Performance

Report

**1800 951 822**

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| Name of service: | Pine Lodge Home for the Aged |
| Service address: | 18 Balham Road ROCKLEA QLD 4106 |
| Commission ID: | 5054 |
| Approved provider: | The Russian Benevolent Association for Homes for the Aged |
| Activity type: | Assessment Contact - Site |
| Activity date: | 27 September 2022 |
| Performance report date: | 21 October 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 Pine Lodge Home for the Aged (**the service**) has been prepared by S Turner, 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 Assessment Contact - Site; the Assessment Contact - Site 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 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

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

# 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 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

Consumers were satisfied and said that staff know their care needs and what is important to them. Consumers provided examples of how their specialised nursing care needs are identified and met.

Care documentation evidenced risk assessments, engagement with other health care services and individualised strategies to support consumers’ needs and goals. Consumers’ needs and preferences relating to end of life were detailed in care documentation including religious affiliations, whether or not the consumer wishes life prolonging treatments and preferences relating to the presence of family.

Registered staff advised care needs and preferences are discussed with consumers (and where appropriate their representatives) on entry to the service, during regular care plan reviews and as consumers’ needs change.

The service has taken action to address the deficiencies identified under this requirement in the Performance Report dated 11 March 2022. Actions include:

* Registered nurses have received training in care planning, including for those consumers who have experienced a change in their care needs. Senior clinical staff advised they have delivered this education and that it has occurred during staff orientation and at handover.
* Consumers are regularly scheduled as a ‘resident of the day’; at this time their care needs are reviewed and discussed with the consumer and their representative. Changes in care needs and preferences are identified with the care plan updated as required.
* Consumers’ progress notes are reviewed on a daily basis by registered nurses and senior clinicians to ensure changes are identified and reflected in care planning documentation.
* A suite of auditing tools is used to monitor care documentation. The audit conducted in May 2022 identified care documentation is being completed in accordance with organisational requirements.

I am satisfied that assessment and planning identifies consumers’ current needs and preferences and that this includes preferences relating to end of life care.

I find this requirement is compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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 Assessment Team found that staff practices are in place to minimise the transmission of infections such as COVID-19 and that there are strategies to promote antimicrobial stewardship.

Consumers are closely monitored for signs and symptoms of infection and care staff are alert to any changes in the consumers’ health and well-being and report this to the registered staff. Care documentation reviewed by the Assessment Team evidenced that consumers were having their temperature taken regularly and were being monitored for signs and symptoms of infection.

Staff said they had received training in the use of personal protective equipment, donning and doffing, hand hygiene and identifying the signs and symptoms of infection. Senior nursing staff monitor staff practices and consumers confirmed that staff washed their hands frequently.

The service has policies, procedures and an outbreak management plan that provide guidance to staff in relation to infection control and antimicrobial stewardship. The service has an infection prevention and control lead who has completed the required training.

There are processes to screen staff and visitors and personal protective equipment is worn.

The service has taken action to address the deficiencies identified under this requirement in the Performance Report dated 11 March 2022. Actions include:

* Refrigerators used to store pathology specimens and medication are monitored to ensure temperatures are within prescribed parameters.
* There are established processes for the timely collection of pathology specimens and registered nurses demonstrated a shared understanding of these processes.
* The service has purchased additional receptacles for waste collection and there are processes to ensure that waste disposal practices are appropriate.

I am satisfied that the service has processes to minimise infection related risks.

I find this requirement is compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers said they were satisfied with the living environment and that the service was safe, clean and comfortable. Consumers said they can move freely around the service and provided examples of how they accessed outdoor garden areas.

The Assessment Team observed the service environment to be safe, clean and well maintained. Common areas were free of obstacles that could impact free movement and outdoor areas were generally clean and well maintained.

The outdoor areas had level pathways that could be accessed by consumers with mobility aids and sheltered areas to protect consumers from weather. The Assessment Team observed consumers freely mobilising using walkers and wheelchairs.

Fire exits were free of obstructions and safety signage was displayed.

Cleaning staff were observed following infection control requirements and undertaking deep cleans of consumers’ rooms and common areas.

Staff demonstrated a shared understanding of how they would deal with a safety issue or an identified hazard and said they would ensure consumer safety and follow reporting requirements.

Designated staff with key responsibilities relating to workplace health and safety conduct daily checks of the environment, monitor completion of the preventative maintenance register and the actioning of issues raised in the reactive maintenance register. Audits are conducted as an element of the monitoring program and regular hazard reports are generated.

The service has taken action to address the deficiencies identified under this requirement in the Performance Report dated 11 March 2022. Actions include:

* A gardening contractor has been hired to attend to the maintenance of the lawns.
* Additional storage areas have been established and equipment has been moved so that exits are not obstructed.

I am satisfied that the service environment is clean, safe and comfortable and that measures are in place to support consumers to move freely throughout the service.

I find this requirement is compliant.

# Standard 6

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| Feedback and complaints | |  |
| 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 are satisfied with complaints mechanisms and that feedback and complaints are used to improve the quality of care and services. Several consumers provided examples of improvements that had occurred in response to their feedback. Consumers said they had been invited to board meetings, that complaints were resolved promptly and that their health has improved as a result of initiatives that have been implemented.

Management and staff demonstrated a shared understanding of their role and responsibilities in relation to complaints management and could provide examples of how feedback was used to improve consumer outcomes. Staff said they had received education about complaints processes and that there are policies and procedures available to guide them.

The Assessment Team reviewed consumer meeting minutes, the complaints register and reporting and identified that suggestions and feedback raised by consumers using these forums are actioned.

Surveys are used to monitor consumer satisfaction with the complaints process and recent results demonstrated high levels of consumer satisfaction.

The Assessment Team observed suggestion boxes placed in the reception area with forms and brochures available in various languages in addition to English.

The service has taken action to address the deficiencies identified under this requirement in the Performance Report dated 11 March 2022. Actions include:

* Management advised that the feedback and complaint forms in use include a section that allows management to document the actions taken in response to the complaint.
* The suggestion box is checked daily Monday to Friday.
* The organisation now undertakes analysis of complaints and feedback processes every six months to identify opportunities for improvement and this was confirmed by the Assessment Team.

I am satisfied that feedback and complaints are used to improve the quality of care and services.

I find this requirement is compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Management advised staff performance is monitored through consumer feedback and through informal and formal appraisals. They said that performance appraisals are used to identify gaps in staff knowledge and to support professional development. Management said where appropriate, performance management processes are initiated.

Staff said they have had a recent performance appraisal and that management are supportive of their professional development and assist them to undertake further education.

Consumers said staff are kind and know what they are doing.

The service has taken action to address the deficiencies identified under this requirement in the Performance Report dated 11 March 2022. Actions include:

* The service has addressed all outstanding performance appraisals and these are now complete.
* Processes have been established that support management to monitor the due dates for performance appraisals and to ensure they are completed.

I am satisfied that the service regularly reviews the performance of each member of the workforce.

I find this requirement is compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service has taken action to address the deficiencies identified under this requirement in the Performance Report dated 11 March 2022 and has demonstrated effective governance systems and processes.

Information management processes include a 3 month schedule for review of consumers’ care plans and all consumers’ care plans have been reviewed to ensure that information is current. Staff said they can readily access the information they require to deliver safe quality care and services. There are policies and procedures and staff training in information management. Consumers have access to information through a range of mechanisms including written information, consumer meetings and notices displayed throughout the service.

Management maintain a detailed plan for continuous improvement which identifies planned and completed improvement actions. Opportunities for improvement are identified through consumer and representative meetings, surveys and feedback forms with suggestion boxes located throughout the service. The service demonstrated that the improvement initiatives for those areas previously found non-compliant have been completed.

Financial governance processes are in place and include an annual budget.

Mechanisms have been established to alert management as to when performance appraisals are due and the Assessment Team confirmed through a review of documentation that mandatory training and competencies are being completed.

Processes to support regulatory compliance include staff vaccination requirements. Onboarding processes have been updated to ensure new staff meet the requirements in relation to vaccinations. The Assessment Team reviewed documentation relating to COVID-19 vaccinations and identified that it detailed staff names, position, vaccination doses and vaccination certificates. All staff were found to have current vaccinations.

Consumers and representatives are encouraged to provide feedback via a range of mechanisms including verbally to staff, at meetings, through completion of feedback forms and via the locked suggestion box. Complaints information is displayed within the service and consumers advised they are comfortable raising complaints and providing feedback.

I find this requirement is compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)