



Performance Report

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Name of service:	Elizabeth Lodge (Rushcutters Bay)
Service address:	46 Bayswater Road RUSHCUTTERS BAY NSW 2011
Commission ID:	0476
Approved provider:	Anglican Community Services
Activity type:	Site Audit
Activity date:	7 February 2023 to 9 February 2023
Performance report date:	9 March 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 Elizabeth Lodge (Rushcutters Bay) (**the service**) has been prepared by J Earnshaw, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)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

¹ The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018.

Assessment summary

	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

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: <ul style="list-style-type: none">(i) make decisions about their own care and the way care and services are delivered; and(ii) make decisions about when family, friends, carers or others should be involved in their care; and(iii) communicate their decisions; and(iv) 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 said consumers are treated with dignity and respect and staff value their identity, culture, and diversity.


Care planning documentation identifies consumers' cultural needs and preferences, who is involved in their care and how the service supports them to maintain relationships of importance to them. Staff could describe consumers' cultural needs and how this influences the delivery of care and services.

Consumers and representatives advised that consumers are supported to maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers are encouraged to maintain their independence, supported to take risks and staff know what is important to individual consumers. Consumers reported their social connections are supported both inside and outside the service.

The service was able to demonstrate information in relation to care and services provided to consumers and representatives is clear, easy to understand, in a timely manner, and allows them to make informed choices.

The service encourages participation in the 'ResiAction' program, which supports and enables consumers to perform roles within the service community based on their life experience and cultural interests.



Staff respect consumer privacy, for example consumers said staff knock prior to entering rooms, announce themselves and wait to be invited in.

The organisation had policies and procedures that are relevant to this Quality Standard and include the Confidentiality policy, Dignity of Risk policy a and a Supported Decision Making Policy to guide staff practices.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the compliance history of the Service. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

Standard 2

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)	<p>The organisation demonstrates that assessment and planning:</p> <ul style="list-style-type: none"> (i) 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 (ii) 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


The service demonstrated a consistent approach to assessment and care planning is undertaken with consideration of risks such as falls, skin integrity, diabetes management and continence care.

Consumers and representatives considered consumers are partners in the ongoing assessment and planning of consumers care and services, including consideration of consumer's wishes for end of life care and how other providers of care are involved in the consumers' care. Consumers and representatives are informed about the outcomes of assessment and care planning by staff at the service and with external health care providers.

Staff described assessment and care planning processes and said consultation occurs with the consumers and representative and other health professionals to inform the development of an individualised plan. Care planning documentation evidenced the involvement of the consumer, those the consumer wishes to be involved, medical officers, physiotherapist, speech pathologist, occupational therapist and dietitian in consumers' care. Potential risks to the consumer had been considered, including for example falls, diabetes management and skin integrity.

The organisation had policies, procedures and guidelines in regard to assessment and planning to guide staff practice, including a suite of evidence-based assessment tools.

The service had an electronic care management system. Review of consumers care planning documentation identified assessment and planning included the consideration of individual



consumers' risk and reflected the consumer's current needs, goals and preferences, including advance care planning.

Staff said that care planning information is communicated through the electronic care management system and case conferences. The service demonstrated care plans are reviewed every 3 months, when circumstances change or following an incident.

Consumers and representatives said staff discuss consumers' care needs or preferences with them and are responsive when there is a change to these. Staff said where a need is identified such as following a fall, change in mobility or on return from hospital., allied health staff participate in the review process.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the compliance history of the Service. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

Standard 3

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: <ul style="list-style-type: none"> (i) is best practice; and (ii) is tailored to their needs; and (iii) 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: <ul style="list-style-type: none"> (i) standard and transmission based precautions to prevent and control infection; and (ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. 	Compliant

Findings


Consumers and representatives considered consumers received personal care and clinical care that is safe, right for them and in accordance with the consumers' individual needs and preferences.

Consumers and representatives expressed satisfaction that consumers' needs, and preferences were effectively communicated between staff.

Care planning documentation for consumers demonstrated effective assessment, management and evaluation of restrictive practices, skin integrity and pain.

Where restrictive practices are in place, assessments, informed consent from consumers and /or representatives and monitoring were demonstrated. Behaviour support plans are in place for consumers who are subject to restrictive practices and the service maintains a psychotropic medication register identifying the type of psychotropic, regular and as required medications. Review of documentation confirms consumers' medication is reviewed regularly by the Medical Officer.

The service was able to demonstrate consumers experiencing chronic pain receive regular pain assessments identifying the site, type and severity of pain identified. Validated assessment tools



are used, with both pharmacological and non-pharmacological interventions included in care planning documentation, with pain relief medication reviewed for effectiveness.

Pressure area care is completed as prescribed. Consumers with pressure injuries and other wound types have a wound care plan, with regular measuring, photographing and referral to specialist wound services as required.

The service was able to demonstrate effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care documentation identified consumers at risk, and staff were able to describe risks to the consumers including falls, skin integrity, pain management and weight loss and the risk mitigation strategies that are used for these.

The service reviews, trends and analyses clinical incidents and quality indicator data and holds a monthly falls committee meeting to analyse falls risk, where falls are occurring, types of falls and the time they are occurring. The service has a gymnasium with equipment available for consumers to access with personalised exercise programs in place.

Staff were able to describe the ways they recognise and respond to deterioration or change in the consumer's condition and clinical pathways are available to guide staff in identifying and responding to a change or deterioration in consumers' conditions.

Staff described the ways in which information was shared amongst staff, which included within the electronic care management system, handover and staff meetings.

The service was able to demonstrate the minimising of infection-related risks through antimicrobial stewardship, the implementation of screening processes, staff education and through standard transmission-based precautions to prevent and control infection.

The service has documented policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and management of COVID-19 outbreaks. The service has a vaccination program for staff and consumers and is supported by an infection prevention and control lead. Staff were able to describe practices to prevent and control infections such as hand hygiene, use of personal protective equipment, encouraging fluids and obtaining pathology results prior to commencing antibiotics.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the compliance history of the Service. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

Standard 4

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: (i) participate in their community within and outside the organisation's service environment; and (ii) have social and personal relationships; and (iii) 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 and representatives said consumers are engaged in a variety of leisure and lifestyle activities based on consumers individual needs and interests. Services and supports for daily living optimise consumers' emotional, spiritual and psychological well-being.

Consumer care documentation demonstrated assessment processes capture the people important to individual consumers, those people involved in providing care and the activities of interest to the consumer.

Staff demonstrated knowledge of consumers' needs and preferences and the support they require in their daily living to remain independent, participate in activities and individual interests. Staff were able to describe individual consumer social, emotional, cultural, and spiritual needs.

Staff described how changes in consumers' care and services needs or preferences are communicated within the service, and with other health care providers as required.

The service was able to demonstrate timely and appropriate referrals occurred for consumers, to individuals, other organisations and providers of other care and services. Lifestyle staff described, and care planning documentation confirmed, how the service works in conjunction with external parties and organisations to supplement the services and supports for daily living offered to consumers.



The Assessment Team observed consumers participating in activities during the site audit, including Chapel, Montessori Club, and mealtimes.

Consumers expressed satisfaction with the quality and variety of meals provided said they are offered meal choices. Consumers dietary requirements and preferences are accommodated and used to inform meal delivery. Staff demonstrated an awareness of consumers' nutrition and hydration needs and preferences which are available in food service areas and recorded within the electronic care management system.

Consumers reported feeling safe when using equipment and knew how to report any concerns they may have about the safety of the equipment. The service was able to demonstrate equipment is safe, suitable, clean and when issues are identified, repairs are managed by maintenance in a timely manner.

Staff were able to describe how they identify and report any equipment that may not be fit for use and were observed to use antibacterial wipes to wipe down all equipment after each use.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the compliance history of the Service. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

Standard 5

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: (i) is safe, clean, well maintained and comfortable; and (ii) 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 environment was observed to be welcoming, easy to understand and to move around, both inside and outside. Consumers and their visitors were observed to move freely around areas of the service; and consumer rooms were personalised and decorated to reflect their individuality.

Consumers reported feeling at home in the service and felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment and advised the service is safe, clean, comfortable, well maintained and suitable for consumers and their visitors.

The service demonstrated the environment, furniture, fittings and equipment was safe and well maintained through preventative and reactive maintenance. The service was able to demonstrate processes for repairing or replacing furniture, fittings or equipment as required. Maintenance issues were reported and actioned promptly.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the compliance history of the Service. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

Standard 6

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

Findings

Consumers, representatives, and staff advised they are encouraged and supported to provide feedback and make complaints, and that appropriate action is taken by management following the raising of concerns.

Staff demonstrated a shared understanding of the internal and external complaints/feedback avenues, and advocacy and translation services available to consumers and representatives.

The service has processes to support and encourage consumers and representatives to provide feedback or to make complaints. The service has locked feedback boxes to facilitate the provision of anonymous feedback.

Management and staff demonstrated an understanding of open disclosure and was able to give examples of how they work with the consumer or representative to resolve the issues to the consumer's satisfaction and described changes that have been made at the service as a result of feedback received.

Feedback, complaints, and suggestions from consumers and representatives are sought through written feedback forms and informal ways including speaking to staff or management. Information on access to external complaints options and/or advocacy services were observed to be available to consumers and representatives.

The service trends and analyses complaints, feedback, and concerns raised by consumers or representatives and uses this information to inform continuous improvement activities across the service which are documented under the Plan for continuous improvement.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the compliance history of the Service. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

Standard 7

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

The service demonstrated the workforce is planned to meet the needs of consumers and the service has systems and processes in place to ensure there is sufficient staff rostered across all shifts. Call bell response times were monitored, with delays in response for assistance investigated by management.

Consumers and representatives consider they received quality care and services when they need them from people who were knowledgeable, capable, kind and caring.

Whilst staff advised they are 'busy', staff considered there were sufficient staff, and the right mix of staff, to plan and deliver care and services in accordance with the consumers' needs and preferences.

Management advised consumers are provided one on one support for external appointments and social engagements. The service has engaged an external consultant to review staffing needs within the service.

The Site Audit report described staff interactions with consumers to be kind and respectful and care planning documentation reflected respectful language. Staff had a shared understanding of consumers and what was important to them.

Management described how they determine whether staff are competent and capable in their role, which included induction on commencement of employment, and completion of mandatory training programs.

Management described how the workforce are recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Systems and processes were in place to identify training needs, provide education to staff, monitor staff performance, professional registrations and national criminal history checks.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the compliance history of the Service. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

Standard 8


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: (i) information management; (ii) continuous improvement; (iii) financial governance; (iv) workforce governance, including the assignment of clear responsibilities and accountabilities; (v) regulatory compliance; (vi) feedback and complaints.	Compliant
Requirement 8(3)(d)	Effective risk management systems and practices, including but not limited to the following: (i) managing high impact or high prevalence risks associated with the care of consumers; (ii) identifying and responding to abuse and neglect of consumers; (iii) supporting consumers to live the best life they can (iv) 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: (i) antimicrobial stewardship; (ii) minimising the use of restraint; (iii) open disclosure.	Compliant

Findings

Consumers and representatives advised they felt the service was well run, and they can partner in improving the delivery of care and services and expressed satisfaction with the way information about care and services is managed and how the information is provided to them.

Management described various ways the Organisation involves consumers in the development, delivery and evaluation of care and services, which included regular consumer meetings, surveys, conversations with staff and feedback avenues. Consumers were engaged in a dining room refurbishment design and in winter menu planning including taste testing proposed menu items.

The organisation's governing body, the Board, promotes a culture of safe, inclusive and quality care and services and was accountable for their delivery. The Board is informed by monthly governance and quality indicator reports and supports actioning of initiatives as required. The



Board undertook a re-structure during 2022 and appointed a Quality manager and Clinical care coordinator to support the service.

Staff advised feedback and the analysis of clinical indicators was used to inform continuous improvement activities. Staff advised they were able to access the information they needed to perform their roles. Staff demonstrated an understanding of consumers with high impact or high prevalence risks; these included falls, skin integrity/ wound management, behavioural incidents, and infections, and demonstrated how they implement the service's policies in alignment with best practice.

The service was able to demonstrate established governance frameworks, policies and procedures that supports the management of risk associated with the care of consumers.

The service demonstrated systems are in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective consumer care.

The service demonstrated systems are in place to encourage the provision of consumer feedback and complaints and ensure appropriate and proportionate action is taken. Evidence of open disclosure was observed within staff practices and how consumer feedback and complaints positively contribute to improvement initiatives and outcomes. The service implemented a new incident and feedback management system in August 2022, and management reported the improved reporting provides the Board with enhanced oversight.

The service has policies and procedures in relation to incident reporting, including reportable incidents and reporting timeframes. The service was able to demonstrate consumers are supported to take risks and participate in activities to enable them to live the best life they can.

Management and staff described, and the incident management system and reportable incidents register demonstrated, incidents are managed through an electronic Incident management system, and, how the service identifies, responds to, and reports incidents, including serious incident reporting.

The service has a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship and open disclosure was implemented within their daily tasks.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the compliance history of the Service. Therefore, it is my decision that each requirement and the overall quality standard are compliant.