Performance

Report

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| Name of service: | Onkaparinga Lodge Residential Care |
| Service address: | 28 Liddell Drive HUNTFIELD HEIGHTS SA 5163 |
| Commission ID: | 6222 |
| Approved provider: | Southern Cross Care (SA NT & VIC) Incorporated |
| Activity type: | Site Audit |
| Activity date: | 17 July 2023 to 19 July 2023 |
| Performance report date: | 24 August 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 Onkaparinga Lodge Residential Care (**the service**) has been prepared by K. Richards, 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 consumers, representatives, staff, management, and others.

The service did not submit a response to the Assessment Team’s report.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said staff treat consumers with politeness and respect. Staff demonstrated familiarity with consumers, knowing consumers’ preferences, and explained how they demonstrate respect. Staff interactions with consumers were observed to be respectful.

Consumers were satisfied staff respected their culture and background. Staff described efforts to ensure consumers of different cultural backgrounds interact and celebrate cultural days of importance to their culture, and that of other consumers. The service’s Diversity and cultural competence procedure outlines the focus on person-centred practice where everybody belongs and diversity is recognised and celebrated.

Consumers described how they are supported to make decisions about their care and services, and spend time with people of importance to them. Staff explained actions to support consumers make choices about care, and care plans captured communication about decision making and key relationships.

Consumers and representatives said the service enables consumers to take risks when partaking in activities of choice, such as consuming alcohol during happy hour. Staff described the risk assessment process, including seeking input from Medical officers and representatives. The service has a policies and procedures to guide staff on supporting consumers make informed decisions about risks and impact on safety.

Consumers were satisfied information provided is timely, accurate, appropriate to their needs and supports them to exercise choice. Staff provide information on daily activities through written and verbal communications, including on activities and upcoming events. Information on noticeboards and within newsletters included details of events and available services, such as café and hairdresser hours.

Consumers said staff are respectful of privacy and management of confidential information. Staff detailed how they maintain privacy and secure confidential information, ensuring only authorised people can access information. The services Privacy policy outlines systems and processes in place to protect consumer information.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff explained initial assessments, identifying risks, are completed by the Quality coordinator and used to inform a care and services plan. Care planning documentation was observed to include assessments with validated tools, identify risks, and tailored risk management strategies.

Consumers and representatives were satisfied care planning documentation incorporated what was important to them within needs, goals, and preferences, including relating to end of life care. Staff explained they use a goal setting tool during the admission process to understand what is important to the consumer and include in care planning. Staff advised discussions about end of life care are commenced within the admission assessment processes, reviewed regularly during care plan reviews, and printed for easy access.

Consumers and representatives said they felt they contributed to care planning and assessments, with care planning documentation summarising consultations and input. Involvement of other organisations and providers was observed in care planning documentation in sampled consumer files.

Consumers and representatives advised staff communicated assessment and planning outcomes, even when consumers have extensive needs, and they could view the consumer’s care and services plan. Some representatives said they believed communication following reviews or changes to care could be improved and are working with the service for improvements. Visiting health professionals were able to access information through the electronic care management system and staff explained they access care planning documentation within the electronic management system on the computer and devices. Clinical management advised a copy of the care and services plan is offered to consumers and representatives as part of the 6 monthly review process.

Consumers and representatives described involvement in regular reviews of care planning documentation, with communication of the consumer’s needs following incidents or changes. Care plans demonstrated regular review in line with the service’s policy, staff described use of a care plan suggestion form to report changes of consumer need, and clinical management undertake monitoring of progress notes to identify changes or issues for review.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives were satisfied the service provides care that is personalised in order to safely meet consumer needs and enhance health and well-being. Clinical staff described support through specialised services and training within the organisation to ensure delivery of best practice care, demonstrated within management of skin integrity and wounds, pain monitoring and management, and medication delivery. Inconsistencies identified within representative interviews regards to obtaining informed consent for use of chemical restraint were rectified during the Site Audit, with the service providing documentation demonstrating consultation with representatives but resolving to improve understanding, and the service demonstrated actions to minimise restrictive practice use.

Consumers and representatives were satisfied risks associated with consumer care were effectively managed. Staff were familiar with high impact risk for consumers, and those with high prevalence within the service, demonstrating familiarity with mitigating strategies and review processes. Care documentation reflected consumer risks and care requirements, with consumers assessed as high risk discussed at weekly risk meetings.

Staff described actions taken for consumers receiving end of life care to honour their end of life wishes, support their family, and maintain comfort and dignity. Staff advised when consumers are identified as entering the end of life phase, the care plan is reviewed and additional monitoring and ‘terminal phase needs’ charting commenced to ensure all comfort needs are met, including pain management, and emotional support provided.

Consumers and representatives were satisfied change and deterioration of consumer health was recognised and responded to appropriately, including provision of referrals to Allied health staff for review. Staff detailed processes for monitoring of deterioration and escalation processes to ensure timely review and communication of actions with the consumer’s representative. Staff are guided by documentation from the local Primary health network on preventative and responsive actions for key health concerns.

Consumers and representatives said they were satisfied with communication within the organisation about consumer condition, needs, and preferences, however, one representative said the service was not always timely in providing updates to them following changes. Staff described information about consumers is communicated through written and verbal handover processes, management ‘walk arounds’, progress notes, meetings, food preferences folders, and discussions with visiting providers, including Allied health professionals.

Consumers and representatives said appropriate referrals are made when needed. Staff explained referral processes using the online management system for internal and external services, with monitoring processes to ensure timely reviews are undertaken. Care planning documentation demonstrated referrals to Medical officers, Allied health, and specialist providers appropriate for consumer needs were made, actioned, and advice incorporated into consumer care planning documentation.

Consumers and representatives described actions taken to minimise infection related risks in line with best practice standard and transmission based precautions. Staff described, and were observed, incorporating infection precautions in daily work, with clinical staff explaining processes to ensure appropriate antibiotic prescribing practices. Consumers had access to vaccination programs for influenza and COVID-19. Consumers with infections were observed to be isolated to their room for care, with staff aware of the requirement to use full personal protective equipment, and separate cleaning requirements, including for laundry.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives described available services and supports to meet needs and preferences and optimise their independence. Lifestyle staff explained processes to capture consumer input into activities, and the memory support unit has a tailored program to meet specific needs of consumers residing within it, with focus on sensory needs.

Consumers described how staff support their emotional, spiritual, and psychological well-being, through one-on-one time and religious services. Staff said they can identify when consumers are feeling low and will spend extra time with them or refer them for review. Lifestyle staff said the service has a non-denominational church service each week, and they can arrange pastoral care visits. Care plans identified consumer needs and supportive actions and activities.

Consumers and representatives said the service supports and encourages them to maintain social and personal relationships, and do things of interest, including in the external community. Staff described actions undertaken to adapt activities as consumer needs change, and supporting consumer connections with people of importance, including those unable to visit. Care planning documentation included details of key relationships, interests, and preferred activities.

Consumers were satisfied information about their needs and preferences was effectively communicated. Staff, including hospitality and lifestyle staff, described how information and changes to consumers was communicated through handover and documentation processes.

Consumers reported they were referred to other organisations for services and supports. Lifestyle staff described available services, including volunteer programs and local library schemes.

Consumers were satisfied with the variety, quality, and quantity of the food provided at meals, with access to snacks at any time. Staff described how the menu is created at an organisational level and adapted within the service to consumer taste and feedback. Care planning documentation incorporated consumers’ dietary needs and preferences, with clear communication processes to inform kitchen staff of changes. Food and safety monitoring was undertaken in line with legislative requirements.

Consumers described equipment as safe, comfortable, and well-maintained. Staff described monitoring, cleaning, and maintenance processes for personal, shared, and lifestyle equipment. Maintenance documentation demonstrated preventative maintenance was undertaken in line with scheduled timeframes.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers described the service environment as home-like, and easy to navigate, with welcoming communal areas. Staff explained consumers were encouraged to personalise their rooms with pictures and personal items. The environment was bright and spacious, with consumers observed using communal areas to socialise or engage in activities of choice.

Consumers and representatives were satisfied the service was clean and could move freely throughout the different areas. Staff described cleaning and maintenance processes, including adapting routines to meet consumer needs. Consumers and visitors were observed moving throughout indoor and garden areas, using the lift to move between floors if required.

Consumers and representatives described equipment and furniture as safe, clean, well-maintained and suited to consumer needs, with staff quick to rectify any issues. Staff described processes to report repairs or hazards, including for urgent matters outside business hours. Maintenance issues were identified, documented, and addressed in a timely manner, with scheduled preventative maintenance completed as planned. Furniture and fittings were observed to be clean and in good condition, with servicing and testing tags attached where required.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they were aware of feedback and complaints processes, and they were confident to use them if needed. Management described supplementing the formal feedback methods with use of informal processes, such as a twice daily walk through the service to chat with consumers, particularly those who prefer to stay in their rooms, and ensuring staff escalate feedback if provided verbally. Feedback forms were observed to be readily available, and Resident meeting minutes included feedback and responsive actions.

Consumers said although not required, they were aware of advocacy services for complaints support. Management said consumers are encouraged to use advocacy services if they wish, and can access interpreter services when required. Information on available services was included within consumer handbooks and on noticeboards.

Consumers and representatives who had made complaints felt there was appropriate and satisfactory response, describing subsequent improvements. Staff could describe the open disclosure process used when an issue or concern is raised in line with the service’s procedures. Complaints within the feedback log had detailed description of actions taken with confirmation of satisfaction before each item was closed.

Consumers were satisfied feedback and complaints contributed to improvements within the service. Management explained how feedback and complaints are used to improve safety and quality of care, including informing continuous improvement activities where it may benefit the entire service. Where a continuous improvement project is undertaken, the service follows the procedural ‘plan-do-check-act’ cycle with assessment of effectiveness of actions undertaken.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said there were enough staff to provide quality care. Management described rostering systems to ensure adequate staffing, with unfilled shifts covered by staff from the casual pool, and ongoing consultation to ensure appropriate skill mix to meet consumer needs. Rosters reflected adequate staff available for each shift, with allocation sheets demonstrating coverage of unplanned leave.

Consumers and representatives said staff interactions with consumers are polite, kind, caring, and respectful of cultural diversity. Staff were observed interacting with consumers with familiarity, using preferred names and respectful language.

Consumers and representatives were satisfied with workforce competency and knowledge. Management described assessment and monitoring of staff competency through recruitment and performance review processes. Position descriptions identified responsibilities, qualifications, skills and experience required for staff, and the service had monitoring processes for required checks, such as registration, mandatory vaccinations, and police clearances.

Management described the training program available to staff, providing education from mandatory skills assessments to opportunities to upskill. Staff said there was sufficient training and support relevant to their roles. Training programs included online and face-to-face learning opportunities.

Management described processes for assessment, monitoring, and review of staff performance through information discussions and regular performance appraisals. Staff explained the performance appraisal process, including providing opportunity to discuss training needs, and felt supported by management to raise concerns. Monitoring of completion of formal performance appraisals for staff is undertaken, with feedback used to inform training programs.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers described being engaged in the development, delivery, and evaluation of care through consumer meetings and feedback. Management described seeking consumer input through feedback, consumer meetings including focus groups, and surveys. Meeting minutes captured consumer attendance and engagement in monitoring the quality of care and services.

Consumers were satisfied the service is well-run, providing a culture of safe and inclusive care and services. Management described the structure and involvement of the governing body, along with communication of information to and from the Board. The Board’s meeting minutes demonstrated monitoring of the quality of provided care and services. The Better for life policy detailed the responsibilities of the Board in overseeing the care with a focus on health promotion, person-centred care, age friendly environments, and informed and proactive governance.

The governance systems relating to information management, continuous improvement, financial governance, workforce, regulatory compliance, and feedback and complaints provided information to the governing body to ensure the service meets expectations of the Quality Standards. Guidance through policies and procedures is coordinated at an organisational level and information shared with the Board and executive management, and disseminated throughout the services. For example, regulatory compliance is monitored at an organisational level and communicated to the Board, senior management, and services through emails, meetings and education.

An effective risk management framework was established through policies and systems to identify current and emerging risks and consequences. Policies and procedures guided assessment and management processes to ensure consumers were supported to live their best lives by being supported to take managed risks. Management and clinical staff described processes to identify and manage high impact and high prevalence risks and reporting procedures, with information analysed and used to inform the governing body. Staff were familiar with obligations to identify and report incidents, including potential abuse and neglect through the Serious Incident Response Scheme.

The clinical governance framework informs policies, procedures, service delivery practices, and staff training requirements. Management and staff demonstrated understanding of their responsibilities within the documented processes, such as ensuring restrictive practices were used as a last resort and in the least restrictive form. Monitoring processes to ensure compliance were demonstrated, such as reviewing antimicrobial use through Medication advisory committee and Services committee meetings.

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)