment and review processes and care documentation evidenced risk assessments and mitigation controls. Care documentation evidenced individualised care assessment and planning.

Consumers and representatives confirmed they were involved in care assessment and planning, including end-of-life care. Staff discussed consumers’ needs and preferences, including end-of-life care, at entry. Care documentation reflected consumers’ current needs and preferences, including advance care planning.

Consumers and representatives confirmed they provided input into assessment and planning of consumers’ care and services. Management described how they included consumers, representatives and other care and service providers in the assessment, planning and review processes, which was reflected in care documentation and aligned with service policies.

Consumers and representatives confirmed they were informed of assessment and planning outcomes and were offered copies of care plans. Staff confirmed sharing information with consumers and representatives regarding care outcomes. Care planning documentation was stored in the electronic care management system, including summaries available to consumers and representatives.

Consumers and representatives said consumers’ care and services were regularly reviewed for effectiveness or when circumstances changed. Care plan reviews were undertaken every three months or in response to changes or incidents. Care documentation showed reviews, assessments and changes occurred in consultation with consumers and allied health professionals.

# Standard 3

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

Findings

The Quality Standard is assessed as Compliant, as the service was assessed as Compliant with all seven of the seven specific requirements.

Consumers and representatives provided positive feedback regarding personal and clinical care that optimised their well-being. Staff described best practice delivery of clinical care aligned to consumers’ individual needs and preferences. Care documentation showed consumers received care that was safe, effective and individualised in relation to restrictive practices, skin integrity and pain and medication management.

Consumers and representatives said high-impact and high-prevalence risks were effectively identified and managed. Management identified falls, wounds and infections as most prevalent, and staff were knowledgeable of individual harm minimisation strategies. Care documentation reflected assessments undertaken to identify risks and responsive clinical and environmental mitigations.

Consumers and representatives said consumers’ needs, goals and preferences were recognised, including end of life wishes. Staff described how they delivered care to palliating consumers to maintain comfort and preserve dignity. Care documentation for a recently deceased consumer showed consultation with representatives and provision of care aligned to the consumer’s palliative care plan.

Staff demonstrated, and care documentation reflected, prompt recognition of and response to deterioration in a consumer’s condition, including consultation with allied health professionals and representatives to implement new care strategies. Staff were guided by policies regarding identification and monitoring of clinical deterioration.

Consumers and representatives provided positive feedback regarding staff effectively communicating information regarding consumers’ conditions, needs and preferences. Staff described exchanging consumer information during shift handovers and through the electronic care management system. Staff were observed exchanging consumer information during shift handover.

Management and staff described timely and appropriate processes to refer consumers to a wide range of allied health professionals, including confirming consumer consent prior to initiating such processes. Care documentation evidenced input from various providers including medical officers, wound specialists, nurse practitioner services, dementia specialists, physiotherapists, podiatrists, speech pathologists and dietitians.

Staff were knowledgeable of antimicrobial stewardship, strategies to minimise infection, had participated in associated training and were led by an infection prevention control lead. The service referred to an infection outbreak management plan under which staff described their roles and responsibilities. Observations confirmed viral screening at entry and staff practising hand hygiene.

# Standard 4

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

Findings

The Quality Standard is assessed as Compliant, as the service was assessed as Compliant with all seven of the seven specific requirements.

Consumers and representatives said consumers received safe and effective supports for daily living. Staff developed activities based on consumer interests and feedback during consumer and representative meetings. The activity calendar scheduled various events aligned to consumer interests, including those with dementia.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described supporting consumers through one-to-one engagement and on-site religious services. Care documentation reflected consumers’ emotional, spiritual and psychological needs and preferences.

Consumers said they were supported to maintain important relationships and participate in events and activities. Staff described supporting consumers to maintain contact with those of importance and consumers were observed interacting with visitors and each other. Care documentation evidenced consumers’ interests and those of importance to them.

Consumers said the service effectively shared their information with those involved in their care. Staff were knowledgeable of consumers’ individual care needs and confirmed referencing consumer information through the electronic care management system and communicating changes during handovers. Care documentation contained up-to-date information regarding consumers’ needs and preferences.

Staff described collaborating with other care and service providers to supplement consumers’ care and interests, including those aligned with consumers’ specific preferences, such as religious services and cultural organisations. Documentation evidenced referrals were made to a range of relevant services.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. Management described alternative options for each meal service and a rotational menu developed in consultation with consumers and a dietitian. Care documentation reflected consumers’ dietary needs and preferences and consumers were observed to enjoy their meals.

Consumers said equipment was safe, suitable, clean and well-maintained. Staff knew about the processes for servicing equipment, lodging requests for maintenance and cleaning shared equipment after each use. Records demonstrated the registration and completion of equipment maintenance requests.

# Standard 5

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

Findings

The Quality Standard is assessed as Compliant as the service was assessed as Compliant with all three of the three specific requirements.

The service is comprised of three identical wings with landscaped gardens, a wellness centre, a cinema, and an on-site coffee shop. Consumers said the service environment was welcoming and they were supported to personalise their rooms. Staff described supporting consumers to make the service feel like home and consumers’ rooms were personalised with their furniture and photographs.

Consumers said the service environment was clean and well-maintained, and they could move freely indoors and outdoors and the Assessment Team observed them doing so. Staff described the preventative and reactive cleaning and maintenance processes, and the service environment was observed to be clean, well maintained and consumers mobilised independently.

Consumers and representatives said, and observations confirmed, furniture, fittings, and equipment were safe, clean, and well-maintained. Staff confirmed assessing furniture, fittings and equipment prior to purchase and performing regular maintenance to ensure ongoing serviceability. Records evidenced timely resolution of maintenance requests.

# Standard 6

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

Findings

The Quality Standard is assessed as Compliant as the service was assessed as Compliant with all four of the four specific requirements.

Consumers and representatives said they were encouraged to provide feedback or make a complaint, and staff described supporting consumers to do so. Consumers and staff were knowledgeable of feedback and complaint lodgement processes such as meetings, emails or by speaking with staff. The feedback and complaints register was up to date and meeting minutes showed ongoing consideration of consumer input.

Consumers and representatives were knowledgeable of advocacy services when raising a complaint and knew how to access such services. Staff were knowledgeable of advocacy and language services and this information was contained in the consumer handbook and other available material.

Consumers and representatives provided positive feedback regarding timely staff response to feedback and complaints, including the use of open disclosure. Staff were knowledgeable of complaints processes and participated in relevant training. The complaints register showed timely management of complaints and open disclosure practices in line with service policy.

Consumers and representatives said their feedback and complaints informed improvements. Management described routinely reviewing feedback and complaints in consultation with consumers to identify areas for improvement. Records demonstrated the service reviewed feedback and complaints across the organisation.

# Standard 7

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

Findings

The Quality Standard is assessed as Compliant as the service was assessed as Compliant with all five of the five specific requirements.

All sampled consumers and representatives said there were sufficient staff to meet consumers’ needs in a timely manner. Rosters showed uninterrupted registered nurse coverage and vacancies initially filled by permanent or casual staff, then by agency staff known to the service as a last resort. Records reflected a high proportion of consumer calls for assistance were responded to promptly.

Consumers and representatives said staff interactions were kind, respectful and caring. Staff were observed knocking on doors prior to entry, addressing consumers by their preferred names and demonstrating knowledge of consumers’ identities. Staff were guided by policies and training regarding cultural safety, diversity and inclusion.

Consumers and representatives provided positive feedback regarding staff knowledge and skills. An onboarding program included induction, orientation procedures and training. Management described requirements for staff to hold professional registrations, undertake security vetting and competency assessments, which were reflected in personnel records.

Management confirmed various training was available for staff and records reflected completed and planned training. Staff described completing competencies for serious incidents, antimicrobial stewardship and restrictive practices, amongst other topics. Records showed staff had all completed mandatory training.

Management described the annual staff performance appraisal process and ongoing assessment through observations, feedback processes and meetings.

# Standard 8

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

Findings

The Quality Standard is assessed as Compliant as the service was assessed as Compliant with all five of the five specific requirements.

Consumers and representatives said they were involved in the development, delivery and evaluation of care and services. Management confirmed it encouraged consumer involvement through various meetings and the distribution and analysis of consumer satisfaction surveys. Meeting minutes showed consumer engagement and responsive actions taken to improve care and services.

Management described the organisational structure that supported a culture of safe and inclusive care and services, including clear reporting lines from the service to the governing body, and down to staff and consumers. Clinical and incident reporting was shared between staff and management through a series of organisational meetings to inform quality care and services.

The service had an established suite of systems and processes which supported information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan contained actions taken in response to feedback and complaints.

The organisation used a systematic approach to manage high-impact and high-prevalence risks, to identify, report, escalate and review risks and incidents to improve care delivery. Staff knew how to identify, respond to, and report serious incidents. Records evidenced appropriate management of serious incidents and consumer acknowledgement of risk-related activities.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Records reflected staff had participated in training regarding antimicrobial stewardship and open disclosure. Care documentation showed compliant practices and frameworks, policies and guidelines assisted staff to maintain best practice.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)