Performance

Report

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| Name: | Wilson Lodge |
| Commission ID: | 3475 |
| Address: | 155 Guthridge Parade, SALE, Victoria, 3850 |
| Activity type: | Site Audit |
| Activity date: | 28 February 2024 to 1 March 2024 |
| Performance report date: | 3 April 2024 |
| Service included in this assessment: | Provider: 1509 Central Gippsland Health Service  Service: 2226 Wilson 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 Wilson Lodge (**the service**) has been prepared by Denise McDonald, 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
* other information and intelligence held by the Commission in relation to the 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 | |  |
| 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with kindness, dignity and respect, and their culture and diversity were valued. Staff were familiar with consumers’ backgrounds and described how they treated consumers with respect. Care documentation captured information regarding consumers’ life stories and identity.

Consumers described how their culture was respected and supported by staff. Staff were able to identify consumers’ individual cultural needs and preferences, and described how they ensured their culture was respected. Care documentation reflected consumers’ cultural needs and preferences.

Consumers stated they were supported to exercise independence when making decisions and maintaining relationships of choice. Staff demonstrated an understanding of consumers’ choices to maintain connections with family members, and advised they encouraged consumers to make decisions about their care. Care documentation evidenced consumers’ choices regarding the delivery of care and who was to be involved in their care.

Consumers confirmed they were supported to take risks and they were involved in risk assessments. Care documentation outlined the risks consumers wished to take and evidenced the benefits and potential harm had been discussed with them. Staff were aware of the risks taken by consumers, and the strategies in place to promote their safety.

Consumers confirmed they were verbally informed of menu options and upcoming lifestyle activities by staff and were provided with the monthly newsletter. Staff advised copies of the lifestyle calendar were available on noticeboards and within consumers’ rooms. Staff were observed to inform consumers of meal options for the upcoming meal service.

Consumers confirmed their privacy was respected and were confident their personal information was kept confidential. Staff advised they knocked on consumers’ doors prior to entry, and closed doors and curtains when providing care. Nurses’ stations were observed to be locked and consumer files were securely stored.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Care documentation evidenced a range validated risk assessment tools were conducted to identify key risks to strategies and implement risk mitigation strategies. Staff demonstrated an understanding of the assessment tools for consumers entering the service. Representatives confirmed they discussed key risks to consumers upon the consumer’s entry to the service.

Consumers confirmed staff had consulted with them and their representatives in relation to their needs, goals and preferences, and end of life planning. Staff advised advance care planning was completed upon the consumer’s entry to the service and updated during care plan reviews. Care documented reflected consumers’ end of life goals and preferences.

Representatives confirmed assessment and planning processes were completed in consultation with themselves and allied health therapists. Staff advised consumers and representatives were involved in discussions regarding changes to the consumers’ care needs and in the referral process. Care documentation evidenced input from consumers, representatives, medical officers and allied health professionals.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them, and they were offered a copy of the care plan. Staff advised care plans were offered to consumers and representatives during the care plan reviews. Policies and procedures were in place to guide staff in the effective communication of assessment and care planning outcomes.

Care documentation evidenced care plans were reviewed on a regular basis, when there were changes to consumers’ condition or when incidents occurred. Staff detailed the processes in place to regularly review consumers’ care and services for effectiveness or when circumstances changed.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives advised consumers received personal and clinical care which was safe and tailored to consumers’ needs and preferences. Staff demonstrated an understanding of consumers’ personal and clinical care needs inclusive of restrictive practices, pain management and skin care. Care documentation evidenced individualised care was provided to consumers, however 3 consumers did not have a signed restrictive practice consent form in place.

Care documentation evidenced key risks to consumers such as falls and diabetes were appropriately managed by staff, and directives were in place to minimise risks. Staff demonstrated an understanding of consumers’ high impact or high prevalence risks, and the strategies in place to monitor and manage these risks.

Care documentation for a palliating consumer evidenced routine review and management of their pain, distress and discomfort. Staff described how end of life care was provided to consumers through regular oral care, skin and pain management, and the involvement of consumers’ families. Policies and procedures were in place to guide staff practice in relation to recognising and addressing consumers end of life goals and preferences.

Representatives confirmed changes to the consumers’ condition was promptly recognised and responded to. Staff described how they monitored consumers for signs of deterioration, and the process they would follow to escalate the consumer for additional follow up. Care documentation evidenced changes in consumers’ health was recognised and responded to in a timely manner.

Consumers said information regarding their care needs and preferences was effectively communicated between staff, and they did have to repeat themselves. Care documentation evidenced consumers’ representatives and medical officers were notified following a change in the consumer’s condition. Staff advised information was communicated during handover and documented within the electronic care management system.

Representatives confirmed consumers received timely and appropriate referrals to medical officers and allied health therapists. Staff described the process to create referrals to external providers of care, and advised they would inform consumers and representatives of the referral. Care documentation evidenced referrals were made to external providers of care following incidents.

Staff demonstrated an understanding of the precautions in place to prevent infections and the steps in place to ensure the appropriate use of antibiotics. Staff were observed to practice hand hygiene, and all visitors were subject to a COVID-19 screening process upon their entry to the service. Representatives confirmed staff effectively managed COVID-19 outbreaks.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers received appropriate supports to assist them to participate in their chosen activities. Staff stated lifestyle assessments were conducted upon consumers’ entry to the service to capture their needs, goals and preferences. Care documentation reflected the supports required by consumers to optimise their independence and quality of life.

Consumers felt supported to attend religious services and confirmed they were provided with emotional support when they were feeling low. Staff described how they supported consumers with emotional support by providing one to one supports and facilitating conversations with the family and friends. Care documentation evidenced information regarding consumers’ emotional, spiritual and psychological needs.

Consumers confirmed they were supported to participate in activities within the internal and external community, and to maintain contact with their family and friends. Staff advised they supported consumers to maintain social relationships by organising events and opportunities for consumers to gather and converse with each other. Consumers were observed to be actively engaged with activities taking place within the service.

Consumers felt their daily living choices and preferences were effectively communicated between staff. Staff advised changes to the consumer’s needs were communicated through handover and documented within the electronic care management system. Care documentation evidenced consumers’ condition, needs and preferences were documented, and this information was accessible by staff.

Consumers confirmed they were referred to support services when required. Staff described the various external organisations and volunteer groups they engaged with to supplement the lifestyle services offered to consumers. Care documentation evidenced the collaboration with external organisations to support the diverse needs of consumers.

Consumers provided positive feedback regarding the meals they received. Care documentation evidenced consumers’ dietary needs and preferences were captured. The kitchen was observed to be clean and tidy, with staff adhering to food safety and workplace health protocols.

Consumers confirmed their mobility equipment was kept clean and well maintained. Staff described the process for identifying equipment maintenance issues, and advised equipment was regularly maintained and cleaned. Maintenance logs evidence reactive maintenance issues were promptly addressed.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers felt the service environment was comfortable and simple to navigate. Staff confirmed walkways were kept free of obstructions, and if hazards were identified it would be promptly reported and responded to. The service environment was observed to be spacious, with outdoor courtyards to contain garden beds, seating and shaded areas for consumers and visitors to enjoy.

Consumers confirmed the service environment was clean, well maintained and they were able to freely access the outdoor areas. Maintenance records evidenced environmental and workplace audits were completed. Staff advised communal areas were cleaned on a daily basis and consumers’ rooms were cleaned weekly.

Staff were knowledgeable of the process to record and report maintenance issues for actioning. Consumers confirmed staff were responsive to maintenance issues, and all fittings in their rooms were well maintained. Utility rooms were observed to be organised, and consumers’ rooms and bathrooms were clean, tidy and well maintained.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers said they felt comfortable and understood how to provide feedback or make complaints. Staff described the various avenues available to consumers and representatives to provide complaints, including through discussions with staff, by completing feedback forms, raising issues during consumer meetings or through consumer satisfaction surveys.

Consumers and representatives were aware of external complaint avenues, however they felt comfortable to raise their concerns directly with staff. Posters and brochures promoting access to language and advocacy services were displayed in communal areas. Staff demonstrated an understanding of external advocacy and language services available to consumers and noted information was displayed around the service.

Consumers and representatives gave practical examples of prompt resolutions in response to their complaints and feedback and confirmed an apology was provided to them. Staff described how they would be honest with consumers and representatives and offer an apology when things went wrong. Complaints were documented within an electronic register which provided reminders to management to ensure the prompt actioning of complaints in alignment with set time frames.

The continuous improvement plan evidenced the improvements made in response to consumer feedback along with the estimated and actual completion dates. Consumers confirmed their feedback and complaints have led to improvements. Management advised all feedback and complaints were acknowledged and reviewed, and complaints data was trended to inform improvement opportunities.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives felt there were enough staff to meet the consumers’ needs, and their calls for assistance were promptly answered. Staff advised there were sufficient staffing levels to meet consumers’ needs, and management were prompt to replace staff away on unplanned leave. The fortnightly staffing roster evidenced all shifts were filled, and Registered Nurses were rostered on a 24/7 basis.

Consumers and representatives felt staff engaged with consumers in a kind, caring and respectful manner. Respectful interactions were observed between staff and consumers, with staff using consumers’ preferred names when addressing them. Staff advised they approached consumers with respect, and they learned about their backgrounds to enhance friendly interactions.

Consumers and representatives confirmed staff were competent to perform their roles and meet consumers’ needs. Personnel records evidenced staff had the appropriate qualifications, experience and registrations in place to perform their roles.

Staff outlined the onboarding process which included a range of mandatory training which they found to be useful and effective. Consumers felt staff were well trained and knew what they were doing when they were attending to their care needs. Management outlined the electronic training platform and described how they were alerted to staff with overdue training.

Staff confirmed they had undertaken a recent performance appraisal and advised the appraisal process provided them with an opportunity to evaluate their performance and receive improvement feedback. The appraisal register evidenced all staff had a current performance appraisal in place. Management advised staff performance was monitored through annual performance appraisals, consumer and representative feedback and internal audit results.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives confirmed they could provide their feedback and input into the delivery of care and services through feedback forms, speaking with staff or during consumer meetings. Management outlined several recent improvements that were driven by consumer feedback. Regular surveys were conducted by consumers and representatives to gather their feedback and influence the delivery of care and services.

Management advised a monthly report outlining clinical indicators, feedback and audit results was collated and provided to the governing body to ensure their effective oversight. Consumers felt safe with the delivery of their care and services. Leadership meetings with the governing body were held monthly to review the performance of the service and to inform improvement opportunities.

Staff advised they had access to the information required to delivery quality care and services through the electronic care management system and online portal. Management described the financial management systems in place and outlined the process to obtain additional funding through business plans and approval from the governing body. The results and analysis of audits, surveys, feedback and incidents was used to inform improvement actions.

Monthly clinical indicator data relating to high impact and high prevalence risks including restrictive practices, falls, weight loss and medication management was collated, analysed and reported during service and organisational level meetings. A Serious Incident Response Scheme register was maintained, and evidenced incidents were reported in a timely manner, investigations were conducted, and appropriate action was taken.

Policies and procedures were in place to guide staff practice in relation to antimicrobial stewardship and open disclosure, however documentation relating to restraint minimisation was not found to be reflective of all consumers’ current needs. Staff demonstrated a shared understanding of open disclosure principles in alignment with policies. Management advised monthly audits were conducted to review pharmacy records and antibiotic usage to ensure the effective use of antibiotics.

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)