Performance

Report

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| Name of service: | Performance report date: |
| Three Trees Lodge | 2 September 2022 |
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| Three Tree Lodge Lithgow Limited | 19 July 2022 to 21 July 2022 |

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 Trees Lodge (**the service**) has been considered by S. Hicks, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

# Services included in this assessment

# Material relied on

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

* the assessment team’s report for the Site Audit, undertaken 19 July 2022 to 21 July 2022. 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.
* the provider’s response to the assessment team’s report received 29 August 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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 | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure the Service has implemented all actions identified in the plan for continuous improvement and response to the Site Audit report.
* Ensure that all improvements are applied in practice consistently.
* Standard 2:
  + Ensure that assessment and planning is improved to be more individualised for each consumer. as part of the Service’s continuous improvement plan as advised.
  + Ensure planning is consistently assessed, reassessed and accurate to guide staff practice more effectively.
  + Ensure care plans are reviewed and updated when changes occur to consumers care needs, goals and preferences.
* Standard 3:
  + Review, improve and deliver safe and effective clinical care. This would include but is not limited to the areas of wound management, pain management, restrictive practices and behaviour/incident management.
  + Continue to review and reduce the use of psychotropic medications in relation to restrictive practices and ensure staff are fully trained to understand their appropriate use.
  + Review the needs, goals and preferences of consumer’s advanced care and end of life plans to ensure that all consumers preferences are captured accurately so they are able to guide staff and that will maximise comfort and their dignity preserved.
  + Develop and implement a robust system for the effective management of high impact and high prevalence risk particularly in relation to challenging behaviours, hydration, weight, medication and skin integrity.
  + Ensure that all improvements are applied in practice consistently.
* Standard 8:
  + Improve information management systems and regulatory compliance.
  + Review high impact/high prevalence risks - pressure care and ensure consistency and effectiveness.
  + Improve clinical governance for restrictive practices.

# Standard 1

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| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

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

The Assessment Team found that most sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers and representatives interviewed provided information about how staff make them feel respected and valued as individuals. In addition, consumers and representatives interviewed were able to describe how staff respected their culture, values diversity and life journey.

Furthermore, from the overall investigations of the Assessment Team they found that consumers were supported to exercise choice and independence in relation to their day-to-day life, and to make connections with others and maintain relationships of choice. In addition, consumers are supported to take risks to enable them to live the best life they can all whilst their privacy and confidentiality is maintained.

I find the following requirements are compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

* Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-Compliant |
| 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. | Non-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. | Non-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. | Non-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. | Non-Compliant |

## Findings

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

The Assessment Team found that most sampled consumers considered they feel like partners in the ongoing assessment and planning of their care and services. They confirmed they are informed about the outcomes of assessment and planning and have access to the consumer’s care and services plan if they wish. In addition, consumers/representatives are satisfied the Service involves other care specialist providers in the consumer’s assessment and care planning process.

Furthermore, consumer care plans reviewed by the Assessment Team demonstrated regular reviews. Review of consumer care and services is also conducted when changes occur in their needs.

I find the following requirement is Compliant:

Requirement 2(3)(c)

The Assessment Team also identified areas where the Approved Provider did not meet the requirements for this Standard.

The Assessment Team found that care plans and clinical documentation showed individual care needs are not consistently determined, assessed, reassessed and documented in care and service plans to guide staff practice nor did they consistently identify the consumer’s current needs, goals and preferences. In addition, the service was unable to demonstrate how it effectively monitors, reports and continuously improves assessment and planning of care and services.

Care planning information does not demonstrate information is individualised and relative to the risks of each consumer’s health and well-being. Care planning and assessment was also not up to date for all consumers and this included end of life planning. A review of the care planning documentation also identified care planning documentation are not reviewed regularly or updated when a change in circumstance occurs. This was confirmed by Management.

The Approved Provider submitted and response in relation to the unmet requirements and acknowledged that there were shortfalls in the areas identified by the Assessment Team. There was additional context provided to try to clarify some of the findings with reasoning and in relation to individual consumer circumstances. It is also noted that the Approved Provider has made significant headway in addressing the identified issues and has a robust and organised continuous improvement plan in place to ensure quality care for consumers. However, it remains that the Approved Provider at the time of the site audit was not fully complaint in relation to this Standard.

I find the following requirements are Non-Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(d)

Requirement 2(3)(e)

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | Non-Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-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. | Non-Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

The Quality Standard is assessed as Non-compliant as four of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team found that some consumers considered they receive personal care and clinical care that is safe and right for them. The Service has systems in place to support safe and effective personal and clinical care for each consumer. In addition, the Service is effectively minimising infection related risks and the Service has practices in place which support appropriate antibiotic prescribing.

Deterioration is effectively managed as staff are aware of the service’s procedures and processes when a consumer’s condition deteriorates, and this is documented and escalated appropriately.

There is evidence of communication between organisations and other health professionals for consumers including podiatrists, physiotherapists and dementia services.

I find the following requirements are compliant:

* Requirement 3(3)(d)

Requirement 3(3)(f)

Requirement 3(3)(g)

The Assessment Team also identified areas where the Approved Provider did not meet the requirements for this Standard.

The Assessment Team found that the service has not demonstrated that each consumer gets safe and effective personal care, or both personal and clinical care, which is best practice, is tailored to their needs and optimises their health and well-being. Not all consumers at the Service have access to safe and effective personal care and clinical care as there were deficiencies in the required restraint authorisations. There were also shortfalls identified with no policies found for wound management, skin integrity and pain management to guide staff. In addition, the Service’s paper-based system and processes have discrepancies and are not supporting safe care to consumers.

The service was unable to demonstrate they consistently and effectively manage risks related to the personal and clinical care of each consumer in the areas of challenging behaviours, hydration, weight, medication and skin integrity. Whilst the Service has a risk management framework to manage high-impact and high-prevalence risks for the care of consumers there are deficiencies and the Service’s oversight and monitoring of these has not identified these deficits.

Documented information about some consumer’s condition was generic and not individualised. For example, wound management that was not specific to manage consumer wounds and behaviour support plans that did not reflect strategies individualised to the specific needs of the consumer.

The Service was unable to demonstrate the needs, goals and preferences of one consumer on a palliative pathway were being effectively addressed, with no comfort pathway, special care needs or end of life oversight in place.

The Approved Provider submitted and response in relation to the unmet requirements and acknowledged that there were shortfalls in the areas identified by the Assessment Team. There was additional context provided to try to clarify some of the findings with reasoning and in relation to individual consumer circumstances. It is acknowledged that the Approved Provider has/is committed to a reduction in polypharmacy and the use of psychotropic medications however there still needs to be improvements made to the associated permissions. It is also noted that the Approved Provider has made significant headway in addressing the identified issues and has a robust and organised continuous improvement plan in place to ensure quality care for consumers. However, it remains that the Approved Provider at the time of the site audit was not fully complaint in relation to this Standard.

I find the following requirement is Non-Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(c)

Requirement 3(3)(e)

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

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

The Assessment Team found overall that consumers/representatives considered they receive the services and supports for daily living that are important for their health and well-being and enables them to participate in activities and the things they want to do. In addition, they also provided positive feedback relating to how staff support them to do so. Staff also assist consumers to keep in touch with family, friends and people who are important to them.

Food and meals at the Service are of a suitable quality, variety, and quantity confirmed by the positive feedback from consumers.

Furthermore, the Service were able to demonstrate they are providing psychological, emotional and spiritual care and services for consumers through the personal care of staff members, pastoral care and counselling services. In addition, lifestyle plan information is documented and includes life events, preferences and consumers personal history and is used to plan activities and promote independence.

Lastly, the equipment at the Service was clean, safe, well maintained, and fit for purpose according to consumer’s needs. Equipment is also well maintained.

I find the following requirements are Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

* Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# Standard 5

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

## Findings

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

The Assessment Team found that consumers/representatives considered they feel a sense of belonging in the service and feel safe and comfortable within the service environment. Consumers/representatives also said the indoor and outdoor areas, lifestyle activities and personal care provided by staff members make the service a nice place to live.

The presentation of the Service was found to be welcoming and promotes functionality including social and private spaces for the enjoyment of consumers and visitors. The Assessment Team also found that the service environment is clean and well maintained, and the equipment and furnishings are suitable to meet consumer needs. In addition, maintenance documentation demonstrates the Service engages in the regular maintenance of equipment to ensure the service environment and equipment are safe, clean and well maintained.

Overall, the Assessment Team found that various shared functional areas for consumers and visitors to use for interacting and activities. The service environment provides consumers with a sense of belonging and independence and is easy to understand and navigate without difficulty. In addition, Consumers and representatives interviewed said they have free and easy access to all outside areas within the service and staff regularly encourage them to go for a walk outside and engage in indoor and outdoor activities.

I find the following requirements are Compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

**Standard 6**

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

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

The Assessment Team found that consumers considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. The Service could also demonstrate consumers, their family, friends, carers, staff and others are encouraged and supported to provide feedback and make complaints. Consumers also said they would feel safe and comfortable in raising a complaint and did not fear any reprisal for doing so.

The service ensures consumers are made aware of, and have access to, advocates, language services and other methods for raising and resolving complaints.

Most consumers and representatives interviewed said they had not needed to make complaints about the care and services they receive. Representative feedback demonstrated that open disclosure has occurred in relation to one sampled complaint. In addition, staff demonstrated awareness of open disclosure principles in relation to their responsibility and day-to-day work.

Moreover, the Service has demonstrated that it has systems and processes to support the review of feedback and complaints and that this information is used to improve the quality of care and services for consumers. Management stated that they have an open-door policy and all consumers and representatives are encouraged to come forward with any feedback and concerns. Management also advised that complaints and feedback are sought at case conferences and through one-on-one discussions with consumer/representatives.

I find the following requirements are compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

**Standard 7**

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

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

The Assessment Team found that consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers/representatives interviewed were satisfied with the care and services provided. They said the staff are very good and were responsive to their needs. They confirmed that staff responded to call bells in a reasonable time. This was seen in action by the Assessment Team who observed staff interacting with consumers in a kind, caring and respectful manner.

Consumers were confident that the staff are trained and competent to deliver the care and services they require. They said staff generally know what they are doing and did not identify areas where further education and training are required.

Staff interviewed confirmed they normally have enough time to complete their duties on their shifts and said staff on sick leave are usually replaced. Staff have also participated in training provided at the Service and said have the resources and equipment they need to deliver care to consumers. Furthermore, Management showed they have processes for rostering staff to deliver safe and quality care and services to plan for the appropriate number of staff and skills mix to meet the care needs of consumers.

The service demonstrated it has a system for the planning and management of its workforce to ensure safe and quality care and services are delivered to consumers. There are systems to ensure staff are competent and have the qualifications and knowledge to perform their roles effectively. The service also has systems to ensure staff are recruited, trained, equipped and supported to deliver care and services in line with the Quality Standards. In addition, Management demonstrated they regularly monitor and review the performance of staff.

I find the following requirements are compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

**Standard 8**

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| Organisational governance | | Non-compliant |
| 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. | Non-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. | Non-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. | Non-Compliant |

## Findings

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

The Assessment Team found that consumers considered the organisation is well run and that they can partner in improving the delivery of their care and services. Consumers confirmed they have the opportunity to attend consumer meetings and provide feedback and suggestions by other means. Consumers feel comfortable talking with management, and management are responsive when matters are raised. There are regular monthly resident meetings with feedback and suggestions encouraged. A review of meeting minutes showed there was discussions about what is happening at the service, food and catering, lifestyle program/activities, maintenance, continuous improvement, and the complaints process.

The service demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Board’s commitment to a culture of safe, inclusive and quality care is captured their Strategic Plan. In conjunction with this the recruitment process is designed to select staff who share the values of the organisation and who support the culture of safe, inclusive and quality care.

I find the following requirements are compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

The Assessment Team also identified areas where the Approved Provider did not meet the requirements for this Standard.

Whilst there are organisational governance systems in place the Service was unable to demonstrate the systems for information management and regulatory compliance are effective. The information management system in place is not consistently effective.

Moreover, the Service was not able to demonstrate the system for managing high impact/high prevalence risks is effective, especially in relation to the management of pressure care. The Assessment Team found that identification and management of high impact and high prevalence risk was not consistent and effective for all consumers.

A clinical governance framework is in place including policies and procedures relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. However, these are not being effectively implemented in relation to the use of restrictive practices.

The Approved Provider submitted and response in relation to the unmet requirements and acknowledged that there were shortfalls in the areas identified by the Assessment Team. It is acknowledged that the Approved Provider is working with the Board to make the relevant improvements as outlined in the continuous improvement plan that does show a string commitment to returning to compliance with the Standards. However, it remains that the Approved Provider at the time of the site audit was not fully complaint in relation to this Standard.

I find the following requirement is non-compliant:

Requirement 8(3)(c)

Requirement 8(3)(d)

Requirement 8(3)(e)

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)