Performance

Report

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| Name of service: | Leigh Place |
| Service address: | 12-18 Leigh Avenue ROSELANDS NSW 2196 |
| Commission ID: | 0455 |
| Approved provider: | Leigh Place Aged Care |
| Activity type: | Site Audit |
| Activity date: | 1 May 2023 to 3 May 2023 |
| Performance report date: | 8 June 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 Leigh Place (**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.
* 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 were treated with dignity, respect and felt valued. Staff were knowledgeable of consumers’ backgrounds and preferences and were observed treating consumers with respect. Care documentation captured consumers’ preferred names.

Consumers said they receive care and services based on their cultural preferences. Staff described how care for each consumer is tailored including offering meals aligned to religious practices. Policies and procedures reflected an inclusive consumer-centred approach.

Consumers said they were supported to make decisions about their care including choosing their own doctor and if they wanted to share a room as a married couple. Staff described consumers were supported to receive visitors or make phone and video calls to maintain relationships. Policies promoted consumer independence and choice.

Consumers confirmed they were supported to have their own kettle, microwave or use mobility scooters. Staff confirmed assessments were completed when consumers wished to engage with activities which pose a risk. Care documentation evidenced acceptance of and consultation regarding risk occurred.

Consumers and representatives said they received timely information which was easily understood. Staff were observed verbally advising consumers of the meals and activities scheduled for each day enabling consumer choice. Information was available in English and other languages.

Consumers said their privacy was respected and their personal information kept confidential. Staff confirmed they knocked on doors and awaited consent to enter and prior to providing care. Consumer information was secured in the service’s password protected electronic care management system.

# 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

Staff described undertaking assessments upon entry and developing care plans in response to any risks identified. Care documentation evidenced a suite of assessments had been completed and consumers had a plan of care. Policies and procedures supported the consideration of risk during care assessment and planning.

Consumers and representatives confirmed care plans detailed consumers’ needs and preferences, including end of life wishes. Staff said end of life wishes were discussed upon entry and a high proportion of consumers files contained advance care plans.

Consumers and representatives said they were involved in care assessment, planning and review processes. Staff described consultation occurred for routine care planning or in response to changes or incidents. Care documentation evidenced an integrated and coordinated approach involving allied health professionals such as physiotherapist and dieticians.

Consumers and their representatives confirmed they knew how to obtain or had a copy of the care plan. Staff described processes used to communicate care assessment outcomes. Care documentation evidenced staff communication and availability of care plans to consumers and representatives.

Consumers and representatives said staff promptly review care plans in response to changes in consumer needs or preferences. Staff confirmed and documentation evidenced, care plans were reviewed every 3 months.

# 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 said they received care which was tailored to their needs and preferences. Staff demonstrated knowledge of consumers’ individual needs. Care documentation evidenced care was delivered in accordance with directives for consumers who had compromised skin integrity, pain or required restrictive practices to be applied.

Consumers and representatives said risks to their well-being were assessed, explained and managed. Staff demonstrated knowledge of, and policies or procedures provided guidance on how to manage high impact/prevalent risks to consumers. Care documentation supported recommended strategies were implemented to manage falls, pressure injuries and responsive behaviours.

Staff said and documentation evidenced, consumer comfort during the palliative process was maintained including for a consumer who had recently passed away. Staff participated in palliative care training and were guided by policies, procedures and clinical protocols.

Consumers and representatives said staff promptly recognised and responded to consumer deterioration. Management confirmed staff could identify changes to consumers’ mobility, cognition and behaviours which were discussed during handovers. Documented clinical procedures evidenced processes to manage consumer deterioration.

Consumers and representatives said consistent information was communicated between staff. Management described a good working relationship amongst staff who exchanged consumer information through handover and discussions. Staff were observed exchanging consumer information including with visiting medical officers.

Consumers and representatives gave positive feedback regarding the service’s referral process to specialised individuals and services. Management described, and care documentation reflected, referrals made to a range of allied health professionals, including physiotherapists, dementia support and geriatricians.

Consumers and representatives provided positive feedback regarding the service’s infection control practices. Staff confirmed participating in infection control training and minimising the use of antibiotics. Staff were guided by an Infection Prevention Control lead and visitors were observed undergoing infection screening upon entry.

# 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 said they were supported to engage in activities of interest which promoted their independence and quality of life. Staff said they assess consumers’ interests and abilities upon entry and develop individualised activities to support independence. Documentation reflected consumers’ diverse needs and interests.

Consumers said they could speak to staff about their emotional well-being, and staff described supporting consumers by referring them to counsellors, pastoral carers and support volunteers. Care documentation evidenced consumers’ emotional, religious and psychological needs and preferences.

Consumers said they were supported to undertake activities within the service and community, and staff described support available to enable consumers’ participation and maintenance of important relationships. Care documentation identified those of importance to consumers and activities of interest.

Consumers said the service effectively shared information with those involved in their care. Staff were made aware of consumers’ needs, likes, dislikes, preferred activities and support from external providers through handovers and the electronic care management system. Care documentation evidenced up to date information regarding consumers’ needs and preferences.

Consumers said they were involved in the referral process to other individuals and organisations who provided care and services. Staff described collaborating with other care providers from a network of established individuals and organisations. Care documentation evidenced collaboration with allied health professionals and specialised support services.

Consumers gave positive feedback regarding the variety, quality and quantity of meals, including provision of culturally appropriate meals. All meals were prepared onsite, and consumers could request food in between scheduled mealtimes. Staff participated in food safety training and records evidenced consumer dietary preferences.

Consumers confirmed they had access to clean equipment and were comfortable raising requests for maintenance. Staff underwent safety training for new equipment prior to use and were aware of maintenance processes. Equipment was observed to be suitable, clean and 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 the service was comfortable and provided a sense of belonging. The service environment included directional signage, mobility infrastructure and personalised bedrooms. Consumers and representatives were observed utilising shared indoor and outdoor areas, including the gardens.

Consumers provided positive feedback regarding the cleanliness and maintenance of the service and said they could move freely inside the service and the surrounds. Staff described cleaning processes and training for infection control practices. Indoor and outdoor areas were observed to be clean, safe and maintained.

Furniture, fittings, and equipment were observed to be safe, clean, and well-maintained. Records confirmed up to date maintenance of clinical, cleaning and kitchen equipment. Suitable furniture was observed in shared areas to support consumers’ comfort and mobility needs.

# 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 were aware of processes to provide feedback or make a complaint, including through discussion with staff. Management confirmed providing consumers with information upon entry about how to give feedback or make a complaint. Newsletters and meeting minutes evidenced reminders and opportunities for consumers and representatives to provide input.

Consumers and representatives said they were aware of advocacy services and were comfortable raising issues with staff in the first instance. Staff were knowledgeable of advocacy and translation services and how to access them on behalf of consumers. Posters displayed throughout the service provided information regarding language services.

Consumers and representatives provided positive feedback regarding the service’s response to their complaints, including the use of open disclosure. Staff described responding to complaints within their scope of practice, or escalating matters to senior staff, as appropriate. Records reflected investigation of complaints and discussion of outcomes with complainants.

Consumers and representatives confirmed their feedback and complaints were used to improve care and services. Records reflected discussion of feedback and complaints at consumer and staff meetings to clarify and inform continuous improvement. The complaints register evidenced improvements made in response to complaints.

# 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 provided positive feedback regarding staffing numbers and their care needs being met. Management described rostering additional staff to accommodate increased care needs and utilising permanent staff to address shift shortages. Rosters reflected sufficient coverage by care and clinical staff and call bells were attended to within the benchmarked timeframe.

Consumers and representatives said staff interactions were kind, caring and respectful, including toward their cultural preferences. Staff were observed interacting with consumers in a kind and caring manner, and management confirmed recruitment processes were in place to ensure candidates’ values aligned with those of the service.

Consumers and representatives said staff were sufficiently skilled to meet consumers’ needs. Management described pairing new staff with experienced staff to ensure competency and staff said they were supported to undertake ongoing training. Position descriptions and records evidenced qualification and registration requirements and security vetting.

Consumers and representatives said staff were competent and qualified to perform their roles. Staff confirmed participating in mandatory training including for, but not limited to, manual handling, infection control and serious incidents. Management confirmed additional training needs were identified through audits, clinical indicators and consumer feedback. Records evidenced a high proportion of staff had completed training.

Staff confirmed participating in annual performance appraisals to discuss personal and professional development and career progression within the service. Management confirmed also monitoring staff performance through observation, consumer satisfaction surveys and meetings. Records evidenced all staff had completed an annual performance appraisal.

# 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 and representatives said they were involved in the development and delivery of care and services, and management confirmed consumers and representatives were involved through meetings and surveys. Meeting minutes reflected consumer input regarding changes to the service and staff were guided by relevant policies and procedures.

Management described the organisational structure that supported accountability by the governing body. The service routinely advised the governing body of clinical data relating to risks, serious incidents and complaints which the body reviewed and used to inform changes. Consumer meeting minutes evidenced attendance by a board member to consider consumer input.

The service had an established suite of systems and processes to support 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 evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff were knowledgeable of consumers susceptible to risks and appropriate mitigation strategies. Records evidenced serious incidents had been managed in line with legislative requirements.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Frameworks, policies and guidelines assisted staff to maintain best practice and staff described the practical application of such practices in their daily duties.

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)