Performance

Report

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| Name of service: | Ritcher Lodge |
| Service address: | 480-482 Guildford Road BAYSWATER WA 6053 |
| Commission ID: | 7116 |
| Approved provider: | Alinea Inc. |
| Activity type: | Site Audit |
| Activity date: | 2 May 2023 to 4 May 2023 |
| Performance report date: | 27 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 Ritcher Lodge (**the service**) has been prepared by M Dubovinsky, 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.

# 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; and
* the provider’s response to the Assessment Team’s report received on 1 June 2023.

# 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

Consumers and representatives interviewed said staff treat consumers with dignity and respect. Staff stated they complete consumers’ life story and preferences to ensure consumers’ cultural needs are identified and met. Staff were observed to treat consumers with dignity and respect, and lifestyle staff described how they consider consumers’ cultural diversity as part of their role.

Care and services are culturally safe, with consumers stating the care and services received respected their preferences. Staff described the culture of individual consumers, in particular places of birth and how this influenced their cultural safety. All care files sampled contained information on consumers’ social history and life history to support cultural safety.

Consumers are supported to exercise choice and independence, with consumers stating they are supported in decision making. Staff described how they support consumers to maintain and develop new relationships. Processes support the identification of the consumer’s Enduring Power of Attorney (EPA), where required, and EPAs are involved in decision making. Care planning documentation showed consumers are supported to exercise choice and had their preferences recorded.

Consumers confirmed they are supported to take risks to enable them to live the life they choose. Policies and procedures support the identification of risk. Where a consumer has chosen to engage in an activity involving risk, appropriate consultation and risk mitigation strategies were undertaken, including for consumers who leave the service unaccompanied. Staff provided examples of consumers taking risks and how they supported individual consumers.

Consumers and representatives confirmed information is provided through a range of mechanisms and is current and accurate. This included through regular consumer meetings, newsletters and noticeboards. Observations showed a range of information is provided to consumers and representatives which include discreet public announcements and a range of written material.

Consumer privacy is respected, and information kept confidential, with consumers and representatives stating they were satisfied with the way consumer privacy was maintained. The electronic documentation system is password protected and consumers’ personal information was observed to be securely stored. On commencement, new staff sign a code of conduct and privacy and confidentiality clause confirming their understanding.

Based on the evidence documented above, I find all Requirements in Standard 1 Consumer dignity and choice Compliant.

# 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

The service has a scheduled assessment process to identify risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services. Validated risk screening assessment tools are used to identify care and service needs. Care planning documentation showed assessments included considerations of risk, including in relation to falls, changed behaviours, and pressure ulcer risk.

Assessment and planning address the consumer’s current needs, goals and preferences. Assessments are completed in consultation with consumers and include information on advance care planning. Documentation showed a range of assessments are completed, including in relation to end of Life.

Assessment and planning occur in partnership with consumers and others. Documentation showed the involvement of consumers, representatives, and other clinical and non-clinical personnel, including dementia specialists, palliative care service providers, consumers and representatives. Consumers and representatives confirmed they were involved in the assessment process.

Consumers and representatives confirmed being informed of the outcomes of assessment through the care plan review and development process. Care documentation showed regular consultation between clinical and medical staff with outcomes regularly discussed. Staff described how the electronic documentation system supports the development of the care and service plan and how it is accessible through internal mobile devices. Care and services are reviewed regularly, including in response to falls, following hospital discharge and following deterioration. Staff confirmed review processes which included re-assessment following falls and undertaking regular wellness checks.

Based on the evidence documented above, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers Compliant.

# 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

Processes are in place to ensure that each consumer gets safe and effective personal and clinical care. Consumers and representatives sampled confirmed they are satisfied with personal and clinical care provided. Care planning documentation showed best practice care in relation to management of wounds, pain, and diabetes. Staff were aware of personal and clinical care needs for consumers sampled.

High-impact or high-prevalence risks associated with the care of consumers are effectively managed. Staff were able to identify consumers’ high-impact or high-prevalence risks which included falls and malnutrition. Documentation demonstrated effective management of high-impact and high-prevalence risks.

The service has process to guide staff and ensure end of life care needs are identified to ensure the comfort of consumers is maximised. Documentation confirmed consumers nearing end of life have their needs recognised and addressed. Clinical staff described how they work with health care specialists and palliative care services to ensure consumer comfort is maximised.

The service demonstrated consumers who have a change in condition are recognised, monitored and responded to. Consumers and representatives confirmed changes are addressed in a timely manner. Care staff described how they identify deterioration and changes in consumers’ health and were able to describe escalation processes

Information about a consumer’s condition is documented in an electronic care plan. Handover processes, such as a ‘daily huddle’ ensure staff are informed following changes. Documentation showed communication to other clinical service providers and staff are informed of changes. Consumers and representatives said staff know consumers’ and their care needs.

A range of health professionals attend the service, including medical officers, occupational therapists and physiotherapists. Consumers confirmed they are supported to access a range of health professionals and documentation viewed showed referrals are undertaken to address consumers’ personal and clinical care needs.

Systems and processes support effective management of infection related risks. Staff confirmed they have completed training in infection control and have sufficient personal protective equipment to support them in their role. Practices promote appropriate antibiotic prescribing, with consumer files viewed confirming relevant pathology had been undertaken to support effective antibiotic treatment. Observations of staff practices showed staff following infection control practices.

Based on the evidence documented above, I find all Requirements in Standard 3 Personal care and clinical care Compliant.

# 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

Consumers and representatives sampled were satisfied consumers receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, well-being and quality of life. Care planning documentation showed allied health staff were involved for two consumers sampled in relation to supporting their independence for eating and drinking. The interventions and strategies were observed to be consistent with the recommendations made. Allied health staff described individual consumer goals to optimise their independence and well-being.

Services and supports promote each consumer’s emotional, spiritual and psychological well-being. Consumers provided examples which included the lifestyle program, church services and interactions with staff which supported their emotional, spiritual and psychological well-being. Documentation viewed and observations of staff practices demonstrated consumers’ emotional psychological and emotional well-being were being promoted.

Documentation and consumers interviewed showed consumers are supported to do things of interest, participate in the community and have social and personal relationships. Consumers provided examples which included activities in the lifestyle program and specific examples of how the service supports couples and friendships. Processes ensure information about the consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility is shared. Staff confirmed being informed of relevant information through the electronic care plan and handover processes. A range of referrals occur to individuals, other organisations and providers of other care and services. This included referrals to a range of allied health and other professionals.

Consumers said they like the food. Staff described how they identify consumers’ preferences and how they provide modified texture diets. Equipment provided to consumers is safe, clean and well maintained, with a range of equipment observed to be provided, including air mattresses, sensor mats, wheelchairs. Consumers said their equipment is safe and clean. A maintenance schedule ensures equipment is appropriately maintained and is safe for consumers.

Based on the evidence documented above, I find all Requirements in Standard 4 Services and supports for daily living Compliant.

# 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

Consumers and representatives stated the service environment is welcoming and easy to understand, with one consumer providing examples of how they were supported to hang artwork and photographs of their family on their bedroom walls. Consumers’ rooms were observed to be spacious and personalised according to their wishes which often included photographs of their family and friends, preferred artwork and personal furniture. The service is distributed over four interconnected wings and directional signage assists consumers and visitors to find their way.

Consumers and representatives were satisfied the environment was clean, comfortable and well maintained. Furthermore, consumers and representatives described how consumers can move freely throughout the service. Documentation showed staff were following the cleaning schedule.

Furniture, fittings, and equipment were observed to be safe, clean, well maintained, and suitable for consumer use. Consumers said they felt safe and equipment use was appropriate for their needs. The service has a preventative and reactive maintenance program which covers the service requirements related to all major plant and equipment to support the service’s safe operation. Staff could describe maintenance reporting processes using the electronic documentation system to ensure the equipment was safe and suitable.

Based on the evidence documented above, I find all Requirements in Standard 5 Organisation’s service environment Compliant.

# 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

Consumers and representatives stated they understand how to provide feedback and are aware of other methods or raising and resolving complaints. Consumers and their representatives are provided with information on feedback and advocacy processes when consumers first enter the service and ongoing. Feedback brochures were observed accessible to consumers with a secure lock box for consumers to lodge feedback. Staff were able to describe how they support consumers to provide feedback which included advocacy process.

Consumers and representatives stated the service is responsive to their feedback and appropriate action is taken where necessary. One consumer provided an example of how their feedback in relation to meals was appropriately addressed. Documentation showed staff undertake open disclosure practices when addressing feedback and complaints and staff were able to describe open disclosure principles.

Feedback and complaints are reviewed and used to improve the quality of care and services. Recent improvements were identified following increased feedback from staff and consumers in relation to meal services. In response, the service amended the buffet times. Organisational reports show complaint and feedback data is monitored at an organisational level and the collated data is utilised to identify trends and provide strategies for areas of improvement.

Based on the evidence documented above, I find all Requirements in Standard 6 Feedback and complaints Compliant.

# 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

Consumers and representatives were satisfied with the staffing mix and levels and stated consumers do not wait long when they require care and services. Staff said they were satisfied with staffing levels. Documentation viewed, including call bell response times, showed effective processes to monitor response times and investigations undertaken where appropriate.

Consumers were confident staff were skilled and competent in their role stating staff were knowledgeable and they were satisfied with the provision of clinical care. Staff competency is monitored through direct observation, review of staff performance appraisals and feedback from senior staff. Monitoring of professional registrations ensures staff have the initial qualification and competency to perform their roles. Staff stated they receive regular education to ensure competency through the training provided.

The workforce is recruited, trained, equipped, and supported to deliver the outcomes of these Standards. Staff stated they receive regular, ongoing training and are supported by management. Management monitor staff training and completion of mandatory training. Staff personnel files viewed showed staff are recruited with the appropriate qualifications, knowledge and skills relevant to their roles. Documentation viewed showed where poor performance is identified the service undertakes corrective action to support the staff member.

Based on the evidence documented above, I find all Requirements in Standard 7 Human resources Compliant.

# 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

Consumers are engaged and supported in the development, delivery and evaluation of care and service. Consumers were able to provide examples of their involvement in a range of improvements, including in relation to the provision of meal services. In addition, management provided an example of how they have a representative attend the Medication Advisory Committee meeting, however, the consumer has been declining to attend which management will be reviewing. Consumer meeting minutes showed consumers and representatives are supported to regularly engage with management on a range of agenda items.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Board members have a range of skills and capabilities and the Board includes members with skills and knowledge in relation to healthcare, finance and accounting. Reporting and monitoring systems ensure the quality of care being delivered by the service is monitored at an organisational level and include quality reports which contain an analysis of incidents, clinical issues, and consumer feedback. Improvements initiated by Board members following review of incident data included supporting two yearly mandatory dementia training for all staff.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. Consumer information is managed through an electronic client management system. Continuous improvements are identified through a range of mechanisms and a recent improvement implemented included reviewing the Core Study Day which is to be held weekly rather than two-monthly. Processes support effective financial governance with requests for purchases overseen and approved by relevant personal within the organisation

The organisation has workforce governance processes which include a range of policies and procedures, job descriptions and rostering processes to support effective delivery of care and services. The organisation is informed of changes in legislation and has implemented training in relation to the Serious Incident Response Scheme (SIRS) and the Code of Conduct for Aged Care. Policies and procedures support staff in identifying, actioning, and monitoring of feedback

The organisation has effective risk management systems and practices relating to the management of high-impact or high-prevalence risks associated with the care of consumers and identifying and responding to abuse and neglect of consumers. The service uses a range of procedures to guide staff. Staff were able to describe internal processes to support incident management. Consumers were supported by the organisation, to the live the best life they can and on most occasions relevant documentation is completed. For two consumers sampled, relevant documentation was not completed according to the organisation’s process, however, relevant actions were being undertaken to mitigate risk for both consumers. For other consumers sampled, relevant documentation was completed.

The organisation has a clinical governance framework, and associated policies and procedures, relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Documentation viewed confirmed staff undertaking antimicrobial stewardship in consultation with medical officers when managing infections. Restrictive practices are recorded and monitored through a register and regularly reviewed. Representatives confirmed staff following open disclosure practices.

Based on the evidence documented above, I find all Requirements in Standard 8 Organisational governance Compliant.

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