Performance

Report

**1800 951 822**

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| Name of service: | Skye Lodge |
| Service address: | 175 McMahons Road FRANKSTON VIC 3199 |
| Commission ID: | 4044 |
| Approved provider: | Autumn Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 20 March 2023 to 22 March 2023 |
| Performance report date: | 17 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 Skye Lodge (**the service**) has been prepared by P Sherin, 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

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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 said staff treat them with dignity and respect. Care planning documentation of sampled consumers reflect their individual identities and what is important to them. Staff interviewed demonstrated an understanding of, and respect for consumers’ individual backgrounds, identity, and preferences.

Consumers said staff are aware of and respect their culture, values and beliefs and they feel supported to engage in cultural and religious practices important to them. The service provides culturally and linguistically appropriate information to consumers and utilises different methods of communication where necessary, such as communication cards in different languages. Activities provided reflect the diversity of consumers residing at the service. The Charter of Aged Care Rights was observed displayed around the service and available in consumer rooms with translations in different languages. The service has a diversity and inclusion procedure to guide staff practice.

Consumers confirmed they are supported to make decisions about their care and those who they would like to be involved, to maintain their independence, and keep connections and relationships of choice. Staff were aware of dynamics of consumer relationships at the service and described how consumers are supported in making choices.

Consumers said the service supports them to take risks, do things of importance to them and live their life as they choose. Management described the service’s approach to ensuring informed choice when supporting consumers to take risks. Care planning documentation identified dignity of risk documentation capturing strategies to manage and mitigate risks for those consumers who choose to take risks. The service has a dignity of risk procedure available to guide staff practice.

Consumers said they are provided information by the service which enables them to make informed choices such as about activities to attend, upcoming events and visits from health professionals. Review of documentation including activity calendars, consumer meeting minutes, food focus group meeting minutes and information displayed on noticeboards demonstrates consumers are provided a range of information. Whilst menus are displayed in dining areas and staff were observed asking consumers about their menu choices, the assessment team identified not all consumers were receiving copies of the menu to enable them to exercise choice. In response to feedback, the service implemented an improvement action to ensure all consumers receive a hard copy seasonal menu and this is made accessible to consumers and visitors at the service’s reception.

Consumers confirmed their personal privacy is respected and provided examples of how staff maintain their privacy including by knocking on doors before entering their room. Staff described practices used to maintain consumer privacy, dignity and confidentiality of information which were observed by the assessment team. The service has policies and procedures in place to guide staff practice in maintaining consumer privacy and security of personal information.

# 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

Consumers and representatives confirmed they are involved in assessment and care planning and said the care delivered meets the consumer’s needs. Staff described the service’s assessment and care planning processes, including utilising assessment tools via the service’s electronic care management system to identify risks to the consumer’s health and well-being. Care planning documentation reflects assessment and care planning is individualised and captures risks to each consumers’ health and well-being.

Consumers and representatives described what is important to the consumer in terms of how their care is delivered, and how the service is meeting consumers’ needs, goals, and preferences. Clinical staff described how they access information regarding consumers’ end of life preferences and explained how this discussion is initiated during assessment and regular reviews of care plans. Care planning documentation identifies these are individualised to consumers’ assessed needs, goals and preferences including advance care planning and end of life preferences.

Consumers and representatives said they are involved in care planning discussions and there is an ongoing partnership with the service in planning and assessment. Care planning documentation demonstrates regular consultation with consumers and their representatives via case conferences and reviews. Clinical staff advised medical officers, allied health, and other specialist providers are involved in the care of consumers and described the process they follow to organise referrals.

Consumers and representatives said they are regularly updated regarding the consumer’s care and services, and staff explain information under care plans. They said discussions are held monthly as part of care reviews or if changes occur during this period. Clinical staff described the consultation process with consumers and representatives and how all relevant information is captured under care plans and communicated between staff via handover, progress notes and alerts in the electronic system.

Care planning documentation demonstrates care plans are reviewed on a regular basis and updated when circumstances change, or incidents occur. Clinical staff described the service’s monthly consumer review process and how they communicate information to representatives, including more frequently as required when an incident occurs or there is a change in the consumer’s health and condition. Care staff demonstrated an awareness of their responsibility to escalate incidents and report any change in the consumer’s condition which may prompt a re-assessment.

# 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

Consumers and representatives expressed the service provides safe and effective clinical care that addresses their needs. Staff demonstrated a shared understanding of consumers’ care needs and the processes in place to support care delivery. Care planning documentation reflects individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, documentation evidenced appropriate authorisations, behaviour support plans, monitoring and review in place. Management advised staff have access to mandatory training, policies, and procedures in relation to clinical care delivery.

Care planning documentation identified effective management of high impact and high prevalence risks to consumers including falls, restraint management and pressure injuries. Clinical staff were able to describe the risks for consumers in the service and strategies in place to manage these risks. Review of documentation identifies clinical incidents are recorded and reviewed monthly at both a service and organisational level.

Consumers and representatives confirmed they have had discussions with clinical staff regarding end-of-life care. One consumer was identified under a palliative care plan during the Site Audit, who confirmed staff are aware of their wishes which have been documented. Clinical staff demonstrated an understanding of the way care delivery changes for consumers nearing end of life to maximise their comfort and maintain dignity. Care planning documentation reflects end of life wishes, advance care plans and palliative care pathways, where consumers and representatives have chosen this. The service has procedures to guide staff practice in relation to advance care planning, end of life care and palliative care.

Consumers and representatives expressed confidence that any changes in the consumer’s health and condition would be identified and responded to appropriately by the service. Staff confirmed they have access to guidelines to assist in responding to deterioration or changes in consumers’ condition, including after-hours support involving medical officers and the local hospital for assistance. Care planning documentation and progress notes reflect timely identification and response to deterioration or changes in the condition of consumers.

Consumers and representatives said their needs and preferences are accurately communicated between staff and others where responsibility of care is shared, resulting in consumers receiving the care and services they require. Clinical and care staff could describe how they access and communicate information and updates about any changes to the consumer’s condition, needs and preferences. Observation of shift handover, and review of clinical documentation and shift handover notes demonstrate information is effectively documented and communicated at the service.

Consumers and representatives said timely and appropriate referrals occur when needed, and the consumer has access to relevant health professionals such as allied health, medical officers, and specialist services. Care planning documentation identified timely and appropriate referrals to medical and other health professionals. Clinical staff described how information is shared when referrals are made to individuals, other organisations and providers of other care and services.

Consumers and representatives confirmed, and the assessment team observed, staff adhering to infection control protocol, including wearing of personal protective equipment and ensuring hand sanitisation. Clinical staff described how infection related risks are minimised at the service and processes used to reduce antibiotic usage and promote antimicrobial stewardship. The service has appointed a trained infection prevention and control lead and established registers to monitor influenza and COVID-19 vaccination records.

# 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 reported they are provided with adequate supports for daily living that align with their goals and preferences. Staff were able to describe the process of assessing consumers for their individual needs, goals, and preferences around daily living and how consumers are supported and encouraged to maintain their independence and quality of life.

Consumers confirmed staff identify when they are feeling low and provide support to promote their well-being through engagement in meaningful activities and regular check-ins. Staff provided examples of consumers who are offered personalised activities to promote their sense of purpose and maintain their quality of life. Care planning documentation reflects individualised information regarding consumers’ emotional, spiritual, and psychological needs to guide staff. Consumers have access to church services, pastoral care workers and one-on-one sessions with lifestyle staff.

Consumers provided examples of how they can participate in activities that reflect their interests both within and outside of the service environment and maintain connections to their community. Lifestyle staff described how activities are made accessible to all consumers through the provision of additional supports and activity modification to meet individual needs. The service’s activity calendar is developed based on consumer input and provides a wide range of activities including but not limited to a walking group, yoga and meditation, ten-pin bowling, craft, bingo, balloon tennis and movies. The assessment team observed consumers socialising with one another around the service and participating enthusiastically in activities.

Consumers said staff are aware of their preferences and needs and felt this information is effectively communicated between staff and with external providers. Management and staff described the various systems and processes in place to enable effective sharing and communication of consumers’ information at the service. The assessment team observed staff sharing information via shift handover as well as through care planning documentation, forms, and electronic messages.

Consumers said they have been referred to or have access to a range of services and supports, including services from social workers, pastoral care workers and pet therapy. Care planning documentation reflects the involvement of a range of services and timely referrals made in response to triggers such as emotional distress.

Consumers reported they enjoy the food, and sufficient variety and quantity is provided. Menus are reviewed seasonally with input from consumers gathered via surveys and food focus groups. Hospitality staff described how they collect information about consumers’ dietary preferences and needs to ensure these are catered to. Review of care planning documentation and hard copy dietary preference folders identify information about consumers’ allergies, likes and dislikes, if they require a modified diet, level of assistance, and any dietary supplements they require.

Consumers said they are provided equipment that is suitable, safe, clean, and well-maintained. Staff confirmed they have access to sufficient equipment for consumer needs and can request to purchase additional equipment as required. The assessment team observed staff cleaning shared equipment between use, and observed equipment used for daily living to be suitable, clean, and well-maintained.

# Standard 5

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

Findings

Consumers said they feel at home at the service and their visitors are always welcome. Management advised the service is a new building opening in August 2022 and has been designed specifically for the needs of aged care consumers and in line with dementia-friendly principles. Examples of some key features include noise-absorbing panels in the walls and ceilings of shared spaces, ensuring no blind corners, and appropriate furnishings. Consumers have access to shared lounge spaces and dining areas, kitchenettes, outdoor gardens, and a café space. The assessment team observed consumer rooms are personalised and the service environment is welcoming, with clear pathways, handrails, and signage.

Consumers said they feel safe at the service, and they can move freely both indoors and outdoors. Staff described how they report any hazards or repairs via the service’s electronic system for maintenance requests. Review of the service’s maintenance records identify reactive maintenance requests are attended to promptly and preventative maintenance is completed as per an established schedule. The assessment team observed cleaning staff cleaning shared spaces and consumer rooms, and equipment and chemicals stored appropriately.

Consumers interviewed stated the furniture and equipment are kept clean and well-maintained, and they feel safe when staff use equipment with them. Staff described processes in place to tag and report faulty equipment and confirmed maintenance requests are actioned in a timely manner. Regular cleaning schedules are in place to ensure the cleaning of furniture and equipment. Review of the service’s preventative maintenance schedule demonstrates regular servicing of equipment occurs.

# 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 said they are encouraged and supported to raise concerns or provide feedback and feel comfortable to do so. Management advised consumers and representatives have various avenues to submit feedback and complaints including verbally by approaching staff, completing a feedback and complaints form, providing feedback in consumer meetings, or sending an email to management. Feedback and complaints forms and boxes were observed accessible to consumers and visitors at reception and around the service. Review of consumer meeting minutes identify consumers are encouraged to raise concerns and provide feedback and suggestions.

Consumers confirmed they are aware of how to access advocates and other methods of raising complaints. Management and clinical staff demonstrated an awareness regarding accessing advocacy and interpreter services for consumers. Information on how to raise external complaints and access to advocacy and interpreter services is displayed around the service and included in the service’s consumer handbook and feedback and complaints policy.

Consumers who provided feedback and submitted a complaint felt the service responded appropriately and communicated with them to discuss their concerns. Management and clinical staff demonstrated their awareness of complaints management and open disclosure processes. The service has a feedback and complaints management policy to guide staff practice which outlines the process for documenting and responding to complaints and ensuring open disclosure. Review of the service’s feedback and complaints register identifies feedback and complaints are recorded and responded to appropriately and in a timely manner.

Management described the service’s processes for continuous improvement and provided examples of where consumer feedback and complaints have resulted in improvements to care and service delivery. Review of documentation such as consumer meeting minutes and the service’s plan for continuous improvement evidence improvements made.

# 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 reported their awareness of the service actively recruiting staff and said staff are available to attend to their needs. Whilst some consumers expressed concerns regarding delayed response to call bells at night times, they advised their care has not been adversely impacted and confirmed the service is addressing the issue and has made improvements. Management described the service’s recruitment activities to build its workforce and advised the service can access agency staff and seek support from staff at the approved provider’s other services, if required. The service’s continuous improvement plan demonstrates staffing improvements underway including trialling changes to shift hours and shift duties to ensure the number and mix of workforce deployed enables safe and quality care and service delivery.

Consumers and representatives commented positively regarding workforce interactions and said staff are kind, caring and respectful. Management and staff were observed addressing consumers by their preferred name, knocking on consumers’ bedroom doors prior to entry and engaging with consumers in a caring and respectful manner.

Consumers and representatives generally felt staff know what they are doing, are adequately trained and equipped to perform the duties of their role. Management described various mechanisms used to determine whether staff are competent and capable in their roles, and how the service acts on consumer and representative feedback in relation to staff competency including by organising additional training for staff where required. Review of staff records demonstrates the service monitors and ensures national police checks and clinical registrations for staff and position descriptions are available capturing key competencies and skills essential for each role.

Management advised annual training needs analysis is conducted via staff surveys to develop the service’s training and education schedule. Staff have access to online learning and face-to-face training sessions. New staff participate in an orientation program and receive buddy shifts. Staff described the various training and education sessions they have undertaken, and felt they receive adequate training to perform their assigned duties. Review of training records demonstrates staff receive training on a range of topics including but not limited to, infection prevention and control, manual handling, restrictive practices, medication management, code of conduct and fire safety.

Management said staff performance is monitored via performance appraisals. A review is conducted at 3 months and 5 months from commencement of employment, and thereafter annually as per staff contract anniversary dates. A review of staff records demonstrates performance reviews have occurred regularly and identify supervisor feedback, opportunities for improvement, and further training and development.

# 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

The service demonstrated consumers and representatives are engaged in the development, delivery and evaluation of care and services through a variety of avenues, including consumer meetings, surveys, and feedback forms. Consumers and representatives confirmed they can provide input into care and services and submit feedback which is considered by management. Review of consumer meeting minutes and the service’s continuous improvement plan confirms this.

Management described how the governing body is accountable for and promotes a culture of safe, inclusive, and quality care and services as outlined under the organisation’s governance framework. Review of various committee meeting minutes demonstrates reporting to the board captures information including but not limited to clinical indicators, complaints trends and incidents. The organisation’s executive management and board uses this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions, to enhance performance and to monitor care and service delivery.

The service demonstrated organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints management.

The service has an established risk register and monitors high impact and high prevalence risks via regular reporting and discussions at various meetings. The service has policies and procedures in place to guide staff in supporting consumers to live the best life they can and managing and preventing incidents. Management and staff described the systems and processes in place to identify and respond to high impact and high prevalence risks and to report and respond to incidents. Clinical staff described how incidents are analysed, used to identify risks to consumers and to inform improvement actions.

The service has a documented clinical governance framework, and policies and procedures to guide staff practice in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Management and staff demonstrated a shared understanding of these policies and were able to describe how they apply these as relevant to their roles.

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)