Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Rathgar Lodge |
| Service address: | 30 Lynhaven Crescent ULMARRA NSW 2462 |
| Commission ID: | 0439 |
| Approved provider: | United Protestant Association of NSW Limited |
| Activity type: | Site Audit |
| Activity date: | 29 March 2023 to 31 March 2023 |
| Performance report date: | 01 May 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 Rathgar Lodge (**the service**) has been prepared by G-M. Cain, 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.
* other information and intelligence held by the 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 | |  |
| 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

Consumers and representatives said consumers are treated with dignity and respect and that staff understand consumers' backgrounds and values. Staff spoke respectfully about consumers and demonstrated familiarity with consumers' individual life stories and preferences. Care documentation contains comprehensive information on consumer backgrounds, life history, and identity. Observations showed staff interacting with consumers respectfully throughout the Site Audit.

The service demonstrated care and services that are culturally safe. Consumers said the service recognises and respects their cultural background and provides care consistent with their cultural traditions and preferences. Staff described how they considered consumers' individual life stories while delivering tailored care. Care documentation showed respectful language and the diversity of the consumers. The service had a diversity and inclusion policy that states the service's commitment to creating a diverse, inclusive culture that respects and celebrates differences.

Consumers are supported to make choices about their care, including whom they wish to have involved, and maintain relationships of choice. Consumers said they are given a choice about when care is provided, and their choices are respected. Staff described ways consumers are supported to make decisions and maintain relationships, such as providing social activities and supporting shared meals for consumers and their families. Care documentation identifies the consumer's choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Consumers felt supported by the service to take risks that enable them to live their best lives. Staff were aware of the risks wished to be taken by consumers and described how they supported consumers. Care documentation showed dignity of risk assessments are completed, and strategies for managing risks are included in care directives for staff to follow.

The service has a range of communication methods to provide information to consumers in a way they understand and supports their decision-making, such as printed information and verbal reminders. Observations showed staff adapting their communication style when providing information to consumers with cognitive impairment.

The service demonstrated that consumer privacy is respected and their personal information is kept confidential. Consumer and staff interviews confirmed this, and staff provided examples of the practical ways a consumer's privacy is respected and how consumer information is kept confidential. The service has a privacy policy that states that the service's commitment is to ensure that the personal information we collect is used and disclosed for relevant purposes only and ensure the confidentiality of personal information through appropriate storage and security.

# 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

Consumers and representatives said consumers' received the care and services required and were involved in the initial and ongoing assessment process at scheduled case conferences or when there was a change in circumstances. Staff described the assessment and care planning process and how they used it to inform the delivery of care and services. On entry to the service, initial assessment and care planning processes are completed, and an interim care plan is developed within 24 hours to guide staff. A comprehensive care plan is developed within 1 month of entry to the service. Management described how the service was developing a new screening process to enable baseline assessments to be completed before entry. Care documentation evidenced consideration of individual risks that influenced the delivery of care and services and strategies to minimise risk/s.

Consumers' current needs, goals, and preferences, including advance care planning and end-of-life care, are included in the assessment and care-planning process if the consumer and their representative wish. Management and staff described how end-of-life care conversations are held upon entry to the service if the families are comfortable and reviewed every 6 months during care plan reviews or if there was a change in a consumer's health. Care documentation was individualised to consumer needs and preferences, including advance care directives and end-of-life plans.

Consumers and representatives said they were involved in assessment and planning to ensure consumers' needs were met. Staff described how they liaised with consumers, representatives and allied health professionals to ensure an ongoing partnership in care planning. Care documentation evidenced involvement and input from the consumers, representatives, medical officers and allied health specialists.

Consumers and representatives said the service was proactive in communicating changes to consumers' care and service and that staff supported in providing explanations if required. Staff said they regularly communicated any changes to consumers' care with consumers and representatives. Care planning documentation contained regular entries reflecting ongoing communication with consumers and representatives, such as through telephone calls and emails.

Consumers and representatives said they were regularly informed when consumers' care changed and when incidents occurred. Staff confirmed that care plans were reviewed every 6 months or when care needs changed and described how incidents triggered a reassessment or review of consumers' needs. A 'resident of the day' process ensures baseline observations and assessments of consumers are completed monthly. Care documentation showed evidence of regular review, including when circumstances changed or when incidents occurred.

# 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

Consumers and representatives were satisfied with the personal and clinical care consumers' received, confirming it was tailored to their needs and optimised their well-being. Management and staff demonstrated knowledge in delivering best practice principles about managing restrictive practices, skin integrity and pain. Care documentation included care plans, assessments, progress notes, medication and other relevant charting that reflected individualised care that was safe, effective, and tailored to each consumer's specific needs and preferences. For example, care documentation for one named consumer identified pain is managed through regular physiotherapy reviews, therapeutic massage and transcutaneous electrical nerve stimulation. The consumer confirmed that these interventions were received and expressed satisfaction with managing the pain. Consumers subject to restrictive practices were assessed and managed in accordance with requirements set out in the Quality-of-Care Principles, including having behaviour support plans in place.

The service demonstrated that identified high-impact and high-prevalence risks were effectively managed through clinical data monitoring, trending, and reporting. Management and clinical staff described the service's high-impact, high-prevalence risks, how these were managed, and strategies implemented to mitigate the risks to individual consumers. Clinical staff outlined strategies to mitigate the risks associated with high-impact and high-prevalence risks, such as unplanned weight loss, by liaising with dietitians, speech pathologists, and medical officers.

The service demonstrated that consumers nearing the end of life have their dignity preserved and care provided according to their needs and preferences. Consumers and representatives said they had discussed with the service the consumers' wishes about advanced care planning and end-of-life care. Care documentation included an advance care plan and the consumer's needs, goals, and preferences for receiving end-of-life care.

Consumers and representatives said the service recognised and responded to changes in a consumer's condition appropriately and promptly. Staff explained how deterioration is recognised, such as observing variation in a consumer's normal eating habits, behavioural and mood changes such as agitation, or if they lacked interest in doing things they otherwise enjoyed. Care documentation evidenced the identification of, and response to, deterioration or changes in condition.

Consumers and representatives interviewed said that consumers' care needs and preferences are effectively communicated between staff. Staff said information about consumers' conditions, needs and preferences were documented in the service's electronic care management system, meetings and shift handover. Care documentation evidenced adequate information to support the effective and safe sharing of the consumer's information to support the delivery of care and services.

Consumers and representatives interviewed said referrals were timely and appropriate and that the consumer can access a range of health professionals depending on their needs. The medical officer, other health professionals and services support the service in consumers' personal and clinical care. Care documentation included directives from health professionals to guide staff in consumer care.

Consumers and representatives expressed satisfaction with managing infection-related risks and said they had observed staff consistently wearing their personal protective equipment and practising hand hygiene. Staff demonstrated an understanding of infection control practices relevant to their duties and antimicrobial stewardship. The service had an appointed infection prevention and control lead. Observations showed entry screening processes, infection control signage, and appropriate supplies of sanitisers and personal protective equipment throughout the service.

# 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

Consumers and representatives said consumers are supported to pursue activities of interest. One consumer stated, 'There is enough to do' and spoke of the range of activities available at the service, including exercises, bus trips, word games and bowls. Staff explained consumers' individual needs and preferences, which aligned with care documentation.

The service supports the consumer's emotional, spiritual and psychological well-being. Consumers and representatives said they are supported when feeling low and described how the service promotes their emotional, spiritual and psychological well-being. Lifestyle staff described these supports as facilitating consumer connections with people important to them and delivering religious services. Care documentation included information on consumers' well-being needs, goals and preferences.

Consumers felt supported to participate in activities within the service and in the outside community. The service enables consumers to maintain social and personal connections that are important to them. Staff provided examples of how consumers were supported to maintain their relationships inside and outside the service. Care documentation identified the people important to individual consumers and activities of interest. Observations showed consumers spending time with each other in their rooms and common areas. The activities calendar included outings into the community, visits from external volunteers, and fortnightly bus trips.

Consumer conditions, needs and preferences are communicated within the organisation and with others where responsibility for care is shared. Information is communicated to staff via the electronic care management systems, shift handovers, handover sheets and dietary folders. Care documentation provided adequate information to support safe and effective care related to services and supports for daily living.

The service demonstrated timely and appropriate referrals are made for individuals and organisations providing support for consumers' lifestyle needs. Staff describe the external supports used to support consumers' daily living needs and preferences. Care documentation identified consumers are attended to by other organisations and services, such as the visiting hairdresser, welfare specialists, spiritual supports and volunteers.

Consumers were satisfied with the variety, quality and quantity of food provided at the service and felt the meals met their needs and preferences. They said they can provide feedback and comments on the food, which are acted upon. Staff described how they support consumer choices and arrange alternatives if the consumer wishes. Documentation was available that described the dietary needs and preferences of consumers.

Consumers and representatives confirmed that consumers had access to equipment such as mobility aids and lifting equipment and equipment for lifestyle activities and daily living. The equipment provided to consumers was safe, suitable, clean and well-maintained. Staff said they had access to equipment when needed and could describe how equipment is kept safe, clean, and well maintained. Observations showed a range of equipment, such as walkers, wheelchairs, commode chairs, medication trolleys and leisure and lifestyle equipment. The equipment was suitable, clean and in good condition, with adequate stock in storage rooms.

# 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

Consumers and representatives said the service environment was welcoming and easy to understand. One consumer stated, 'I absolutely felt at home'. Management and staff were able to describe features of the service that help each consumer to feel welcome and optimise their sense of belonging, independence, interaction, and function. Consumers are orientated to the service and encouraged to personalise their room upon entry. Mobility assessments are completed to promote consumer independence. Observations showed the service environment to be welcoming, with sufficient lighting, handrails for consumers to move around, and clear signage throughout the service with room numbers and directions to common areas.

Consumers and representatives said the service environment is safe, clean, and well-maintained, allowing consumers to move around freely. Staff could describe how the service environment is cleaned and maintained following a cleaning schedule. Maintenance staff described how maintenance requests and logs are managed through an electronic maintenance logbook embedded within the electronic care management system. Records of preventative maintenance schedules showed maintenance had been completed as planned, including air-conditioning systems, fire safety systems and pest control inspections.

Observations showed, and consumers confirmed, that equipment and fittings were cleaned and maintained regularly. Staff described their role and the processes for cleaning and maintaining personal equipment, furniture, and fittings in the service and how they suit each consumer.

# 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

Consumers said they felt comfortable and safe to provide feedback and making a complaint and described the service's complaints management process. They are encouraged and supported to provide feedback and make complaints through various avenues such as feedback forms, meeting discussions, and verbal to staff. The service utilised an electronic complaints system to record and monitor consumer feedback. Observations showed feedback forms, locked feedback boxes, and posters and flyers relating to advocacy services located throughout the service. The service's complaints policy indicated the service's commitment to handling consumer feedback and complaints. While consumers and representatives said they preferred to raise concerns within the service, most were aware of external advocacy services.

Consumers said that the service responds to and resolves their complaints or concerns when they are raised or when an incident has occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer and their representatives in the event of something going wrong and followed by an action plan to mitigate future incidents of similar nature. The service's open disclosure policy guides staff on approaching open disclosure and preventing the recurrence of the incident.

Consumers reported that their feedback is valued and is used to improve services and expressed satisfaction with actions taken in response to their feedback. For example, management had identified trends in feedback related to the food. In response, they completed a survey and consulted with consumers at the monthly meeting to seek their input on the new season's menu. A consumer satisfaction survey report review identified that the food services had improved due to the response to consumer feedback.

# 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

Consumers and representatives said staff are available to support them and that staff respond promptly when they use their call bells. Management said there is sufficient staff to provide care and services, and processes have been established to manage staff leave, including extending shifts, offering additional shifts, or using agency staff. The service monitors call bell response times and discusses these at team meetings. The service's benchmark response time for responses to call bells is 10 minutes, and the service's plan for continuous improvement identifies ongoing improvement actions related to call bell response.

Consumers and representatives said that staff were kind, caring and respectful when providing care and services, recognising each consumer's identity and diversity. Observations showed that staff always interacted with consumers using a positive and respectful attitude and using each consumer's preferred name when greeting. The service's employee code of conduct handbook outlined the organisational values of delivering care with compassion, respect, and excellence.

Consumers felt that staff had the knowledge and skills to provide safe, quality care and said they knew what they were doing. Management described how they determine whether staff are competent and qualified. Staff said they are confident they have the necessary skill set to carry out their role and were supported to request training if needed. Position descriptions provided included key competencies and qualifications required for each role.

Consumers and representatives said they feel staff are competent and perform their roles effectively. One consumer spoke of staff as 'excellent'. They have yet to identify or provide specific feedback on areas where staff need more training. Management described how staff are supported to perform their roles and the outcomes required by the Quality Standards by completing annual mandatory training modules. Training records demonstrated that 95% of staff had completed mandatory training, including in open disclosure, restrictive practices, serious incident reporting and incident management.

The service and demonstrated regular assessment, monitoring and review of the performance of each staff member. Performance appraisals are completed at 6 months for new staff, then annually for staff, and staff interviewed confirmed this occurs. Management said the service had a performance management policy and is supported by the organisational human resources in staff performance management.

# 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

Consumers said they were engaged in developing, delivering and evaluating care and services through various mechanisms, including regular meetings, committees, verbal discussions, surveys and case conferences. One consumer stated, 'I feel the service is well run, that my feedback informs service improvements and that I can participate in consumer meetings'. Service documentation, including the consumer meeting minutes and the plan for continuous improvement, demonstrated that consumers are engaged and supported in developing, delivering and evaluating care and services.

The service demonstrated that the governing Board promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Management described the role of the Board, including communications and reporting between service management, regional leadership, the executive leadership team and the Board. The Board ensures compliance with the Quality Standards through monthly reports as part of the clinical governance sub-committee, which include information relating to clinical and incident data, audits and consumer and staff feedback.

The service had an effective organisation-wide governance system that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service had an effective electronic care management system, quality improvement plan, established financial arrangements, processes to inform and implement changes resulting from regulation or legislation, and processes for workforce governance.

The organisation implemented effective organisation-wide risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious Incident Response Scheme. Management described how incidents, including identifying and responding to abuse and neglect of consumers, would be managed and reported. They outlined the organisation's electronic incident reporting systems and how this facilitates oversight from the governing body. A review of the service's Serious Incident Response Scheme notifications identified appropriate and prompt reporting of incidents.

The clinical governance framework supports the service and guides staff to ensure continuous improvement in delivering safe, high-quality care and services. This included policies and procedures that cover antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff understood and described their accountabilities and responsibilities under the clinical governance framework and provided relevant examples.

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)