Performance

Report

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| Name of service: | Lara Aged Care |
| Service address: | 64 Hospital Road DUNGOG NSW 2420 |
| Commission ID: | 0463 |
| Approved provider: | RSL LifeCare Limited |
| Activity type: | Site Audit |
| Activity date: | 14 December 2022 to 16 December 2022 |
| Performance report date: | 24 January 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 Lara Aged Care (**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 said they are treated with dignity and respect and feel accepted and valued irrespective of their background. Staff demonstrated how they treat the consumer as an individual and are respectful of their diversity.

The service environment was observed to exhibit documentation and visuals which were respectful of cultural diversity. The staff described how they adapt the way care and services are offered so they are culturally safe for each consumer. Care planning documentation included information about cultural background and practices of consumers at the service.

Most consumers indicated they are involved in decisions, and make decisions affecting their health and well-being and know they can make changes at any time. Staff described how they support consumers to make choices for themselves and encourage independence.

Staff provided examples of how the service supported consumers to have choice and control. Care plans evidence risk assessments for consumers are documented and includes all decisions regarding the risk. Consumers reported they are supported to understand the benefits against possible harm when they make decisions about taking risks in day-to-day life.

Consumers said they receive timely and accurate information in a way which meets their needs. Staff described how information is communicated to make sure it’s easy to understand and accessible to consumers including strategies to communicate information to consumers with poor cognition or those who need visual aids or hearing assistance.

Consumers felt the service and staff respect their privacy, and their personal information is kept confidential. Staff provided examples of how they respect the personal privacy of consumers. Staff were observed knocking at the door and asking for permission to enter in consumers’ room and closing the door when providing personal care to consumers.

# 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**

Care plans detail how assessment and planning considers risks to consumers, to inform the delivery of safe and effective care and services. Staff could describe the assessment and care planning processes and how they are involved in the process. Consumer feedback was positive and consistent with care plans.

Staff described how assessment and planning identifies and addresses the consumer’s needs, goals, and preferences. Care plans were observed to have Advanced Care Plans on record for the consumers who chose to have one.

Care plans reflect the ongoing partnership with the consumer and others the consumer wishes to be involved in assessment, planning and review. Consumers and representatives confirmed their involvement in the assessment, planning and review of their care and services.

Staff reported any changes are discussed with the consumers and representatives and care plans updated to reflect the outcomes of the most up-to-date assessments. Consumers said staff have explained their care plan to them and they know they access a full copy of their care and services plan if required. Consumer files contained case conference records demonstrating regular communication with consumers and representatives about their ongoing care, preferences and changing needs.

Consumers and representatives reported staff regularly communicated with them following any change in circumstances or incident, including any updates or changes to the consumer’s care plan. Staff were aware of the service’s reporting system and the processes for a reportable incident such as a Serious Incident Response Scheme (SIRS) incident.

Management advised all clinical incidents are reviewed monthly at a service and organisational level to identify strategies to minimise risk of reoccurrence of incidents and to identify improvements which can be implemented to improve outcomes for consumers.

# 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 stated they were satisfied the care is tailored to their needs and optimises their health and well-being. Care planning documents reflected consumers receive individualised care which is tailored, safe and effective. Consumers subject to restrictive practices had appropriate assessments, alternative non – pharmacological strategies trialled, consent and reviews in place.

Care planning documentation identified effective strategies were in place to manage identified risks and were recorded in care plans. All consumers and representatives were satisfied risks are effectively managed.

Care planning documentation included advanced care directives for consumers who wished to have one. Staff described how they support consumers who are approaching end of life, and then supporting their representatives when they reached the end of their lives. Consumers felt confident the organisation will support them when they need end of life care.

Care planning documents reflected changes in consumers care needs are recognised and responded to in a timely manner. Staff described how they identify signs of deterioration and what response they should take according to the identified situation. Consumers were confident staff would identify if there is a change in their condition, and they would respond appropriately.

Care documentation evidenced updates, reviews and hand over sheets which contained current and accurate information relating to consumer care. Staff reported sharing information relating to consumer care needs at handover and the information recorded in the care plan available to staff and visiting health professionals.

Consumers reported referrals are timely, appropriate and occur when needed. Care planning documents reflected referrals occur to medical officers and other health professionals and included input from them which informs the care delivery. Staff described the process for referring consumers to other health professionals and allied health services.

Staff demonstrated an understanding of how to minimise the need for antibiotics and ensure they are used appropriately. Staff reported to have received training on infection minimising strategies. Staff were observed wearing appropriate protective equipment, practicing hand hygiene, maintaining social distancing, and sanitising equipment.

# 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 the service supports their individual needs, goals, and preferences. Staff explained what is important to consumers and the activities they like to engage in, which aligned with the care planning documentation. Care planning documents included information about what and who is important to each consumer to promote their well-being and quality of life. Consumers were observed engaging in various group activities.

Consumers and staff considered consumers’ emotional, spiritual and psychological wellbeing is supported. Care planning documents included information regarding the emotional, spiritual, and psychological needs of the individual consumers, and strategies to promote their well-being. Staff described how they identify changes in consumers’ mood and provide emotional support through documented care strategies outlined in the consumer’s care plan.

Care planning documents identified how consumers wish to participate in activities and maintain relationships of choice. Consumers provided positive feedback stating they are supported to keep in touch with the people who are important to them and participate in the community within and outside the service. Management provided examples of how the service supports the consumers’ participation in community events and activities.

Consumers were confident staff and other persons delivering care and services were aware of their needs and preferences. Care planning documents included adequate information to support effective and safe care with respect to services and supports for daily living.

Management described how the service works in conjunction with other organisations to supplement the services and supports for daily living offered to consumers. The service had policies and procedures in place for making referrals to individuals and other providers outside of the service to support the lifestyle needs of consumers.

Consumers said meals provided are varied and of suitable quality and quantity. Staff described how they meet consumers’ dietary needs and preferences. Care plans evidenced consumers dietary requirements had been captured.

Consumers said the equipment provided is always cleaned and maintained regularly to ensure is fit for use. Equipment provided was observed to be clean, and well maintained. Staff said they have access to equipment when required and described how equipment is kept safe, 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**

Consumers said they felt the service environment was welcoming and they felt comfortable and safe. Consumers were able to personalize and decorate their rooms according to their preference. The Assessment Team observed multiple common areas including dining rooms and private function areas for more intimate gatherings. The building has furniture and fittings to promote independence.

Consumers and representatives said they feel the service is cleaned to their satisfaction. The service was observed to be clean, well-maintained, and free from any obstructions and hazards. Consumers were observed to be able to access indoor and outdoor areas freely.

Consumers and representatives said the equipment and furniture at the service is safe, well-maintained, and suitable for their needs. Staff described how shared equipment is cleaned and maintained. Review of maintenance records demonstrated regular maintenance of equipment and furniture occurs and reported maintenance issues are resolved promptly.

# 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 and representatives felt encouraged, safe, and supported to provide feedback and make complaints. Information about internal and external complaint processes were observed to be displayed on noticeboards and service’s publications. The service has multiple methods for consumers to make complaints and provide feedback, including a formal feedback form, speaking directly to the management team, raising issues at the resident and relative meetings, calling, or sending an email directly to the facility manager.

Staff demonstrated shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services, available for consumers and representatives. Consumers and representatives were aware of other avenues for raising a complaint and advocacy service however reported they were comfortable raising concerns with management and staff.

Consumers and representatives said their concerns are promptly addressed and resolved and receive an apology from staff upon the making of the complaint or when things go wrong. Staff described the process when feedback or a complaint is received and demonstrated the open disclosure process.

A review of the services’ plan for continuous improvement demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Management advised the service analyses feedback from consumers and representatives and used them to inform continuous improvement activities across the service.

# 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**

Most consumers said there were adequate staff and call bells were generally answered promptly. Staff described they work together to ensure the care needs of consumers are met. Senior staff could describe ways in which they manage the allocation of duties in each shift to ensure care needs are met and did not detail any concerns in relation to direct care needs not being met or clinical indicators of staffing shortages such as behaviours or falls.

Most consumers and representatives reported staff engaged with them in a respectful, kind, and caring manner and understood their background and cultural preferences. Staff interactions with consumers were observed to be kind, caring, and respectful of each consumer’s identity, culture, and diversity. Management were able to demonstrate actions taken when staff conduct was outside the expected standard of behaviours of the organisation.

Consumers and representatives were confident staff are sufficiently skilled to meet their care needs. The service has position descriptions setting out qualifications and skills required for all roles. Staff credential and reference checks are conducted prior to staff commencing in their roles and expiry dates for registrations and police checks are tracked by the service. Staff felt competent to provide the care the consumers needed at the service.

Consumers and representatives sampled felt confident staff are sufficiently skilled to meet their care needs. Documents evidenced staff training requirements on recruitment and on an ongoing basis to ensure they have the knowledge to deliver the outcomes required by these standards. Staff felt the service provided them with adequate resources and training to perform their roles.

Management advised staff performance appraisals were up-to-date and undertaken annually. Management detailed ways in which the workforce performance is monitored through observations, consumer satisfaction surveys or complaints, audits and through consumer feedback.

# 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 felt involved in the development and delivery of care provided. Management detailed the process by which consumers are engaged to partner in the development, delivery and evaluation of the care and services provided such as customer experience surveys, feedback mechanisms and resident meetings.

The governing body is responsible for the culture, strategy, compliance, and performance of the organisation. It ensures activities are consistent and comply with all legal and regulatory requirements, the Board monitors the Quality Standards are being met through internal audits and ongoing monitoring and support into the quality and safe care with a governance and quality framework.

The service demonstrated it had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, the service’s continuous improvement plan evidenced ongoing planned improvements to the service such as the refurbishments to the flooring.

The service had a risk management framework which included policies describing how high impact or high prevalence risks associated with the care of consumers are managed and consumers are supported to live the best life they can, and incidents identified, responded to, and reported in accordance with legislation, including serious incident reporting. Staff explained the processes of risk management at the service, including how risks are identified and mitigated.

The service had organisational policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff described processes in relation to how the service minimises the use of restrictive practices. Staff described processes in relation to the clinical governance framework such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives 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)