Performance

Report

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| Name of service: | Tuia Lodge |
| Service address: | 30 Allnutt Street DONNYBROOK WA 6239 |
| Commission ID: | 7124 |
| Approved provider: | Great Southern Care Company Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 April 2023 to 14 April 2023 |
| Performance report date: | 29 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Tuia Lodge (**the service**) has been prepared by J. Howard, 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 conducted from 11 April 2023 to 14 April 2023; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Other information and intelligence held by the Commission in relation to this service.

# 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 | | 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

Consumers and representatives stated they felt respected, treated with dignity and fondly referred to staff as their family. Consumers and representatives said they felt supported to maintain their identity through activities and lifestyle choices important to them. Staff were observed addressing consumers by their preferred names, identified consumers’ individual likes and preferences, and detailed specific service arrangements to meet these needs. Documentation reviewed by the Assessment Team outlined each consumer’s background, care needs and preferences, and their interests.

The service had various displays and paraphernalia to foster a “country feel”, demonstrating an appreciation for the background and heritage of consumers. The Assessment Team reviewed documentation guiding staff regarding the ethos and values of the organisation, and the culturally safe delivery of care. Services provided were consistent with consumer cultural preferences and practices.

Consumers and representatives said care and services were delivered according to their choice and they were aware they could change preferences. Staff stated entry meetings included the collection of consumer preferences, and staff regularly checked with consumers for changes. Documentation outlined who was involved in care planning, and staff had access to information through electronic records. Consumers confirmed support from the service to enable the maintenance of their relationships.

Consumers verified, and documentation demonstrated consumers and representatives were aware of potential injury or harms, when participating in activities involving risk. Consumers said the service had explained the risks, had strategies to minimise harm, supported their choices, and had signed documentation. Management and staff could name consumers participating in activities with levels of risk, and explained how they supported independent consumer engagement in the community.

Consumers and their representatives said they received information in a way they understood and helped them make choices to suit their needs and preferences. The service communicated with families through a variety of methods, both electronic and paper based. Staff identified communication methods specific to individual consumer needs.

Staff confirmed consumer information was stored in a secure location, with role relevant access. The Assessment Team observed personal care was delivered in the privacy of consumers’ rooms, and staff handovers occurred in a private room with the door closed. Policies were in place concerning information storage and the electronic client management system usage.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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. | 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 stated they received the care and services they needed and were involved in the care planning process. Staff explained the assessment and planning processes and said consumer’s care and services were delivered effectively and safely based on initial and ongoing assessments, and as circumstances changed. The Assessment Team reviewed admission documentation for consumers that showed the care planning process included assessment of risks, and how care and service delivery aligned with consumers’ needs.

Consumers confirmed staff were aware of their needs and preferences and care and services were tailored accordingly. The service provided care planning documentation which identified and addressed current consumer needs, goals and preferences, and included advance care and end-of-life planning.

The service demonstrated it partnered with consumers, and others who consumers wished to involve, in the planning and assessment of care during admission, assessments, case conferences and Resident Meetings. Consumers confirmed they regularly discussed care options with staff, and those they wished involved involve in their care. Referrals reviewed by the Assessment Team reflected involvement with a diverse range of external providers and services, and staff confirmed they liaised with allied health providers and specialised care providers to provide care for consumers.

Consumer care plan documentation indicated outcomes of assessment and planning were communicated to consumers and their representatives. Care plans were accessible to staff both in consumers’ rooms and on electronic devices and the Assessment Team observed staff accessing electronic care plan charts. The Service’s consumer survey detailed consumer participation in care planning and consumer confidence in the care provided to them. Consumers and their representatives confirmed they were aware of outcomes of assessment and planning.

The service performed regular reviews of consumer care and services and documentation viewed by the Assessment Team contained copies of review information. Staff reported regular assessments with intermittent reviews when a change or incident triggered a review, and when consumers requested changes to suit their goals and preferences. Policy guided staff on assessment and review of care and services.

# Standard 3

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| Personal care and clinical care | | 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. | 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

Interviews with consumers regarding specific care needs aligned with electronic records containing consumer summaries, care plans, complex care conditions, progress notes, and forms. Staff advised policies and resource manuals were updated to provide current best practice guidance, and care plan documentation reviewed by the Assessment Team detailed management plans and monitoring records for consumers. Consumers said clinical and personal care provided was of a high standard, staff were attentive, and care was personalised to their preferences.

Management said monthly reports identified high-impact and high-prevalence risks and the service implemented individualised strategies to address any identified concerns. Consumers confirmed, and the Assessment Team observed, strategies in place which supported the effective management of risk.

The Assessment Team reviewed documentation in line with consumers’ end-of-life wishes, needs and preferences. The service had policies for palliative care, comfort and dignity during the end-of-life stage, and management said training was provided to staff to enable competent care delivery, with access to clinical guidance. Consumers and staff described memorial services, and newsletters commemorating consumers.

Consumers and representatives said they were contacted when a change in condition occurred. Staff said they identified and responded when there was a change in consumer condition, as they were familiar with consumers and described how clinical staff were available for support if necessary. Policy detailed the roles and responsibilities in alerting the clinical team, the response to a consumer’s condition, observation protocols and communication in line with consumer wishes.

Consumers and representatives said they were satisfied with their care plans and their preferences were documented. Staff said they received information on a consumer’s care by reading care plans and progress notes, accessing the electronic care management system and attending handovers. Care plans contained information specific to each consumer’s needs, preferences, conditions, behavioural management, and mobility considerations.

Consumers advised there was an extensive referral program for care and services outside the service. The Assessment Team reviewed progress notes with entries recording referral dates and communications to allied health teams, and medical officers, and reflecting timely actions. Staff described various consumer referrals in place to support consumer care and documentation outlined external providers and organisations the service engaged with.

The Assessment Team reviewed documentation, interviewed clinical staff and management, and observed hygiene practices and strategies to minimise infection risk, and antibiotic reliance. Consumers reported the service addressed outbreaks with preventative actions and staff described the service’s comprehensive outbreak management plan. The service had an infection prevention and control lead, with availability to clinical support.

# 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

Consumers said they received services and supports which enhanced their lives and staff were aware of their individual needs and preferences. Care planning documentation identified consumers’ choices and the supports available which enabled consumers to participate in activities they wanted to do. A lifestyle program reflected a wide range of activities available to consumers, with an activities calendar displayed throughout the service. The Assessment Team observed therapy staff providing one-on-one support for consumers, while group activities were coordinated by the lifestyle team.

Staff said they worked collaboratively with consumers to develop an activity schedule which reflected consumer interests. Consumers confirmed they received supports which promoted their emotional, spiritual and psychological wellbeing. Staff said they supported consumers to actively engage in the community outside the service environment. Documentation reviewed by the Assessment Team demonstrated consideration of consumer emotional, spiritual and psychological choices and needs.

Consumers described internal and external activities and events they engaged in, and how they were supported to maintain relationships important to them. A review of consumer care documentation identified consumer interests and activities they wished to participate in, and the relationships they wished to maintain.

Management and staff provided examples of how the service supported consumers’ participation in community events and activities. Staff described how they liaised with community groups to enable consumers to maintain their interests and community connections.

Documentation, which included an electronic records management system, ensured consumer information was stored and shared with providers of consumer care. Staff detailed the process for communicating internally at the service and externally to others where responsibility for care was shared. Consumers said staff were aware of their conditions, needs and preferences and the communication process was well conducted.

Management and staff described how the service worked with external individuals and organisations to supplement services and supports for daily living offered to consumers, which included hairdressing and a library service. Care planning documentation reviewed by the Assessment Team contained referrals to external services involved in supporting consumers, and consumers confirmed they received access to services outside the organisation.

Staff described how they met individual consumer’s dietary needs and preferences and how changes were communicated. Management advised the service received feedback regarding meals in a Food Satisfaction Survey and had implemented changes based on this. Consumers stated meal alternatives were available when they did not like the options on offer and confirmed they enjoyed the meals provided, which were of a suitable temperature, quality and proportion.

Consumers said they felt safe when they used equipment and they were comfortable reporting concerns. Consumers stated the maintenance officer attended to issues quickly and efficiently. The Assessment Team observed equipment was safe, suitable, clean, and well maintained and the maintenance team undertook ongoing monitoring to ensure equipment was fit for purpose. Staff stated they had the equipment they needed, and it was in a good condition, to provide care for consumers.

# 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 service included spaces for consumers to interact with others and dedicated areas for religious and cultural practices. Consumers had access to outdoor areas from their rooms and had seating to enjoy the garden. The Assessment Team observed the environment to be welcoming, adequately lit, free of clutter, with clear signage throughout. Consumers and representatives confirmed the service was welcoming, easily navigated and encouraged a sense of belonging, and consumers enjoyed living there.

Consumers said the service felt safe, clean and well maintained, with features which enabled independence and easy access to outdoor areas. The service had an onsite maintenance officer and cleaning staff provided the Assessment Team with an overview of the service’s cleaning practices.

Consumers confirmed, and the Assessment Team observed, furniture, fittings, and equipment were safe, clean and well-maintained. Staff said they had access to sufficient well-maintained equipment to meet the needs of the consumers. Furniture and equipment were under a scheduled maintenance plan with specialist contractors in place where required.

# 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

Consumers and representatives described ways they could provide feedback, which included the feedback box, communicating directly with staff and management, family conferences, Resident Meetings, and lodging a formal complaint. Staff said they were familiar with the lodgement and escalation process for feedback and complaints and were supportive in assisting consumers to do so. The organisation’s policies included a feedback system and the management of the feedback received.

Consumers and representatives said they were aware of, and had access to, advocates, language services and external services for raising and resolving complaints, should they need it. Brochures and newsletters were observed at the entry desk regarding access to advocacy agencies and the services they provided. Management described the use of an advocacy agency to support a consumer at the service.

Consumers and representatives confirmed management responded to and resolved complaints, and they were informed of processes and strategies implemented in response to their concerns. Consumers said they were confident open disclosure would occur should something go wrong. Management said they practiced open disclosure, gave examples and explained the process undertaken.

Management described the inclusion of additional practices, in response to feedback, as evidence of quality of care and services continuous improvement. Management provided examples of how they responded to complaints and changed processes following consumer feedback. Consumers confirmed their feedback was used in the improvement of care and services.

# 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

Consumers and representatives said staff provided safe, kind and respectful care which met their needs. Observations by the Assessment Team indicated staff were available when consumers required assistance and rostering documents indicated shifts were filled and a registered nurse was available daily. Management said the service recruited care workers on an ongoing basis, ensured leave absences were covered, and rostered appropriate staff combinations for safe and effective delivery of care.

Consumers and representatives confirmed care and services provided were delivered by kind and responsive staff. Consumers said staff were respectful of their identity and diversity and understood their background and cultural preferences. Staff were familiar with consumers preferences and understood the consumer’s culture, with details aligning with consumer interviews. Staff were guided by policies and procedures to deliver consumer-centred care and services.

Most consumers and representatives were confident staff were sufficiently skilled to meet their care needs. Management detailed processes to ensure a competent workforce with the qualifications and knowledge to effectively perform in their roles. Staff outlined mandatory training and assessments required, and said they were capable of performing their roles. The organisation had policies in place regarding requirements for each role and documents reviewed by the Assessment Team demonstrated staff had the necessary qualifications.

Staff confirmed they received training, equipment, and support to provide the care and services consumers required. Consumers and representatives stated staff knew what they were doing, and they were satisfied with the care they received. Documentation detailed staff training requirements to ensure staff were equipped to deliver care in line with the Standards. Records reflected high training completion rates.

The workforce undergoes monitoring, and review of staff performance with bi-annual appraisals. The Assessment Team reviewed a matrix with most staff appraisals up to date. Staff advised when their last appraisal was completed, or advised when their upcoming performance review was due. Management detailed the performance review process and described how it was tracked through a monitoring spreadsheet, with follow-up actions performed on completion of the appraisal.

# Standard 8

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| Organisational governance | | 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. | 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

Management outlined the processes and strategies through which consumers were engaged as partners in the development, delivery and evaluation of care and services provided. Consumers and representatives said the service sought their input in the development and delivery of care and services. Consumer meeting minutes showed how input from consumers informed the service’s delivery of care and services.

Management advised, and a review of records showed, the service’s governing body was accountable for and promoted safe, inclusive care and services. The organisation had a clinical governance framework which establishes cascading accountability from the director of nursing through the executive management team to the governing body. Consumers and representatives felt the organisation promoted an inclusive culture, which was safe and provided them with quality care.

Management described processes and mechanisms in place for effective, organisation-wide governance systems relating to information management, continuous improvement, financial budget and expenditures, workforce governance, regulatory compliance, feedback and complaints. Consumers and representatives said the service encouraged feedback and complaints and used the information to identify areas for improvement.Staff described key elements of the organisation-wide governance systems such as electronic records, role descriptions, feedback and complaints, and regulatory compliance.

The Assessment Team reviewed policies which guided staff in incident evaluation and reporting, and the incident report register detailed appropriate actions. Management said the organisation had a risk management framework and clinical governance framework which addressed consumer safety, person-centred care, clinical safety, risk management, and the escalation of critical incidents to support consumers in living the best lives possible. Monthly meetings addressed and reviewed high-impact or high-prevalence risks, with the organisation’s governing body participating in the review of incidents and risk mitigation.

Management discussed their oversight of open disclosure, incident reporting, antibiotic usage, and restrictive practices through the review of clinical reports, and how this led to best practice delivery of care for consumers. Staff confirmed education in antimicrobial stewardship and open disclosure, and clinical staff described strategies to minimise antibiotic use. A review of policy by the Assessment Team identified the service endorsed a restraint-free approach to care.

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)