Performance

Report

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| Name: | Three Tree Lodge |
| Commission ID: | 0501 |
| Address: | 2A Col Drewe Drive, SOUTH BOWENFELS, New South Wales, 2790 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 26 September 2023 to 27 September 2023 |
| Performance report date: | 9 November 2023 |
| Service included in this assessment: | Provider: Three Tree Lodge Lithgow Limited  Service: Three Tree Lodge |

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 Three Tree Lodge (**the service**) has been prepared by M.Wyborn, 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 Assessment contact (performance assessment) – site 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 2 Ongoing assessment and planning with consumers | Not applicable as not all Requirements were assessed |
| **Standard 3 Personal care and clinical care** | **Not applicable as not all Requirements were assessed** |
| **Standard 8 Organisational governance** | **Not applicable as not all Requirements were assessed** |

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 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)(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

A Site Audit was undertaken from 19 to 21 July 2022, where the service was found non-compliant in relation to ongoing assessment and planning with consumers. An Assessment Contact was undertaken from 26 to 27 September 2023 where the Assessment Team reported that the service demonstrated effective and appropriate continuous improvement actions to remediate their non-compliance. The service has amended their consumer ‘My Care and Support Plan’ template to better enable streamlined documentation of consultation with the consumer and their relevant substitute decision maker, as well as developed person-centred care plans that contain non-generic interventions to meet individual needs and preferences of consumers. Consumers and representatives expressed their satisfaction with the assessment and care planning processes delivered at the service, and management advised each consumer has their care needs assessed on entry, using a suite of assessments including risk assessments. The Assessment Team reported that assessment tools such as a falls risk assessment tool and psychogeriatric assessment scale are effective and the Assessment Team’s review of consumer documentation highlighted that risks are identified as part of the assessment and care planning process and appropriately inform the delivery of safe and effective care and services. The service demonstrated appropriate policies and procedures that guide effective assessment, planning and identification of risk for each consumer’s care.

Consumer assessment and planning effectively identifies consumers’ current needs, goals, and preferences, including advance care choices to assist with end of life planning. Advance care directives are in place for all consumers and the service maintains a register which identifies all consumer's advance care directives, including the date completed, when it is due for review and the consumer’s resuscitation status. Management advised end of life planning is discussed with consumers and representatives on entry to the service, at care conferences, on request from families or consumers or if there is a change in the consumer’s condition. Staff have received appropriate training to recognise signs and symptoms which might indicate a consumer requires end of life care and to report to the registered nurse, where the consumer is put on an end of life care plan.

The service demonstrated effective process to communicate information to consumers and representatives, and consumer care and services plans are readily available. Consumers and representatives advised the Assessment Team that they are well informed about the outcomes of assessment for their clinical and personal care and advised that they are offered a copy of their care plan or acknowledged that they could request a copy if required. Consumer representatives advised that case conferences occur with staff, and care and services are routinely discussed. Management advised care plan reviews are scheduled with consumers and representatives every 3 months and case conferences are completed 6-12 months after the initial interim care planning process. Management advised there are ongoing discussions regarding the outcomes of assessment and planning if or when a consumer’s needs change.

The service demonstrated consumers’ care and services are monitored and reviewed for effectiveness when incidents or changes occur. The service regularly reviews the care and services they provide to consumers, and the consumer care plans reviewed by the Assessment Team demonstrated evidence of regular review including when an incident occurred or a consumer’s circumstance changed. This was evidenced in consumer care and services documentation for consumers who have had incidents including a fall, sustaining a skin tear, transfer to hospital, swallowing difficulties or an increase in changed behaviours.

With these considerations, I find the service compliant in Requirements 2(3)(a), 2(3)(b), 2(3)(d) and 2(3)(e).

# 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)(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 |

Findings

A Site Audit was undertaken from 19 to 21 July 2022, where the service was found non-compliant in relation to delivery of personal and clinical care. An Assessment Contact was undertaken from 26 to 27 September 2023 where the Assessment Team reported that the service demonstrated effective and appropriate continuous improvement actions to remediate their non-compliance. The service has sourced and arranged access to online training for clinical staff (registered and enrolled nurses) in relation to the principles of wound management and pressure injuries, pain management and restrictive practices, as well as updated the service’s behaviour support plan documentation to clearly highlight consent dates for restrictive practices. The Assessment Team’s review of consumer care and services documentation for consumers with wounds, weight loss, pain, pressure injuries, chemical and physical restrictive practice evidenced that the care provided appropriately aligns with each consumer’s individual care and is consistent with the service’s up-to-date policies and legislation. The service demonstrated staff have received appropriate training which was corroborated by consumers and representatives who provided positive feedback about consumer clinical care and staff knowledge.

Consumers and representatives advised that the service effectively manages risks to consumers’ health, and management and registered staff indicated the current high-impact and high-prevalence risks for consumers at the service were falls and medication incidents. The service demonstrated risks are identified, recorded and effectively managed through regular clinical data monitoring, trending and by implementing appropriate risk mitigation strategies.

The service has delivered training for clinical staff (registered and enrolled nurses) and Certificate IV care workers in relation to recognising end-of-life and completing palliative care plans. The service has also redesigned its psychotropic medicines register to enable central recording of consent data, medical practitioner authorisations and dates for consent reviews, and the service clearly identifies roles and responsibilities in relation to obtaining consent for the use of restrictive practices. As a result, the service demonstrated appropriate referrals to relevant health professionals in a timely manner, and staff were able to describe the processes for referring consumers to other health professionals.

With these considerations, I find the service compliant in Requirements 3(3)(a), 3(3)(b), 3(3)(c) and 3(3)(e).

# Standard 8

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| Organisational governance | |  |
| 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

A Site Audit was undertaken from 19 to 21 July 2022, where the service was found non-compliant in relation to organisational governance. An Assessment Contact was undertaken from 26 to 27 September 2023 where the Assessment Team reported that the service demonstrated effective and appropriate continuous improvement actions to remediate their non-compliance. The service has reviewed and updated their consumer care planning documentation, including introducing new care plans and assessment procedures. The service coordinates relevant meetings with health professionals to discuss correct documentation for changes to consumer’s assessment capacity and care needs, and the organisation is sourcing to procure electronic clinical management software to replace existing paper based clinical record system. The organisation demonstrated it has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation demonstrated effective and established risk management systems for managing high-impact high-prevalence risks that are effective and the organisation has supported staff training in relation to restrictive practices including consumer consent. The organisation has facilitated relevant communications with consumers’ medical officers to provide information relating to restrictive practices and consent. The organisation uses a risk matrix and all consumer risks are rated, reviewed and acted on in accordance with the level of risk. The organisation’s risk management policies are current and effectively address high-impact or high-prevalence risks associated with the consumer care, management of consumer abuse and neglect, they provide a focus on supporting consumers to live the best life they can, and they support staff to manage and prevent consumer incidents. The Assessment Team’s review of consumer incidents including serious incident response scheme (SIRS) incidents demonstrated the organisation’s effective management in accordance with legislative requirements, including investigation, root cause analysis, and reporting within the required timeframes. Consumers were provided medical review and representatives were notified accordingly. Staff demonstrated appropriate knowledge of SIRS and incident management practices relevant to their roles and this was consistent with the organisation’s Incident Management Policy. All SIRS incident reports are provided to the board for oversight and transparency.

The organisation demonstrated an effective clinical governance framework including policies and procedures relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. The framework ensures the clinical manager produces comprehensive monthly quality indicator reports, delivered and co-managed with the CEO, who is also a registered nurse, and provided to the board of management. The clinical manager attends all board meetings to respond to any questions and to provide further information to the board on clinical matters and priorities. Staff reinforced appropriate education and training in relation to the organisational clinical governance framework and staff demonstrated relevance to their roles and appropriate knowledge to best support consumers.

With these considerations, I find the service compliant in Requirements 8(3)(c), 8(3)(d) and 8(3)(e).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)