Performance

Report

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| Name of service: | Pines Living |
| Service address: | 272 Beasley Street FARRER ACT 2607 |
| Commission ID: | 2950 |
| Approved provider: | Pines Living Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 May 2023 to 10 May 2023 |
| Performance report date: | 15 June 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 Pines Living (**the service**) has been prepared by J Miaris, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 | |  |
| 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 said they are treated with dignity and respect, and staff value their identity culture and diversity. Staff spoke about consumers respectfully and described how they ask them for consent when providing care, acknowledged their choices and developed understanding of their backgrounds, life histories and needs. Staff were observed interacting with consumers respectfully. Care planning documents reflected consumers’ backgrounds and personal preferences.

Consumers and representatives said the service recognises and respects their cultural backgrounds and provides care that is consistent with their cultural traditions and preferences. Staff identified culturally and linguistically diverse consumers and provided information relevant to ensuring that each consumer receives the care that aligns with their care plan. Care planning documents included information on consumers’ background and culture, with cultural assessments undertaken upon admission to the service.

Consumers and representatives said consumers are supported to exercise choice and independence when making decisions about their care and maintain relationships. Care planning documents highlighted what was important to consumers, including when care is delivered, who is involved and how the service supports them to maintain relationships important to them. Staff were observed supporting consumers to exercise choice and independence on several occasions.

Consumers described how the service supports them to take risks which enables them to live their best lives. Management and staff demonstrated knowledge of the consumers who wish to partake in activities that may involve risk who are supported, and ensured strategies are in place for risk mitigation. Care planning documents evidenced risk assessments were completed in consultation with a medical officer and consumers prior to consumers commencing the activities, and in line with the service’s risk management policies and procedures.

Consumers and representatives described how they receive current, accurate and timely information which assists them to make informed choices. Staff described how they communicate information to consumers and representatives, including consumers with cognitive and sensory impairments, in line with their needs and preferences. Information was displayed throughout the service to inform and support consumers and representatives to exercise choice.

Consumers and representatives reported consumers’ privacy is respected and described staff practices such as knocking on doors and announcing themselves prior to entry which was observed. Management said staff ensure confidentiality of consumers’ personal information by engaging in practices including locking nurse’s stations and securing access to electronic information systems which were password protected.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

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

Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals, and preferences of consumers, including the identification of risks. Staff and management described they use assessments and care planning to inform the delivery of safe and effective care and services.

Management said end of life planning is discussed with consumers and their families on admission, or when they’re comfortable to, and review it annually or when there is a change to consumers’ health or preferences. Representatives confirmed the service involved them in discussions regarding consumers’ wishes and preferences, which aligned with care planning documents. The service had policies and procedures in place to assist with decision making and support the end of life journey for consumers and their families.

Care planning documents reflected the involvement of consumers, representatives, and a range of external providers and services including other health professionals in the assessment and planning process. Staff explained how they collaborate with consumers, and others the consumer wishes to be involved, in the planning and assessment of care. This was reflected in consumer and representative feedback.

Consumers and representatives said they are involved in regular reviews, and outcomes of assessment and planning if changes are made to the consumer’s care and services plan. The service said outcomes of assessment and planning are effectively communicated to consumers and representatives, documented in the care and services plan which is readily available to the consumer and those who are involved in their care. Staff explained how they effectively communicate outcomes of assessment and planning to consumers and their representatives.

Care planning documents evidenced they are reviewed on a regular basis and updated when circumstances change. Management and staff said care plans are reviewed every 3 months, or when changes occur. Consumers and representatives said staff regularly discussed care needs with them, including when something happens which changes their circumstances, goals, or preferences, and implement the necessary changes to their care.

# 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 said they are receiving care that is safe and right for them and meets their needs and preferences. The service had processes in place to manage restrictive practices, skin integrity and pain management which are in line with best practices. Care planning documents reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included informed consent and a behaviour support plan.

Consumers and representatives said the service adequately manages high impact or high prevalence risks, which was reflected in care planning documents. Management and staff described how they identify, assess, and manage risks, including implementing relevant strategies to minimise risks such as ensuring call bells are within reach, mobility aids are accessible, and staff assist with transfers and mobilising for consumers who are at risk of falls.

Care planning documents reflected consumers’ medical goals and end of life wishes. Staff described how they deliver end of life care to consumers in line with their needs, goals, and preferences and maximise their comfort during this time. Consumers and representatives expressed satisfaction about how the service provides care to consumers nearing end of life.

Staff described how they identify and respond to deterioration or changes in consumers’ condition, that it is discussed during handovers, staff meetings and prompts review by a medical officer. Consumers and representatives said the service recognised and responded to changes in consumers’ condition in a suitable and timely manner. Care planning documents evidenced the identification of, and response to, any deterioration or changes in consumers’ condition.

Care planning documents contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Staff described how consumer information is documented and shared when changes occur via care plans, the service’s electronic care management system and during staff handover. Staff were observed during their staff handover discussing consumer updates and health status.

Consumers and representatives said referrals are timely, appropriate and occur when needed and consumers had access to a range of health professionals. Staff described the process for referring clinical matters to other providers and provided examples of consumers referred to other organisations and providers of other care and services. Care planning documents evidenced timely referrals occur when required.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Consumers and representatives were satisfied with the service’s infection control practices. Staff demonstrated knowledge in these areas, including the steps they could take to minimise the need for antibiotics, and staff were observed engaging in appropriate practices in relation to infection prevention and control.

# 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 said they feel consumers receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being, and quality of life. Staff explained how consumers’ preferences and needs are collected and communicated, and what consumers liked to do, which aligned with their care plans. Consumers were observed engaging in a variety of daily living activities at the service.

Consumers said their emotional, spiritual, and psychological needs are supported. Staff said if they identify a change in a consumer’s mood or emotional need, they provide additional support such as one-on-one conversation and escalate if needed. Care planning documents included information on consumers' emotional, spiritual, and psychological well-being needs, goals, and preferences. The service’s activity schedule evidenced activities to support consumers’ well-being, including religious services.

Consumers said they feel supported to stay connected with the people who are important to them, participate in the community within and outside the service, and do the things of interest to them. Care planning documents identified people important to individual consumers and their activities of interest. Staff provided examples of consumers who were supported to maintain their relationships, both inside and outside the service.

Staff described how communication of consumers’ needs and preferences occurs via care plans, dietary folders, information available in the service’s electronic care management system and at shift handovers. Consumers and representatives said consumers’ needs and preferences are well communicated within the organisation and with others where responsibility for care is shared.

Care planning documents evidenced the service collaborates with external providers of other care and services making timely referrals for consumers. Staff described how they work with organisations, individuals, and providers of other services for consumers who utilise these services. The service engages volunteers to provide one-on-one support for consumers and assist with lifestyle activities.

Consumers and representatives were satisfied with the quality, quantity, and variety of meals provided at the service and any feedback they provide is acted upon. Staff said they ensured consumer choices were supported and arranged alternatives at the consumer’s request. Care planning documents included dietary needs and preferences of consumers.

Equipment which supports consumers to mobilise and engage in lifestyle activities was observed to be suitable, clean, and well-maintained. Consumers said equipment is safe, clean, and suitable. Staff described how equipment is kept safe, clean, and well-maintained.

# Standard 5

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

Findings

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

Consumers and representatives said the service environment was welcoming, easy to understand and they felt at home. The service was observed to be welcoming, with environments that reflect dementia enabling principles of design and sufficient lighting, signage, and handrails to support consumers to move around the service. The service had several shared areas for consumers to interact, indoors and outdoors, including lounge areas and courtyards which facilitated belonging, independence, interaction, and function. Consumers’ rooms were observed to be decorated with personal belongings.

Consumers said the service environment is safe, clean, and well maintained and they can move around freely both indoors and outdoors. Staff described how the service environment is cleaned and maintenance issues are addressed by following schedules and logbooks. Observations indicated regular cleaning of the service and reactive maintenance requests were attended to in a timely manner. Consumers were observed moving freely both indoors and outdoors.

Furniture, fittings, and equipment throughout the service was observed to be appropriate, clean, and well maintained. Consumers said the equipment and fittings were cleaned and maintained regularly and staff promptly respond to cleaning and maintenance requests.

# 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 said they understand how to give feedback or make a complaint and feel safe and comfortable raising concerns with staff and management. Management described how they encourage and support consumers to provide feedback and make complaints which are gathered through feedback and complaint forms, surveys, discussions at meetings, written communication, and verbal communication to staff. The service had a complaints policy describing the service’s commitment to feedback and complaint handling, and a secure feedback box was observed at the service.

Consumers and representatives indicated they were aware of the language, advocacy, and external complaints services available to them when raising complaints. Documentation and observations evidenced the service engages in actively promoting advocacy services with information easily accessible to consumers and representatives, including information posters on noticeboards.

Consumers and representatives said when they raise a concern it is promptly addressed by the service. Management demonstrated understanding of open disclosure principles and provided examples, including how they apologise to a consumer if something goes wrong. Complaint documents evidenced the service acted and practised open disclosure when resolving complaints.

Consumers and representatives reported their feedback is valued and used to improve services; this was evidenced by examples documented in the service’s continuous improvement plan. Management described processes in place to escalate complaints, and how feedback and complaints are used to continually improve the care and services.

# 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 is sufficient staff at the service to meet the care needs of the consumers and staff answer call bells promptly. Management described how the roster is calculated based on consumer occupancy and care needs. Documentation evidenced that the service has adequate staff and processes to cover shifts, call bell data is monitored frequently to ensure prompt response times, and any identified trends of concern are investigated.

Consumers and representatives said staff are kind, caring and gentle when providing care to consumers. Staff were observed being kind and respectful to consumers and demonstrated familiarity with each consumer’s identity, individual needs, and cultural preferences. Management described how staff are trained and educated in staff practices, including how care and service are to be delivered in a person-centred approach.

Consumers and representatives said staff are skilled and know what they are doing. The service had position descriptions for individual roles outlining the minimum qualifications and credential requirements and monitored by management.

Staff said they are recruited, trained, equipped, and supported to deliver safe and effective care to consumers. Management described how they support staff and provide staff the training they need to perform their roles to meet the Quality Standards. Management and staff described the annual face to face mandatory training and online training resources for staff to complete. The service’s training records demonstrated that all staff were up to date with their mandatory training.

Documentation evidenced that the service reviews staff performance annually or when required, with an ongoing schedule in place. Management said there is regular review and monitoring of staff performance, including via consumer feedback, and staff described the process for their most recent annual performance appraisal.

# 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 and representatives are satisfied with the management of the service and felt they were supported to be a partner in their own care and to provide feedback comfortably about the service they received. Management described the ways consumers and representatives are engaged including care planning review, meetings, feedback, surveys, and verbal conversations. Meeting minutes evidenced consumers and representatives were engaged in discussions regarding feedback and complaints, lifestyle activities and upcoming staff training.

Management described an organisational structure which facilitates the oversight and governing of the delivery of quality care and services across the service. The service gathers quality indicator data to ensure the service is meeting the Quality Standards.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to workforce governance, management described how they ensure the service has a workforce that is sufficient, skilled, and qualified to provide safe and quality care and services.

The service had policies and procedures in relation to the management of risks in response to incidents and staff demonstrated an understanding of how to apply them. For example, staff described their responsibilities for reportable incidents and the process of reporting under the Serious Incident Response Scheme. Management described the service’s risk management system used to identify risks which are communicated at staff handover to ensure effective prevention and management of incidents.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff demonstrated knowledge and understanding of these policies and procedures and how it applied to their day-to-day work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)