Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Porter Lodge |
| Service address: | 2 Sark Grove MINTO NSW 2566 |
| Commission ID: | 1116 |
| Approved provider: | Anglican Community Services |
| Activity type: | Site Audit |
| Activity date: | 20 March 2023 to 22 March 2023 |
| Performance report date: | 23 April 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 Porter Lodge (**the service**) has been prepared by S. Hicks, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

|  |  |
| --- | --- |
| 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 | |  |
| 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 have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service was able to demonstrate an understanding of what is important to each consumer, including consumers from diverse backgrounds and cultures. Consumer care includes cultural background and provides care that is consistent with their cultural traditions and preferences. Care planning documentation also reflected the diversity, background, and personal preferences of consumers. The Assessment Team also reviewed consumer files which included details about each consumer's family background, life history and the things that are important to them.

Consumers are supported to make choices about their care, including when family and friends should be involved in their care and maintain relationships of choice. This was additionally demonstrated by care planning documentation that identified the consumers’ individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Staff demonstrated they are aware of the risks taken by consumers, and said they support the consumer’s wishes to take risks but are also committed to ensuring that strategies are in place for risk mitigation. Consumers also described how the service supports them to take risks. In addition, the service was able to demonstrate information provided to each consumer is current, accurate and timely, and communicated clearly and enables them to exercise choice. Consumers/representatives said that information such as activities, dining menu and COVID-19 updates are communicated effectively, and they can choose which activities to attend and which meals to consume.

Lastly, all consumers/representatives said that consumers' personal information is kept confidential and said they have never had any issues with privacy with staff also being able to describe how they respect personal privacy of consumers at the service. In addition, the Assessment Team observed the service has protocols in place to protect consumer privacy.

Based on this evidence, I find the following requirements are Compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# Standard 2

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

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

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Management and clinical staff were able described the initial assessment and care planning process when consumers are admitted, and the comprehensive and regular assessment and care planning reviews thereafter. They also provided documentation to support assessment and care planning procedures inclusive of end of life care. In addition, care files reviewed by the Assessment Team relating to clinical care, all demonstrated effective assessment and care planning to identify the needs, goals and preferences of consumers sampled.

The service was able demonstrate that it partners with consumers, and others who consumers wish to involve, in the planning and assessment of care. Care planning showed regular care plan evaluations and review, and involvement of a diverse range of external providers and services such as medical officers, physiotherapists, occupational therapists, and speech pathologists. Staff also described the importance of consumer-centred care planning and explained how they actively collaborate with consumers, representatives, and other providers of care to ensure quality care is provided. In addition, care planning and assessment is effectively communicated to consumers/representatives and documented in a care and services plan that is readily available and offered to consumers and to those who are involved in their care.

From the consumers sampled, the Assessment Team found that care planning documentation showed review on both a regular basis and when circumstances change. This included consumer deterioration or incidents such as falls or when there were skin integrity changes. Management and clinical staff could describe how and when consumer care plans are reviewed. Consumers and representatives interviewed confirmed that care and services are reviewed regularly including when circumstances change.

Based on this evidence, I find the following requirements are Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

# Standard 3

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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service was able to demonstrate that the personal and clinical care provided to consumers is tailored, safe and effective, and any high-impact and high-prevalence risks are identified and managed within the service. Consumers sampled advised they receive safe and effective personal and clinical care that is best practice, tailored to meet the individual consumer’s needs and optimises their health and well-being. This was also confirmed by a review of consumer files including assessments, care plans, progress notes, medication charts. These too were reflective of individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer.

The service was able to demonstrate that the needs, goals, and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. For the consumers sampled, care planning documentation included an advance care plan and evidenced discussions with representatives regarding palliative care.

The Assessment Team found that changes in a consumer’s health, function, capacity, or condition is recognised and responded to in a timely manner. Care planning documentation and progress notes evidenced the identification of, and response to, deterioration or changes in condition. Consumers/representatives confirmed this saying that the service was able to recognise and respond to changes in their condition in an appropriate and timely manner. Clinical staff described how they know about consumer’s changing care needs including and communicating changes to agency nurses. There were other opportunities to discuss and respond to deterioration through emails and interdisciplinary meetings. In addition, this process was also inclusive of communicating information and seeking appropriate referrals relating to the consumer’s condition, needs and preferences and is documented and effectively communicated with those involved in the care of consumers.

The service is prepared in the event of an infectious outbreak and practices reflect appropriate antibiotic prescribing. Staff demonstrated an understanding of how infection related risks are minimised at the service. The Assessment Team also observed the service environment to be cleaned and infection control equipment was placed throughout the service.

Based on this evidence, I find the following requirements are Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

# Standard 4

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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service is supporting each consumer’s emotional, spiritual, and psychological well-being. Lifestyle staff could explain how consumers preference and needs are collected and communicated, such as leisure likes and dislikes, personal interests, and spiritual needs. The Assessment Team observed consumers of varying levels of ability engaged in daily living activities on several occasions during the site audit. In addition, the activity schedule evidenced activities to support the emotional, spiritual, and psychological well-being of consumers, such as religious services and pastoral care.

Consumers said they felt supported to participate in activities within the service and in the outside community as they chose. The service enables consumers to maintain social and personal connections that are important to them. Staff were able to provide examples of consumers who were supported to maintain their relationships, both inside and outside of the service with the addition of care planning documentation that identifies the people important to consumers.

Care staff demonstrated how they keep up to date with consumers' condition and preferences to ensure that appropriate care is provided, such as through verbal handover and by accessing the service's electronic records management system. Management also described how they communicate with external organisations where responsibility for care is shared, for example with the NDIS.

The service ensures consumers receive meals of suitable quality and quantity, with various options available. Consumers confirmed that the service provided meals of suitable quantity, quality and were varied. Consumers at the service with special needs and preferences are accommodated and all staff were knowledgeable regarding these needs.

Based on this evidence, I find the following requirements are Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# Standard 5

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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

All consumers/representatives sampled said the service environment is easy to understand, they feel safe in it and that it feels homely. Management and staff were able to describe aspects of the service that help consumers feel welcome and optimise each consumer's sense of belonging and ease of navigation, and that every effort is made to help consumers feel like they are at home. In addition, the service was able to demonstrate it is safe, clean, and well maintained and consumers are able to move freely, both indoors and outdoors.

Moreover, the service was able to demonstrate furniture, fittings and equipment are safe, clean, and well maintained. The Assessment Team observed, and consumers and representatives confirmed, the service and equipment are kept clean and safe for use by consumers.

Based on this evidence, I find the following requirements are Compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

# Standard 6

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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service was able to demonstrate that consumers/representatives feel safe when providing feedback or complaints through various avenues such as verbal feedback, written or electronic channels. Consumers said they understand how to give feedback or make a complaint. In addition, management described how they encourage and support consumers to provide feedback and make complaints and how they ensured that language services and external advocacy such as the Older Persons Advocacy Network (OPAN) and Translator and Interpreting Services (TIS) were available to assist those consumers wishing to provide feedback or lodge a complaint.

The Assessment Team found that the service was able to demonstrate appropriate actions are taken in response to complaints and that an open disclosure process is followed when things go wrong. Consumers interviewed said that the service responds to and resolves their complaints or concerns when they are raised.

Lastly, the service was generally able to demonstrate that feedback and complaints are reviewed and used to provide quality care and services. Consumers reported that their feedback is valued and is used to improve services. This was inclusive of a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives.

Based on this evidence, I find the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

# Standard 7

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

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

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service was able to demonstrate there was adequate staffing levels and mixes to meet the needs of the consumers. Whilst some consumers, representatives and staff said they felt there is not enough staff, they did not identify any impact to the quality of care provided to consumers. Throughout the site audit, the Assessment Team observed staff attending to consumers, never appearing to be rushed and providing person-centred support to consumers with behavioural needs.

All consumers/representatives said that staff at the service were kind and caring, and staff treated them with respect and acknowledged their identity, culture, and diversity. The Assessment Team also observed staff always greeting consumers by their preferred name and demonstrated that they are familiar with each consumer’s individual needs and identity.

The service demonstrated that staff perform their duties effectively, and they are confident that staff are sufficiently skilled to meet their care needs. Training provided by the service has equipped staff with the knowledge to carry out care and services for consumers. Position descriptions are provided to all staff and key competencies and qualifications are also maintained. Furthermore, staff performance is regularly reviewed, goals are set by staff and action is taken in response to staff performance.

Based on this evidence, I find the following requirements are Compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

# Standard 8

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

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

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Sampled consumers and representatives interviewed expressed satisfaction in the management of the service, said they feel involved in care, and are supported to be a partner in their own care. The service was able to demonstrate how engagement occurs in the development, delivery and evaluation of care and services.

The service was able to demonstrate that the organisation is governed by a Board that promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Management described the role the Board and the clinical sub-committees play in ensuring safe and quality care is delivered within the service and provided examples. In addition, management described the organisational structure, reporting including reporting between service management, quality management, clinical governance team, executive and general management and the Board that occurs on a regular basis. This combined drives improvements to the service and the care it provides to consumers.

The Assessment Team confirmed that the service had the processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. In addition, the service was able to demonstrate effective risk management systems and practices including identifying and responding to abuse and neglect of consumers and managing and preventing incidents using an incident management system. The Assessment Team reviewed the complaint register and incident register which evidenced that incidents had been lodged and reported in line with the service’s policy.

Management confirmed that the service has an effective clinical governance framework supported by open disclosure, restrictive practices, and antimicrobial stewardship policies. Staff are trained and supported by management to ensure the policies are followed. Quality managers also conduct weekly reviews. In addition, the Assessment Team reviewed the service’s policy on restrictive practice which were reflective of the principles of using restrictive practice.

Based on this evidence, I find the following requirements are Compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(d)

Requirement 8(3)(e)

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)