Performance

Report

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| Name of service: | Oakfield Lodge |
| Service address: | 15 Hawthorn Road Mount Barker SA 5251 |
| Commission ID: | 6310 |
| Approved provider: | Southern Cross Care (SA, NT & VIC) Incorporated |
| Activity type: | Site Audit |
| Activity date: | 10 October 2022 to 12 October 2022 |
| Performance report date: | 16 November 2022 |

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 Oakfield Lodge (**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 considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care, and live the life they choose. Consumers said their culture and diversity is valued, and their personal privacy is respected. Staff were interviewed and observed as showing respect towards consumers and an understanding of their care preferences.

Consumers from varying backgrounds said their culture was respected, they were able to express their cultural identity, interests and are happy staff were supporting them to meet their cultural preferences. The staff interviewed had in-depth knowledge of each consumer’s identify and were able to articulate how they meet the individual needs of these consumers. Staff explained the process of admitting and reviewing consumers preferences and needs and the assessment tool used to identify backgrounds, working history, cultural preferences, hobbies and relationships with friends and family.

Consumers and representatives feel they are involved in and supported to make decisions about their care, also stating they feel supported to make and maintain connections and relationships, including intimate relationships. Care and lifestyle staff were able to provide an overview of the care planning process. The Lifestyle Coordinator explained the consumer admission process which involves an assessment and interview between the consumer and the Lifestyle Coordinator where they discuss the consumer’s care needs and preferences and the consumer nominates who they want involved in their care planning and decision making which is recorded in the Care Plan.

Consumers stated they feel supported by the service to take risks. A comprehensive Dignity of Risk Policy was reviewed by the Assessment Team which outlines the services policy of supporting consumer’s choices and the risk assessment process. The clinical manager stated risk assessments are undertaken by clinical staff or registered nurses and involve consultation with allied health professionals, medical practitioners, the consumer and/or their representative. The service has a risk assessment template which, upon completion, is added into the consumer’s care plan on Autumn Care. A number of risk assessments have been sighted by the Assessment Team which show consultation with the consumer, representatives, clinical manager, and allied health professions clearly identifying and explaining the risks and potential consequences.

Consumers and representatives were satisfied they receive timely and accurate information, state they are involved in discussion and meetings and are encouraged to raise concerns or ask questions. Staff described how they review and distribute information to consumers and their families.

Consumers and representatives stated they feel their privacy is respected by the service. Care and nursing staff explained how consumer’s information is kept private as it is stored in the locked nurse’s station which requires pin code access; laptops are also kept in the nurse’s station and are password protected.

# 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 service uses an electronic care planning documentation system, which encapsulates the consumers’ care and service plans. Consumers confirmed they are involved in assessment and care planning and said the care delivered meets their needs. Staff demonstrated they are aware of assessment and care planning processes, which identify risks to the consumer’s safety, health, and well-being. The organisation has developed policies, procedures, and guidelines in regard to assessment and planning to guide staff practice. A range of evidence-based assessment tools are available for staff to use in the electronic care planning system. Care planning documentation reviewed is individualised and includes identified risks to each consumers’ health and well-being.

The assessment and care planning process identifies consumers’ goals, needs and preferences informing the care and service plan development and delivery of care. Care staff described consumers’ individual preferences and demonstrated a shared understanding of consumers’ needs. Consumers sampled described what is important to them in terms of how their care is delivered. Consumers and representatives confirmed the service has discussed end of life planning with them. For the consumers who have an advanced care directive in place, their end-of-life wishes are noted in their care plan.

Consumers and representatives described being involved in assessment and care planning on a regular basis. Care planning documentation reflected consumers, or their representative are involved in the assessment, planning and review of the consumer’s care and services. Care planning documentation identified others are involved such as the Medical Officers, Allied Health Professionals and specialists in wound care, diabetes and dementia care are involved where necessary.

Consumers’ care and service plans identified they are relevant to individual consumer’s needs and include, but are not limited to, communication, pain management, skin integrity, behaviour management, restraint, nutrition and hydration, and mobility. Progress notes demonstrate consumers and representatives are consulted when the consumer’s care and service plan is reviewed and are offered a copy of the consumer’s updated care and service plan. Staff described how the outcomes of care planning are communicated to consumers. The Assessment Team observed care planning documentation to be readily available to staff delivering care, and staff accessing consumers’ care and service plans and information electronically. Consumers and representatives said staff explain information about their care and services and they can access a copy of the consumer’s care and service plan when they want to.

Consumers and representatives said they are notified when circumstances change or when incidents occur such as falls, development of pressure injuries or medication incidents. Registered and care staff demonstrated familiarity with reporting and recording incidents in the electronic system and reporting events as per the Serious Incident Response Scheme. Care plans reflected reviews occur when deterioration or changes to consumers’ health and well-being are identified. Incident data is reviewed to identify strategies to minimise risk and make improvements.

# 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 and representatives said consumers receive adequate, tailored care optimising their health. The service demonstrated processes in place to manage restrictive practices, skin integrity and pain are in line with best practice. Care planning documentations, progress notes, medication charts and monitoring charts reflect individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer.

Care plans reflected tailored strategies are applied to manage risks. The service has effective processes to manage high-impact or high-prevalence risks associated with the care of each consumer which includes pain, falls, and complex needs management.

Staff described how they maximise consumers’ comfort and maintain dignity during end-of-life care. Staff have access to palliative specialists and receive training in grief and palliative care. Care planning documentation reflected the identification of, and response to, deterioration or changes in the consumer’s condition. Consumers and representatives expressed confidence that when the consumer needed end of life care, the service supported them to be as free as possible from pain and to have those important people with them. Staff explained the assessment process following changes to a consumer’s condition including consumers who are nearing the end of life and care provided in accordance with their needs and preferences.

Care plans and progress notes reflected staff identify and respond to deterioration or changes in consumers’ condition. Consumers and representatives said the service is responsive to consumer’s care needs changing and would inform them of any deterioration to their health. Staff explained how deterioration would be reported and assessed by clinical staff, and clinical staff and management will follow up with representatives of the consumer. The service demonstrated changes in a consumer’s capacity or condition is recognised and responded to in a timely manner.

Consumers and their representatives were satisfied with communication of information and changes to consumers’ condition. Staff described how information about consumers’ needs, preferences and conditions is documented and communicated within the organisation and with others where responsibility for care is shared.

Care planning documentation and progress notes confirm the input of others and referrals where needed. The service was able to demonstrate referrals to other providers or organisations is timely and appropriate.

Staff demonstrated understanding of precautions to prevent and control infection and actions for minimising the use of antibiotics. The service has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control and management, and COVID-19 outbreak management.

# 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 services and supports for daily living meet their needs and preferences, and they are engaged in meaningful activities. Consumers and representatives said they feel supported to participate in activities that they like, and they are provided with appropriate support to optimise their independence and quality of life. Care planning documents identify consumers choices’ and support they need. Staff described how they involve consumers in planning activities.

Consumers said their emotional, spiritual, and psychological needs are supported. Staff described how they support consumers emotional and spiritual needs, such as one on one support, family and friends visits, and church services. Care planning documentation included information on consumers' emotional, spiritual, and psychological well-being needs, goals, and preferences.

Consumers said that they felt supported to participate in activities within the service and outside the community as they choose. The service enables consumers to maintain social and personal connections that are important to them. Staff provided examples of consumers who were supported to maintain their relationships, both inside and outside of the service. Care planning documentation identified the people important to individual consumers and their activities of interest.

Consumers and representatives said their needs and preferences are well communicated. Staff described ways in which they share information and kept informed of consumers’ condition, needs and preferences changes with each other. Care plans provided adequate information to support safe and effective care delivery for daily living support. Care planning documentation identified referral to other organisations and services and staff could describe other individuals, organisations and providers of other care and services and specific consumers who utilise these services.

Most consumers and representatives said they are satisfied with the quality and quantity of food provided at the service, and there are multiple options to choose from the menu. Consumers at the service with special dietary needs were accommodated and staff were knowledgeable regarding their needs

Consumers and representatives reported having access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities. Staff said they have access to equipment when they need it and could describe 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 and representatives said they find the service environment welcoming and easy for them to navigate. Staff could describe aspects of the service environment optimising consumers’ sense of belonging, independence, and interaction. The Assessment Team observed the service environment to be welcoming and easy to understand and personal pictures displayed in consumers’ rooms and compartments at each room where consumers can put in things to reflect their life story and personal interests.

Consumers and representatives said the service is clean and well maintained, and they can move freely both indoors and outdoors. Care and clinical staff said consumers can move around freely and they assist consumers with limited mobility to get to where they want. Maintenance and hospitality staff explained how maintenance and cleaning are managed at the service.

Consumers and representatives said equipment is kept clean and safe for use. Staff explained how they keep equipment clean and safe and report maintenance issues as necessary. The Assessment Team observed furniture and equipment as clean and well maintained for consumers to use.

# 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 said they understand how to provide feedback and make complaints. Management and staff described how they encourage and support consumers to provide feedback and raise complaints. The service’s feedback and complaints policy indicated the service’s commitment to handling feedback and complaints from consumers.

Consumers and representatives said they are aware of ways of raising complaints and advocacy services. Staff described how they would help understand concern and complaints of consumers with diverse backgrounds if needed. Documents reviewed by the Assessment Team identified the service is promoting advocacy services and the information is accessible to consumers and representatives.

Consumers and representatives said their concerns are addressed and resolved after raising complaints, and when incidents occur, they are notified, and actions are taken. Staff demonstrated an understanding of open disclosure and described how they would apologise to consumers and representatives in case of an incident. Management said all staff communicate with consumers and representatives openly and always apologise if incidents happen, and ongoing toolbox training on open disclosure is provided to all staff.

Consumers and representatives said they feel the service is helpful in finding solutions to their feedback and complaints. Staff were able to describe improvements made based on consumer feedback and management described how feedback and complaints data are used to improve the care and services provided to consumers. The Assessment Team reviewed the service’s complaint register and continuous improvement log demonstrating how feedback, complaints and incidents are recorded, actioned, resolved, and used to inform continuous improvement.

# 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 enough staff and all consumers considered they received quality care. The service was able to demonstrate there was adequate staffing levels and mix to meet the needs of the consumers. Staff said staffing levels vary and sometimes they are understaffed but they are supported to provide all the care and services required when they are short on staff. Consumers and representatives reported call bells are answered promptly.

Consumers and their representative’s said staff are kind, caring and gentle when providing care. Staff were observed interacting with consumers in a kind and respectful way, engaging in activities of interest to consumers and demonstrated they are familiar with each consumer's individual needs, preferences, and identity.

Position descriptions provided include key competencies and qualifications either desired or essential for each role, and staff are required to have relevant qualifications. Staff said they receive comprehensive training to improve their skills. The service has processes to monitor training completion and training records showed staff had completed mandatory training.

The service demonstrated performance of staff is regularly assessed, monitored, and reviewed in line with the service’s policy and procedures. Staff described how their performance is reviewed yearly and management described how they maintain regular assessment and monitoring of staff’s performance through performance appraisals and reviews. The Assessment Team reviewed relevant documentation which evidenced staff performance is regularly monitored and action is taken when required.

# 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

The service demonstrated established processes to support consumers to engage in the development, delivery and evaluation of care and services. Consumers and staff described the various ways the service engages consumers in the development, delivery and evaluation of care and services such as 6-monthly care plan reviews and monthly consumer meetings. Documented consumer meeting minutes reviewed by the Assessment Team evidenced consumers and their representatives are engaged by the service on an ongoing basis.

The service has policies and procedures to promote a culture of safe, inclusive, and quality care and services and is accountable in the delivery of care and services. Management described an organisational structure which facilitates the oversight and governing of the delivery of quality care and services across the service.

The service has effective governance systems in place relating to information management, financial and workforce governance. Continuous improvement occurs including information derived from feedback and complaints. Management described the governance systems in place across the various areas. The Assessment Team reviewed documentation to evidence the service has policies and procedures to maintain effective governance across the relevant areas.

The service’s risk management framework includes practices in relation to high impact and high prevalence risks, addressing abuse and neglect, supporting consumers to live their best lives, and managing incidents. The service’s incident management system shows incident reporting occurs in a timely manner and follow up action is taken.

The service has a clinical governance framework and staff described their responsibilities under the framework regarding antimicrobial stewardship, minimising the use of restrictive practices and applying open disclosure.

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)