Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Pacific Lodge Aged Care Plus Centre |
| Service address: | 8 Homestead Avenue COLLAROY NSW 2097 |
| Commission ID: | 0416 |
| Approved provider: | The Salvation Army (NSW) Property Trust |
| Activity type: | Site Audit |
| Activity date: | 12 December 2022 to 14 December 2022 |
| Performance report date: | 13 March 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 Pacific Lodge Aged Care Plus Centre (**the service**) has been prepared by J Howard, 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, conducted from 12 December 2022 to 14 December 2022. 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 Aged Care Quality and Safety Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant, as six of the six specific requirements were assessed as Compliant.

The service provided person-centred care to consumers, which was informed by people’s individual needs and preferences. Consumers confirmed staff were kind, caring and treated them with respect. Consumers’ care plans included how they wanted to receive care, along with detailed information about their life histories, cultural needs and preferences. Staff understood how consumers wanted their cultural heritage acknowledged and incorporated their preferences into the provision of care. Consumers were supported to make choices about their care, decide when family and friends were involved in their care and maintain relationships of importance. Consumers confirmed their independent choices were respected and supported by the service and its staff.

Consumers were supported to take risks which enabled them to live their best lives. The service used a risk assessment process for consumers wishing to take risks, which included discussing the potential benefits and harms when a consumer wanted to undertake particular activities. Consumers’ care plans included dignity of risk documentation and information about how the service supported them to live life according to their own choices. Consumers received information in easy to understand formats such as on noticeboards, in daily menus, via activities calendars and in resident and representative meetings. Consumers’ privacy was respected by staff who sought permission prior to entering peoples’ rooms. Consumers’ confidential information was stored in the service’s password-protected electronic care management system.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

With respect to Requirement 2(3)(a) of the Quality Standards, the service was found non-compliant following an assessment contact visit conducted between 15 and 17 February 2021 (the 2021 assessment contact), as the service did not demonstrate assessment and planning, including consideration of risks to consumers’ health and well-being, informed the delivery of safe and effective care and services. Specifically, consumers’ incontinence was not being managed appropriately.

The site audit conducted between 12 and 14 December 2022 (this site audit) found the service had introduced measures in response to the non-compliance identified during the 2021 assessment contact. For example: continence management was added to the daily clinical care handover; consumers with altered continence patterns were reviewed and their care plans updated; and education in continence management was provided for care staff and clinical staff.

During this site audit, the service demonstrated it had a consistent process in place to capture all consumer information to ensure the delivery of safe and effective care and services. The service used recognised risk assessment tools to evaluate consumers’ needs in relation to: skin integrity; mobility; nutrition and hydration; and the management of behaviours, medication and continence.

During this site audit, the Assessment Team recommended Requirement 2(3)(a) of the Standards was Met. I agreed and found the service is now Compliant with the Requirement.

Consumers’ care plans identified and addressed their current needs, goals and preferences, which included end of life planning where consumers wished. Consumers and representatives partnered in care planning and consumers received the care and services needed. The outcomes of assessment and planning were effectively communicated to consumers and documented in a care plan. Consumers and representatives confirmed they were offered a copy of the consumer’s care plan and they understood the care and services provided.

With respect to Requirement 2(3)(e) of the Quality Standards, the service was found non-compliant following the 2021 assessment contact, as it did not demonstrate care and services were reviewed regularly for effectiveness, or when incidents impacted on the needs, goals and preferences of consumers. Specifically, incidents which impacted consumers were not comprehensively investigated and therefore, strategies to minimise the reoccurrence of risks were not implemented or reviewed for effectiveness.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 assessment contact. For example: systematic review of incidents and incident management; monitoring of strategies for effectiveness in meeting consumers’ needs; staff were trained in the Serious Incident Response Scheme, reporting of incidents and maintaining records; and use of a detailed reporting and escalation process which guided staff practice.

During this site audit, the service demonstrated care and services were regularly reviewed for effectiveness and when consumers’ circumstances changed. Consumers and representatives confirmed they were informed when needs and circumstances changed or an incident occurred. A review of consumers’ care plans confirmed their needs were regularly reviewed.

During this site audit, the Assessment Team recommended Requirement 2(3)(e) of the Standard was Met. I agreed and found the service is now Compliant with the Requirement.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

With respect to Requirement 3(3)(a) of the Quality Standards, the service was found non-compliant following the 2021 assessment contact, as it did not demonstrate care and services were best practice or optimised consumers’ health and well-being. Specifically: staff did not understand chemical restrictive practice; falls prevention strategies were not always effective; and consumers’ continence was not well managed.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 assessment contact. For example: a review of all incidents from the previous three months; training for registered nurses in falls investigation, management and documentation; incidents which occurred in the previous 24 hours were dicussed at daily clinical staff handovers and investigated by the clinical care coordinator; the medication advisory committee implemented a review of all medications and identified those which were considered chemical restrictive practice; all consumers on psychotropic medications had ongoing behaviour charts; and a review occurred of falls prevention and management strategies to include the safe use of mobility aids, sensor mats and bed heights.

During this site audit, the service demonstrated consumers received care that was safe, effective and tailored to their needs. A review of consumers’ care plans confirmed they received care and services appropriate to support their clinical needs. Consumers confirmed the care they received was individualised, safe, effective and met their needs.

During this site audit, the Assessment Team recommended Requirement 3(3)(a) of the Standards was Met. I agreed and found the service is now Compliant with the Requirement.

The service effectively managed high impact and high prevalence risks to consumers such as falls, wounds, unexpected weight loss and behaviours of concern. Consumers were satisfied with how the service managed risks to their wellbeing. Consumers said staff had spoken with them about their end of life preferences, which was confirmed by a review of consumers’ care plans.

Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans. Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers received safe and effective services that met their needs, goals and preferences, which were recorded in their care plans. Consumers’ well-being and quality of life was enhanced through activities such as arts and crafts, exercise classes, music and singing, pampering sessions and walks to the local beach. Consumers were engaged in meaningful activities which supported their emotional and psychological well-being, such as spending one-on-one time with lifestyle staff and receiving visits from the service chaplain and volunteers. Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. Staff assisted consumers to maintain family contact through visits, digital communication and by phone.

Consumers were happy with the quality, quantity and variety of food provided by the service. The service encouraged feedback on the quality of food provided and consumers had input to the seasonal menu. Consumers were offered a range of meal options if the daily menu was not to their liking. A review of consumers’ care plans included information about their dietary needs and preferences. Where the service provided equipment, it was safe, suitable, clean, well maintained and staff described how maintenance requests were completed.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant, as three of the three specific requirements were assessed as Compliant.

The service was welcoming, easy to navigate and was filled with natural light. Consumers felt at home within the service, particularly as the could personalise their rooms according to their preferences. The service environment was clean, well maintained and consumers moved freely within and outside of the building. Consumers enjoyed native gardens, outdoor courtyards, barbecue facilities and a large communal area. Consumers were satisified with the cleanliness and maintenance of the service. Cleaning staff described the cleaning regime and how it helped maintain infection control and prevention.

The Assessment Team noted furniture, fittings and equipment were safe, clean, well maintained and suitable for use by consumers. Furniture and equipment was maintained under a preventative and corrective maintenance plan. Staff confirmed the maintenance team promptly attended to repair and maintenance requests. Shared equipment was clean, in good condition and safely stored within the service.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant, as four of the four specific requirements were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers said they were comfortable raising concerns directly with staff or management. The service’s staff were guided by a complaints and feedback policy which required confirmation of receipt to the consumer, mandatory response times and expected actions and resolutions. Information about how to make an internal or external complaint was available throughout the service. Consumers knew how to access internal and external complaints mechanisms, access advocates and find support through an interpreting service. Staff understood the complaints process and a review of consumers’ care documentation confirmed they were supported to access advocacy services.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which consumers confirmed. Consumers said management had been responsive to matters they raised. Staff were confident and comfortable apologising to consumers when something went wrong. Management said staff were supported to use open disclosure through education and encouragement. The Assessment Team viewed examples of the feedback and complaints policy being applied in practice, which included staff reflection after an incident occurred. The service used feedback and complaints to improve care and services consumers received. For example, the service improved meal quality and increased activity options for consumers. A review of the service’s continuous improvement plan confirmed actions were taken in response to consumer feedback and complaints.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Some consumers and representatives said they waited for staff on occasion; however, their care was not impacted. Management said staffing levels were adjusted to meet changing consumer needs and a registered nurse was rostered across all shifts. The Assessment Team viewed the service’s online rostering system which showed all shifts were filled, with strategies in place to account for unplanned staff leave, such as the use of nursing agency staff. Consumers confirmed staff were respectful and caring when providing care and services, which was also noted by the Assessment Team. Management and staff had an in-depth knowledge and understanding of consumers’ needs and preferences.

The service’s workforce was competent and had the required qualifications to effectively perform their roles, which was reflected in positive consumer feedback. Staff were supported by management to participate in training upon commencement with the service and on an ongoing basis. Staff confirmed they attended training in fire and emergencies, first aid, the Quality Standards, dementia care, manual handling and food safety. Management advised staff training was developed in response to consumers’ changing needs. The service regularly assessed, monitored and reviewed staff performance.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers were engaged in the development, delivery and evaluation of care and services provided to them. Input was provided through consumer feedback mechanisms, focus groups and consumer and representative meetings. Consumer and representative suggestions were included in the service’s plan for continuous improvement.

The organisation’s governing body (the executive) promoted a culture of safe and inclusive care, which was confirmed by consumers and noted by the Assessment Team during documentation reviews. The executive had oversight of clinical governance which included clinical indicators, quality initiatives, infection control, serious incidents, restrictive practices and risk. The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. The Assessment Team reviewed the service’s risk management framework, which included policies, procedures and the Serious Incident Response Scheme register. Data and trends related to high-impact and high-prevalence risks were recorded and reported to the care quality and compliance team, who in turn reported to the executive.

The service had systems in place which supported clinical governance, the delivery of safe care, promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something went wrong.

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)