Performance

Report

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| Name of service: | Lilydale Aged Care |
| Service address: | 475 Swansea Road LILYDALE VIC 3140 |
| Commission ID: | 4389 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 8 April 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 Lilydale Aged Care (**the service**) has been prepared by M. Frost delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and their representatives said staff were caring and kind and treated them with dignity and respect. Staff were observed interacting with consumers respectfully and they could describe each consumer's needs and preferences, and this aligned with the documented care plans.

Consumers and their representatives confirmed staff understood consumers’ cultural backgrounds, needs and preferences and knew how to make them feel culturally safe and respected. Care planning documents highlighted consumers’ cultural and spiritual and needs and how they wish to be supported.

Consumers said they were supported to maintain independence, make choices, make social connections and maintain relationships (including for married consumers). Care plans recorded consumers' life stories, backgrounds and people of importance to them. Consumers were observed engaging with each other, staff and visitors throughout the Site Audit.

Consumers and their representatives said consumers were supported to live their best lives even if risks were involved. Staff explained the steps taken to consider and mitigate risks, such as risk assessments in consultation with consumers and representatives, with relevant strategies documented.

Consumers and their representatives stated they received current, accurate and timely information in a way they could understand. The service kept consumers and representatives regularly informed through newsletters, meetings, notices and verbal updates. The menu and the activity calendar were clearly displayed around the service. Staff described different ways information was communicated to ensure all consumers could understand it, including consumers with reduced cognition, sight or hearing.

Consumers said their privacy was respected and personal information kept confidential. Staff were observed being respectful of consumers’ privacy such as knocking on doors before entering and closing doors to deliver care. Records and nurses’ stations were secured. The service had an up-to-date privacy and confidentiality policy.

# 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

Consumers and their representatives said they were partners in the assessment and care planning process. Staff described how care planning assessed risks to consumers and informed the delivery of safe and effective care. Care planning documents showed comprehensive assessment and planning occurs and care plans were individualised with consumers’ current needs, goals and preferences, including advance care directives and end of life wishes.

Consumers and their representatives confirmed the service communicated the outcomes of assessments, they had input into the planning and review of their care and services, and could access care plans. Staff described how they partnered with consumers, representatives, allied health professionals and other providers of care and services in planning. Care planning documents showed evidence of care reviews and the involvement of a range of external health care providers, and evidenced the outcomes of assessment and care planning were communicated to consumers and representatives in a timely and appropriate way.

Consumers and their representatives said the service regularly contacted them, including after changes or incidents, and reviews occurred to ensure care was effective. Staff described the processes for regular review of care and services and reviews when circumstances changed. Care planning documents were reviewed and updated every 6 months, or when care needs changed.

# 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 the care and services provided were safe, tailored to their needs and preferences and optimised their health and well-being. Care documentation confirmed staff were following documented strategies and clinical management policies to deliver safe and effective individualised care to consumers.

Consumers and their representatives considered high impact or high prevalence risks were effectively managed by the service. Staff explained risks to individual consumers and the strategies in place to manage these risks, and care documents showed strategies were followed.

Care documents showed consumers who received end of life care had their dignity maintained and preferences followed, and engagement with palliative care services. Staff described how they maximised consumers’ comfort when delivering end of life care.

Consumers and their representatives were confident the service recognised and responded to a deterioration in consumers’ health status in a timely manner. Clinical staff described how they identified and responded promptly to changes in consumers’ condition and this was documented in care plans and progress notes.

Consumers and their representatives said information about consumers’ care needs and preferences was communicated effectively between staff and other services. Current information about consumers’ condition was documented in the electronic system and communicated at handovers and meetings. Staff were observed consistently sharing current information about consumers’ condition and checking it was understood.

Consumers and their representatives were satisfied referrals to medical officers and other health services were timely and appropriate. Staff explained the process for making referrals.

The service had relevant policies and procedures related to the appropriate use of antibiotics and infection prevention and control, including outbreak management. Staff demonstrated an understanding of how to minimise the spread of infection and the need to minimise the use of antibiotics to reduce antimicrobial resistance.

**Standard 4**

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

Findings

Consumers and their representatives said the service supports consumers’ daily living needs, and preferences and optimised their independence and quality of life. Staff were aware of consumers' interests, and care planning documents correctly identified each consumer's goals and preferences. Consumers were observed engaging in group and individual activities according to their documented needs and choices.

Consumers and their representatives said the service supported consumers’ spiritual and psychological well-being. Staff provided examples of how they supported consumers' well-being. Care planning documents recorded individualised emotional support strategies and how these were implemented. The service provided pastoral care and religious services and staff were observed engaging with consumers in their rooms.

Consumers said they were supported to participate in activities of interest, maintain their chosen relationships and engage in the community. Care planning documents contained information about consumers' lifestyle interests, and staff knew consumers’ daily living preferences and important relationships. Consumers were seen around the service socialising with each other and visitors, and leaving the service to pursue their chosen activities.

A detailed handover takes place at the change of every shift and communication occurs to others responsible for providing services and supports for daily living. Dietary needs are also communicated between staff.

Care planning documents showed the service made timely and appropriate referrals to other organisations and individuals to meet the diverse needs of consumers. Staff described how they engage with community groups to provide new activities.

Consumers and their representatives stated overall consumers were provided with a variety of meals of suitable quality and quantity. Consumers were consulted regarding changes to the menu. Consumers were observed receiving meals in accordance with their documented dietary needs and preferences.

Consumers and their representatives said the equipment provided was clean, suitable, and well-maintained. Consumers and staff said they felt comfortable raising maintenance requests which were completed in a timely manner. Shared equipment was stored in the designated areas and cleaned by staff before and after use. Equipment provided to consumers appeared to safe, suitable, clean, and well maintained.

# Standard 5

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

Findings

Consumers said they felt safe, welcome, and comfortable at the service and were they encouraged to personalise their rooms. Staff described how they supported consumers and visitors to access different spaces, participate in activities, socialise and move independently around the service. The service appeared welcoming and comfortable with spaces, furnishings and features that optimised navigation, consumer interaction and mobility.

Consumers and their representatives were satisfied the service was safe, clean and well maintained. Staff described the cleaning and maintenance practices and how any issues were reported and corrected promptly. The service appeared to be clean and well-maintained, and consumers were observed moving around freely and accessing different areas, both inside and outside. Cleaning schedules showed daily and weekly cleaning was undertaken, monitored and inspected.

The furniture, fittings and equipment were observed to be safe, clean and well maintained. Staff said they could access safe and suitable items. Consumers confirmed equipment, furniture and fittings were cleaned and maintained regularly. Maintenance staff described monitoring through environmental and cleaning audits and issues also reported by staff and consumers.

# Standard 6

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

Findings

Consumers felt encouraged, safe, and supported to provide feedback and make complaints, and said staff would support them in raising any issues. Staff described various avenues available to consumers and representatives to provide feedback or make a complaint such as surveys, feedback forms, email and meetings. Feedback forms, lodgement boxes and electronic surveys were observed around the service.

Consumers and their representatives said they were provided with information about advocacy and language services and other methods for raising complaints. Staff knew how to access interpreter and advocacy services for consumers, if needed. Related brochures and posters were displayed around the service.

Consumers and their representatives said the service responded appropriately and promptly to their feedback or complaints. When things went wrong, the service communicated effectively, apologised, and acted promptly to resolve the issue. The feedback register showed complaints were recorded, open disclosure was used, and there was a timely and appropriate response. Staff described the open disclosure process and how there were policies, procedures and training to supporting the complaints management process.

Consumers and staff confirmed that complaints and feedback were used to improve the delivery of care and services. Training records showed how staff were trained to support continuous improvement at the service. Management described the process of capturing and reviewing feedback and complaints and identifying improvement actions. The service’s plan for continuous improvement showed actions identified from a range of sources including consumer feedback and 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 and staff said there were enough staff and call bells were answered promptly. Management explained the workforce planning strategies. The staff roster and allocation sheet showed there were enough staff to provide consistently safe and quality care. Call bell data was checked daily and reported at morning meetings. Any call bell responses over the service’s 10-minute benchmark were investigated by management.

Consumers said staff were kind and caring and they treated them with respect. Staff were observed interacting with consumers in a kind, caring and respectful manner. The organisation’s policies, procedures and training demonstrated the service prioritised a staff culture of providing compassionate and respectful individualised care.

Consumers and their representatives said the staff were competent in providing care and were knowledgeable about their duties. Staff said they had the necessary knowledge, skills and training to perform their role and were well supported. Records showed there were systems in place to ensure staff were knowledgeable and qualified and remained skilled to perform their roles.

Staff reported they received training and support. Records showed the recruitment, selection, and onboarding of staff was rigorous and training records reflected staff were up to date with required training. Records demonstrated that qualifications, certifications and checks were monitored and up to date.

Records showed the performance of the workforce was regularly assessed, monitored, and reviewed. Staff confirmed annual performance appraisals were conducted to improve their professional practice. Management demonstrated staff performance was monitored and reviewed according to the service's documented performance appraisal system. The service had written policies and procedures to support the management of staff performance including underperformance when it is identified.

# 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 their representatives confirmed they were engaged in the development, delivery and evaluation of care and services through care consultations, consumer meetings, feedback forms, surveys, and open discussions with staff and management. Meeting minutes showed consumers were actively engaged in issues that mattered to them. Staff explained how the service actively sought the input of staff and consumers and communicated transparently with them. Management gave examples of changes made in response to consumer feedback.

Management described how the Board promoted a culture of safe, inclusive, quality care and services, and was accountable for their delivery, including through a structured organisational reporting and management framework. The organisation had implemented systems and processes to monitor the performance of the service to ensure compliance with the Quality Standards, initiate improvements, and monitor care and service delivery. Documents showed the service had an appropriate governance and policy framework to ensure a culture of safe and inclusive quality care was maintained.

The service demonstrated effective information management, financial and workforce governance systems. Regulatory compliance is centrally managed by the organisation and updates are promptly communicated to staff. Feedback and complaints are used to inform continuous improvement.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff confirmed they could access the policies and had received training on these topics. Clinical staff responses and care planning documents demonstrated the effective functioning of the service's risk management framework.

The organisation had a clinical governance framework which included documented policies covering antimicrobial stewardship, minimising the use of restrictive practices and promoting open disclosure. Staff confirmed they could access the policies and gave examples of how they applied them.

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)