Performance

Report

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| Name of service: | Oaklands Park Lodge |
| Service address: | 393 Morphett Road Oaklands Park SA 5046 |
| Commission ID: | 6300 |
| Approved provider: | Southern Cross Care (SA NT & VIC) Incorporated |
| Activity type: | Site Audit |
| Activity date: | 5 December 2022 to 7 December 2022 |
| Performance report date: | 16 January 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Oaklands Park Lodge (**the service**) has been prepared by M. Nassif, 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 | | Compliant |
| 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 felt that staff treated them with dignity and respect. Staff were observed assisting and interacting with consumers in a caring and respectful way. Care planning documents demonstrated information captured reflects consumers background, cultural needs and personal preferences.

Consumers felt the service valued their cultural and religious needs. Care planning documents reflected consumer’s cultural background, preferences and goals, how the service meets their cultural needs. Staff reported the service offers cultural support for consumer’s through cultural volunteers, cultural music, library books and cultural events.

Consumers and representatives said they were supported to make their own decisions and maintain personal relationships. Staff described how they assist consumers to maintain personal relationships, and exercise choice. The service had processes and policies relevant to consumer decision making and choice.

Consumers described the ways the service supports them to live the best life they can. Staff described how the consumers are supported to understand the benefits and possible harm when they make decisions about taking risk. Care planning documents evidenced the completion of risk assessments and the mitigation strategies to manage the risk identified.

Consumers and representatives explained how they receive formation that allows them to make informed choices. Staff reported consumers received current and timely information via communication channels such as newsletters and emails. Menus and activities calendar were displayed throughout the service.

Consumers said staff respected their privacy by always knocking on doors before entering to provide personal care. Staff described the practical ways they respect and maintain consumers privacy and confidentiality. The service had policies that described how confidential information for both consumers and staff is stored and secured electronically.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 the process of assessment and planning, including consideration of risks to the consumer’s health and well-being, and how it informs the delivery of safe and effective care and services. Care planning documents demonstrated assessment and planning included consideration of risks to consumers’ health and well-being and informs the delivery of safe and effective services.

Consumers and representatives said staff regularly discuss and review their current needs, goals and preferences including what their end-of-life wishes are. Management and staff described the assessment and planning process, including the consumer’s end of life planning and how they initiated end of life discussions with consumers and their families. Care planning documents included information regarding consumers’ end of life wishes.

Consumers and representatives said they are involved in assessment and development of their care plan. Care planning documents demonstrated partnerships with consumers and representatives and other relevant providers, in the assessment, planning and review of consumers’ care plan.

Consumers and representatives said they were aware of what was in their care plan and could access a copy if they choose. Care planning documents included the outcomes of assessment and planning and demonstrated engagement with consumers and their families.

Consumers and representatives said the service engaged with them when care plans are reviewed, incidents occur or when care needs change. Staff said care planning documents are reviewed every 6 months and if there has been a significant change in the consumer’s health condition. This was consistent with care planning documents.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 they receive safe and effective care which reflects their needs and preferences. Care planning documents reflected individualised personal care is tailored to optimise consumers health and well-being. The service had policies, procedures and fact sheets, which reference best practice, are accessible for staff. Staff explained how they receive training, resources and support in relation to best practice care and processes.

Care planning documents identified key risks to consumers and included strategies to mitigate high impact and high prevalence risks. Staff demonstrated a good understanding of consumers’ risks and strategies to reduce the risks. The service had policies and guidelines in place to guide and support staff to identify and manage risks in relation to the care of consumers.

Consumers and representatives said they had discussed their end of life wishes with management. Staff explained processes to support end of life care, including the involvement of family and other health professionals. Care planning documents included end of life wishes and described what is important to consumers and their families.

Consumers and representatives were satisfied that staff responded promptly to any changes in consumers’ health. Care planning documents demonstrated where deteriorating and changing conditions occurred, appropriate assessment, referrals, engagement with families and outcomes were recorded. Staff explained how changes are recognised and responded to.

Consumer and representatives said they were confident consumer information was documented communicated between staff and allied health services. Staff described how consumer information is accessed and shared during handover and in care planning documents. Care planning documents showed appropriate and relevant information regarding the consumer’s condition, needs and preferences is recorded and accessible to staff, medical practitioners and allied health workers involved in consumers’ care.

Care planning documents evidenced appropriate and timely referrals to external health providers. Consumers and representatives said they get the care they need including referrals to allied health providers and staff described the referral process.

Consumers and representatives reported they observed staff wearing personal protective equipment. Staff demonstrated a good understanding of infection control practices and antimicrobial stewardship. Staff were observed adhering to infection control practices and the service had an outbreak management process to prevent and prepare for an outbreak.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 representatives said they were satisfied with the services and supports for daily living which meet consumers’ needs, goals and preferences. Staff understood what is important to consumers and what they like to do. This was reflected in care planning documents which included specific information relating to consumer interests, preferences, what is important to them and daily life and lifestyle.

Consumers and a representative said consumers are supported when they are feeling low and described how the service promotes their emotional, spiritual and psychological well-being. Staff said if they identify a change in a consumer’s mood or emotional need, they provided additional support such as one-on-one conversations and speaking to their loved ones. Care planning documents included strategies for the emotional support and well-being of the consumers.

Consumers said they felt supported to participate in the outside community as they choose and that the service supported them to maintain social and personal connections that are important to them. Staff demonstrated a good understanding of the consumers including who was important to them and what they liked doing. Care planning documents identified the people important to individual consumers, the activities of interest to the consumer and how to support them.

Consumers and representatives said services and supports delivered are consistent and staff are aware of consumers’ needs and preferences. Staff demonstrated a good understanding of consumer’s conditions, needs and preferences, and how this is communicated to them through handover, emails and the service’s electronic management system.

Consumers said they are supported by other organisations, providers of other care and support services. Care planning documents demonstrated that referrals are made to other services and organisations to support consumers to enhance their well-being. Staff provided examples of consumers being referred to other providers of care and services.

Consumers said they were satisfied with the quantity, quality and variety of meals provided by the service. Staff said consumers have a choice when selecting meals and have input into the menu through food focus meetings and feedback.

Consumers and representatives said they had access to equipment that is clean, safe and well maintained. Staff described how the equipment for consumers is cleaned and maintained and explained cleaning and maintenance schedules. Documentation evidenced that regular maintenance of equipment and furniture has been completed and was up to date.

# Standard 5

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

Findings

Consumers said they felt the service was welcoming, clean and homely, and they were able to personalise their rooms to their liking. Consumers’ rooms displayed photographs, paintings and personal belongings.

Consumers and representatives said the service was clean and tidy, and they were able to access all areas inside and out the facility easily. This was consistent with observations. Documentation demonstrated the cleaning schedule was adhered to and maintenance issues were attended to in a timely manner.

Furniture, fittings and equipment were observed to be clean and well maintained. Staff reported equipment used for consumers was clean, appropriate for its intended purpose and well maintained. The service’s maintenance reports were reviewed which demonstrated routine maintenance is completed.

# Standard 6

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

Findings

Consumers and representatives felt comfortable to provide feedback and make complaints and were aware of the process to do so. Staff said consumers can provide feedback and complaints either verbally to staff, fill out a feedback/complaint form, and at meetings. Feedback forms and boxes was observed in the front foyer of the service and near each of the dining rooms.

Consumers said they are aware of advocacy and translation services. Staff said they knew how to access external advocacy and interpreter services to assist consumers who have difficulty communicating. Information on accessing external complaints, language and advocacy services was observed in consumer handbook and displayed throughout the service.

Consumers who had raised concerns and complaints provided examples of changes that had been made because of their concerns/complaints raised. This was supported by review of the service’s complaints and feedback register. Staff demonstrated a good understanding of the complaint management process, such as documenting and resolving complaints and using open disclosure.

Consumers felt feedback and complaints were reviewed and used to improve quality of care and services. Documentation evidenced changes are made in response to feedback and complaints to improve care and services.

# Standard 7

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| Human resources | | Compliant |
| 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 representatives said there are adequate staff to respond to consumers’ needs and that staff answer call bells within an appropriate timeframe. Staff advised there are enough staff rostered to ensure consumers get the care that they need, and appropriate replacements are made for any planned or unplanned leave. Management said they always backfill unfilled shifts with agency staff if none of the permanent staff are available. Review of staff rosters indicated consistent staffing levels with additional support from agency staff.

Consumers said staff are kind, caring and respectful way regardless of their individual needs and cultural background. Staff were observed interacting with consumers in a kind, caring and respectful manner.

Consumers and representatives felt staff were effective in their roles. Management stated that they determine if staff are competent and capable in their role through their recruitment and competency assessment process. Documentation evidenced that staff have appropriate qualifications, knowledge, and experience to perform their duties.

Staff confirmed that they received the appropriate training to meet the requirements of their current roles. Consumers and representatives could not identify any areas of training they felt staff needed. Training records demonstrated staff had completed required training.

Staff confirmed they receive performance reviews annually. Management described how they assist in building staff’s performance by using support systems where required to produce effective outcomes for consumers. The performance appraisal register demonstrated all performance reviews are conducted as scheduled.

# Standard 8

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| Organisational governance | | Compliant |
| 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 reported that they are engaged in the development, delivery and evaluation of care and services. Staff described the various mechanisms used to engage consumers. Documentation demonstrated issues and suggestions are actioned and evaluated for their effectiveness and consumer satisfaction and that consumers are involved in the evaluation of services.

Management explained how the Board is engaged with the delivery of care and services and monitors compliance with the Aged Care and Quality Standards and progress towards improvement projects. The service’s clinical framework evidenced that the organisation’s governing body played a role in promoting a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The service demonstrated an organisation wide governance reporting structure, effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. For example, changes to legislation, regulatory requirements or aged care law are monitored by the Board, via Quality and Care Governance Committee meetings, with information disseminated to the service.

The service had a documented risk management system and practices that included managing current and emerging risks. Staff were aware of processes for reporting incidents and described training received in incident management and supporting consumers to live their best lives. Reporting lines are in place where risks are escalated to management and further to the governing body, who has the overall responsibility for the oversight of risk, and the systems and processes of risk management.

The service had a clinical governance framework that included antimicrobial policy, minimising the use of restraint and open disclosure. Staff demonstrated a good understanding of open disclosure, antimicrobial stewardship practices and restrictive practices The staff training register evidenced all staff have completed restrictive practice and antimicrobial stewardship training.

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)