Performance

Report

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| Name: | Laurieton Lakeside Aged Care Residence |
| Commission ID: | 2793 |
| Address: | 349 Ocean Drive, LAURIETON, New South Wales, 2443 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 14 November 2023 to 16 November 2023 |
| Performance report date: | 18 December 2023 |
| Service included in this assessment: | Provider: 1332 Halenvy Pty Limited  Service: 1148 Laurieton Lakeside Aged Care Residence |

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 Laurieton Lakeside Aged Care Residence (**the service**) has been prepared by M. Wyborn, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 11 December 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Compliant |
| **Standard 3** Personal care and clinical care | **Not compliant** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not compliant** |
| **Standard 8** Organisational governance | **Not compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 3**

* Ensure the service has an effective system for recording, monitoring and reviewing consumer care plans.
* Ensure the service’s information systems are better integrated.
* Provide education and training to staff to understand when to appropriately refer a consumer to another individual, other organisation and provider of other care and services.

**Standard 7**

* Provide education and training to staff on the aged care quality standards, serious incident response scheme, and consumer restricted practices.

**Standard 8**

* Provide ongoing education and training to staff on the suite of organisational policies.
* Ensure the organisational governance systems related to information management, continuous improvement, and regulatory compliance are effective.
* Ensure the service maintains an integrated continuous improvement planning system.
* Ensure the service maintains effective risk and incident management systems to detect, address and prevent consumer risks and abuse and neglect of 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

The Assessment Team reported that the service is not consistently demonstrating effective assessment and planning related to risk to consumer health and well-being. This was highlighted in consumer nutrition and hydration assessment and planning documentation, and in the service not consistently undertaking routine assessment of consumer behaviours. In their response to the Assessment Contact Report, the Approved Provider supplied their plan for continuous improvement which highlighted the service’s proportionate action to ensure each consumer is appropriately assessed and documentation is reviewed to ensure delivery of safe and effective care and services. The Approved Provider is focusing and targeting education on consumer behaviour support, nursing processes in the care cycle, consumer nutrition and hydration, incident reporting, consumer falls, consumer skin integrity, complex consumer care, audit and review of the service’s admission procedures. Further, the service has implemented a new electronic care planning system and established mandatory assessments and admission processes through the new electronic care planning system. The service has introduced a resident of the day process, and rolled out education to all facility staff and adopted a clear risk matrix related to consumer assessments associated with consumer mobility, medication, choking risk, nutrition/hydration and continence. Considering the immediate and proportionate response from the service and the positive impact for consumers, I consider these response actions demonstrate appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to compliance for ongoing effective consumer assessment and planning that considers risk to consumer health and well-being, therefore, I find the service compliant in Requirement 2(3)(a).

The Assessment Team reported that the service has engaged a consultant to establish individualised consumer assessments and care plans, as well as established a registered nurse with responsibility for resident of the day activities, new admission processes and ongoing consumer care planning. The service has also undertaken staff education around consumer assessment and planning and aligned the organisational Clinical Governance Framework with findings and trends from the service’s Moving on Audits system. The Assessment Team reported that these actions are effective and that individual consumer needs, goals and preferences are documented and met. Documentation for consumers nearing the end of their lives highlights that the consumers’ care needs and preferences are routinely identified by staff, and their wishes and directives are incorporated into their assessment and care planning. The service has identified a substitute decision-maker for consumers and registered nursing staff demonstrated an effective knowledge of palliative care assessment processes for consumers nearing end of life. With these considerations, I find the service compliant in Requirement 2(3)(b).

The service demonstrated effective consumer assessment and planning that is routinely based on ongoing partnership with individual consumers and others the consumer wishes to be involved in their care, including other organisations and providers of care. The service undertook revision of consumer assessment and care planning via experienced consultants and registered nursing staff are responsible to review and update each consumer care plan. Staff demonstrated appropriate knowledge of consumer assessment and care planning highlighting that these actions are undertaken by clinical staff in collaboration via case conference or ‘resident of the day’ with consumers and their representatives. In order to remediate previous non-compliance, the service has adopted a clear risk matrix model, and developed an effective clinical governance committee with clear guidance and mandate to address specific clinical needs of consumers. This supports analysis of trends and development of a robust analysis of findings to drive continuous organisational improvement to meet the needs of all consumers. The service has also undertaken a comprehensive review of the psychotropic register, adopted an inclusive approach to consumer care planning, ensured a multidisciplinary approach, and updated consumer care plans to provide focus on individualised consumer strategies to minimise restrictive practice, apply strategies to minimise behaviours of concern, and to focus on positive behaviour. With these considerations, I find the service compliant in Requirement 2(3)(c).

The service demonstrated effective communication in relation to assessment and planning. The assistant director of nursing and registered nursing staff highlighted that clinical staff undertake an effective ‘resident of the day’ process where contact is made with consumers or their representatives. The Assessment Team’s review of relevant documentation highlighted that regular case conferences, annual reviews or review as needed if a consumer’s circumstances change occurs. Consumers and representatives advised that staff discuss the outcome of consumer assessment and care planning with them and advised that they have been offered a copy of their care plan. In order to remediate previous non-compliance, the service has ensured that all clinical documentation, referrals, specialist letters, health summaries, pathology outcomes, clinical reviews, allied health reviews, and clinical pharmacist reviews are uploaded into the service’s electronic care management program. Further, the service has undertaken a review of the referral processes for consumers identified with associated high prevalence risk, and developed a robust process for review, update, revision and consultation with consumers and representatives. The service maintains a focus on consumer choice, assessed needs, partnering in care opportunities, and collaboration when developing consumer care plans. With these considerations, I find the service compliant in Requirement 2(3)(d).

The Assessment Team reported that the service is not demonstrating an effective routine review of consumer care and services when circumstances change or when an incident occurs. This includes consideration of third party referral needs or changes to documented strategies to ensure behavioural incidents are mitigated. The service has adopted an effective incident management process through their integrated electronic care management program, and senior staff review incidents and recommendations to ensure that changes to consumer care plans reflect each consumer’s needs and include relevant mitigation strategies. In their response to the Assessment Contact Report, the Approved Provider supplied their plan for continuous improvement which highlighted their immediate and ongoing efforts to ensure consumer care and services are relevant and best support each consumer. This includes the introduction of a resident of the day process and education provided to focus on handover discussions to ensure all consumers are best supported. The service has developed and educated staff on specific flow charts to support these processes and highlight the responsibilities when a consumer reaches their end of life. These response actions demonstrate appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to compliance for regular review of consumer care and services when circumstances change, therefore, I find the service compliant in Requirement 2(3)(e).

# 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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. | Not Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

The service was unable to demonstrate that each consumer receives best practice, tailored personal and clinical care that optimises their health and well-being. The Assessment Team reported that staff were not able to demonstrate pain and behaviour management as best practice to optimise consumer health and wellbeing, and the service was unable to demonstrate chemical restraint was used as a last resort for relevant consumers. The service was unable to demonstrate that they were effectively managing the high impact, high prevalence risks of consumers and that consumers are effectively and consistently managed for their behavioural incidents. The Assessment Team was unable to identify, via documentation review and staff and management interviews, if referrals to behaviour management specialists were timely. The service did not demonstrate effective pain management for each consumer reviewed, and documentation did not consistently demonstrate PRN (as needed) psychotropic medication is used after all non-pharmacological interventions have been trialled and as a last resort. Further, medication chart documentation did not consistently indicate the reasons why PRN psychotropic medications are to be administered. In their response to the Assessment Contact Report, the Approved Provider supplied a copy of their plan for continuous improvement and highlighted their immediate and proportionate response actions to ensure consumers noted in the Assessment Contact Report are best supported. These response actions demonstrate ongoing measures at the service to ensure each consumer get safe and effective care, however, at this time, I find the Assessment Team’s findings to be more compelling and therefore, I find the service non-compliant in Requirement 3(3)(a).

The service was unable to demonstrate effective management of high impact or high prevalence risks and the Assessment Team reported a lack of effective clinical governance was evident when reviewing consumers’ high impact or high prevalence risks. This was specifically in relation to clinical oversight of care of consumer behaviours, falls and clinical incident/critical incidents. The Assessment Team also identified high impact risks associated with the services’ monitoring processes of consumer care including the effectiveness of the service’s incident management review/analysis process and identification of high prevalence risks and general risks. The Assessment Team reported that the service was not routinely and effectively reviewing consumer incidents to ensure high impact and high prevalence risks are identified, their causative factors identified and risk mitigation strategies implemented, and the service is not reporting all incidents of high impact and high prevalence risks to ensure effective consumer care. In efforts to remediate previous non-compliance, the service has undertaken a review of their referral processes for consumers associated with high prevalence risk and as a result the service has adopted flow charts for psychotropic medication, restrictive practice, antimicrobial stewardship, falls prevention and weight loss management. The service has also adopted a clearer risk matrix for assessments associated with consumer’s mobility, medication, choking risk, nutrition/hydration and continence, and clinical care directives associated with complex nursing care are recorded and documented by medical /nursing staff to ensure the needs of each consumer are met. In their response to the Assessment Contact Report, the Approved Provider supplied their plan for continuous improvement which highlighted relevant and targeted education and training to support staff knowledge around consumer high impact or high prevalence risks and highlighted their updated processes to ensure that consumer medication management data is correct. The service has introduced a resident of the day program to increase oversight. These response actions demonstrate ongoing measures at the service to ensure effective management of high impact or high prevalence risks, however, at this time, I find the Assessment Team’s findings to be more compelling and therefore, I find the service non-compliant in Requirement 3(3)(b).

The service demonstrated effective systems to identify and respond to deterioration or changes in consumer’s mental health, cognitive or physical function, capacity or condition and the Assessment Team reported that consumer documentation highlighted that consumers are reviewed by their medical officers when there is deterioration or change in their physical function or condition. The service has developed appropriate processes where clinical care directives associated with complex nursing care are recorded and documented by medical /nursing practitioners to best meet the needs of the consumer, and the service has provided ongoing education to relevant staff related to best practice clinical care to best support individual consumer needs. With these considerations, I find the service compliant in Requirement 3(3)(d).

The service was unable to demonstrate that information about each consumer’s condition, needs and preferences is documented and communicated within the organisation and with others, and the Assessment Team reported that consumer documentation is not consistently reflective of each consumer’s current care needs. The service was unable to demonstrate effective oversight of information related to consumer care, needs and preferences to ensure it is documented and communicated with all personnel involved in individual consumers’ care. The Assessment Team reported that the issues pertained to the use of the electronic care program as staff are not competent on how to effectively document consumer care nor confident with the accuracy of current consumer care plans. The Assessment Team identified deficits in assessments and care plans for consumers in relation to personalising goals, needs and preferences and behaviour management. Staff indicated that care plans were attended by consultants and that now the registered nursing staff are responsible for reviewing each care plan to ensure currency of information. In their response to the Assessment Contact Report, the Approved Provider supplied their plan for continuous improvement which highlighted relevant and targeted education and training to support staff knowledge around the service’s electronic care program and this response action demonstrates ongoing measures at the service to ensure effective documentation and communication within the organisation and with others. However, at this time, I find the Assessment Team’s findings to be more compelling and therefore, I find the service non-compliant in Requirement 3(3)(e).

The service demonstrated timely and appropriate referrals to best support each consumer to receive effective care and services that meets their needs. The Assessment Team reported effective and timely referrals to dietician services, speech pathologist, occupational therapist and physiotherapist that were relevant, extensively documented and related to the service’s multidisciplinary care approach. In order to remediate previous non-compliance, the service has undertaken a review of the referral processes for consumers identified with high impact or high prevalence risk, and implemented a robust policy regarding consumer choice and dignity and engagement in high prevalence risk. With these considerations, I find the service compliant in Requirement 3(3)(f).

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

The service demonstrated effective communication within the organisation and with others where responsibility for care is shared. The Assessment Team reported that the service has implemented several continuous improvement strategies to remediate previous non-compliance. This includes engagement with a consultant to establish individualised consumer assessment and care planning processes, developing processes for review, update, revision and consultation with consumers and representatives regarding consumer choice, needs, partnering in care, and development of care plans. The service has also implemented a process of three monthly case conferences with consumers and representatives to ensure information is current and accurate.

Consumer care documentation provide information that relates to services and supports for each consumer’s daily living requirements, including documentation regarding the consumers’ condition, needs and preferences. Consumers and representatives advised the Assessment Team that staff are aware of their needs and they do not have to repeat themselves to staff. Staff demonstrated an appropriate awareness of each consumers’ needs and preferences related to personal care, dietary requirements and preferred activities.

Catering staff appropriately referenced individual consumer dietary information, including their preferences, and the Assessment Team reported that this information is documented by the clinical staff to ensure that consumers nutritional needs and preferences are met. Care staff and clinical staff advised that relevant information about each consumer’s condition, needs and preferences is routinely communicated through staff handover discussions, consumer care plans, progress notes and one to one conversations.

With these considerations, I find the service compliant in Requirement 4(3)(d).

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not Compliant |

Findings

The Assessment Team reported that members of the workforce have appropriate qualifications related to their roles such as registered nursing staff and care staff. However, deficiencies were identified in relation to staff knowledge and skills in relation to the electronic care management system, incident management, restrictive practices, and behaviour management. The Assessment Team’s review of staff competency documentation highlighted that competencies had not been completed for care staff and registered nursing staff in the past year, and service management recognised this as a need for improvement.

In their response to the Assessment Contact Report, the Approved Provider highlighted the need for further education and emphasised the action taken to develop an education schedule with the involvement of staff and management and noted a planned completion period of early 2024. I am confident the topics are relevant and the staff are informed and involved in the education schedule, and I maintain trust in the service to undertake the action required to remediate this non-compliance.

However at this time, I find the Assessment Team’s findings to be more compelling in regard to workforce competency, and therefore, I find the service non-compliant in Requirement 7(3)(c).

# Standard 8

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| Organisational governance | |  |
| 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. | Not 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. | Not Compliant |

Findings

The organisation demonstrated effective and accountable delivery of safe, inclusive and quality care and services, and the Assessment Team reported that the organisational governing body promotes a culture of safe, inclusive and quality care and services as well as demonstration of accountability for delivery of care. The organisation has developed a structure where governance is mainly at service level where the reports of clinical governance meetings are reviewed by the organisation’s executive. The organisational executive highlighted that they maintain appropriate oversight of the service’s daily operations. The organisation’s quality coordinator position supports the operations at the service in promoting safe, inclusive and quality care. The organisation’s clinical governance committee meets quarterly and minutes from this meeting are tabled at board meetings. The managing director advised that the organisation has worked to stabilise their senior management staff and they are responsible for the governance at service level and for following the organisation’s reporting processes. The Assessment Team also reported that the organisation had engaged consultants to audit and create new care plans for consumers, developed and introduced new policies and procedures to support and guide staff, implemented staff training packages and provided a robust review of the service environment. With these considerations, I find the service compliant in Requirement 8(3)(b).

The Assessment Team reported that the organisation demonstrated effective systems for organisational governance, however reported some deficiencies in relation to information management, continuous improvement and regulatory compliance. The Assessment Team identified gaps in effectively meeting their regulatory requirements in relation to reporting incidents under the serious incident response scheme (SIRS) and in relation to their implementation and effective use of their clinical information management program. The service’s electronic care planning system remains ineffectively used at the service level in relation to documenting and recording consumer clinical care information, and the organisational executive have highlighted their immediate review and expedited remediation efforts in response to this information management concern. Further, the Assessment Team’s review of clinical governance meeting minutes highlighted that regulatory compliance is a standing agenda item. However, the system for ensuring regulatory compliance is ineffective and evidenced by the service not meeting their legislative obligations in relation to SIRS reporting and restrictive practices informed consent. In their response to the Assessment Contact Report, the Approved Provider supplied a copy of their plan for continuous improvement and highlighted the service’s education efforts and ongoing focus on ensuring that data and compliance issues are referred to the governing body in a timely manner, and that timely response actions are made to ensure the best outcomes for consumers. These response actions demonstrate appropriate measures by the organisation are being taken to ensure robust organisation wide systems for information management and regulatory compliance, however, at this time, I find the Assessment Team’s findings to be more compelling and I find the service non-compliant in Requirement 8(3)(c).

The Assessment Team reported that consumers are supported to live their best lives, and risks are assessed and managed in order to facilitate this for individual consumers. The service was unable to demonstrate however, effective management of all high-impact or high prevalence risks associated with the care of each consumer, nor that the incident management system is being effectively used to manage and prevent incidents. While the service has a SIRS policy, clinical staff did not demonstrate a thorough understanding of serious incident reporting and the Assessment Team highlighted that incidents were not being routinely reviewed and finalised within the system. The Assessment Team’s review of the service’s online clinical care system confirmed this. Further, the clinical governance committee has not identified the deficits in incident review, consumer behavioural risks or environmental risks to consumers, and clinical governance does not confidently demonstrate a critical analysis of significant consumer falls which have had negative outcomes for consumers. In their response to the Assessment Contact Report, the Approved Provider supplied their plan for continuous improvement and highlighted their ongoing efforts around education on falls management and consumer incident management planned for completion early 2024. These response actions demonstrate appropriate measures by the organisation to ensure effective risk management systems and practices, however, at this time, I find the Assessment Team’s findings to be more compelling and therefore, I find the service non-compliant in Requirement 8(3)(d).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)