Edward Collick Home

Performance Report

173 Wilson Street
KALGOORLIE WA 6430
Phone number: 1300 050 938

**Commission ID:** 7260

**Provider name:** Amana Living Incorporated

**Site Audit date:** 11 February 2020 to 13 February 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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
* the provider’s response to the Site Audit report received 6 March 2020.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

The Assessment Team recommended Requirements (3)(b) and (3)(d) in relation to Standard 1 as not met. I agree with the Team’s recommendation and find the service non-compliant with these requirements. I have provided reasons for my decision below.

The Assessment Team found consumers confirmed they are treated with dignity and respect and a number of Aboriginal consumers have been supported by the service to return to their lands and spend time in their communities. Documentation, observation and staff interviews show consumers’ information and privacy are respected and confidentiality is maintained, and staff are aware of who consumers wish to be involved in decisions about care and services.

However, the Assessment Team found consumers’ religious requirements and preferences in relation to food were not adhered to by the service, and consumers are not consistently supported by the service where risks associated with their preference of meals occur.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

### Requirement 1(3)(b) Non-compliant

Care and services are culturally safe.

The Assessment Team found two consumers’ meal preferences in relation to religious beliefs were not effectively supported and managed by the service. Examples include:

* Two consumers had documented preference and requirement not to eat pork. However, interviews with staff and review of menu options shows the consumers were being served pork.

The Approved Provider’s response acknowledges the deficits in the delivery of food in line with the consumers’ documented religious preferences and have taken appropriate action to address the issue, including:

* Kitchen staff have been counselled and provided direction to check consumers’ documented cultural and religious requirements and preferences before serving meals.
* A toolbox education package has been developed and delivered in relation to culturally safe care including provision of meals.
* A selection of alternate meal choices is now available in all diet textures to ensure access to alternatives when main menu does not support the preferences or cultural and spiritual requirements of the consumer.
* Meals and drinks lists have been reviewed and updated to include information to alert staff to specific diet preferences and requirements.

The service has a system in place to identify, document and communicate to staff consumers’ cultural and spiritual requirements and preferences including in relation to meals. I acknowledge the service has implemented appropriate actions and improvements to address the issues identified by the Assessment Team. However, at the time of the site audit the service did not demonstrate staff effectively supported two consumers in relation to their cultural and religious preferences and requirements.

For the reasons summarised above, I find the service non-compliant with this requirement.

### Requirement 1(3)(c) Compliant

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.

### Requirement 1(3)(d) Non-compliant

Each consumer is supported to take risks to enable them to live the best life they can.

The Assessment Team found the service was unable to demonstrate each consumer is supported to take risks and provided the following example:

* One consumer assessed as requiring texture modified meals wishes to eat a normal diet.
* The service is aware of the consumer’s preferences and wishes and completed a risk form in consultation with the consumer. However, the outcome was for the service to continue providing the consumer with texture modified diet.
* The service did not implement any alternative strategies to support the consumer’s wishes in taking the risk of eating normal food and to minimise the impact of the risk.
* The consumer continued to find ways to eat normal food in line with their wishes and in awareness of the risks.

The Approved Provider’s response shows the service has a system in place to assess, consult and support consumers in taking risks. The service has a previous critical incident involving a consumer and food textures and approaches risks associated with choking cautiously to ensure consumer safety. The following evidence was provided in relation to the consumer wanting to have a normal diet:

* The consumer has been supported at times to exercise choice in relation to consuming food which in line with assessment is a risk due to its texture.
* The service acknowledges that the conversations and support provided to the consumer in relation to the risks of eating non-texture modified food is not consistently documented.
* The consumer is supported by management with menu choices and menu is adjusted accordingly on a week to week basis and particular preferences have been added to the menu.
* The service has since reviewed the consumer’s meals and drink assessment in consultation with the consumer and the risk form has been reviewed and updated.

The service has a system to identify risks and engage consumers in discussion and actions to mitigate and understand the risks they choose to take including completing documentation and risk forms to inform staff on how to support consumers who wish to take risks. I acknowledge the service has taken actions to review and updated documentation in relation to supporting one consumer in their choice to take risks related to food. However, I find the service at the time of the site audit did not effectively implement their dignity in risk system for one consumer who wished to take risks associated with consuming normal food after being assessed as requiring texture modified food. While the service consulted with the consumer and were aware of the consumer’s ongoing choice, preference and actions of eating normal food, strategies to mitigate the associated risks were not documented to direct staff in supporting the consumer’s choice.

For the reasons summarised above, I find the service non-compliant with this requirement.

### Requirement 1(3)(e) Compliant

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.

### Requirement 1(3)(f) Compliant

Each consumer’s privacy is respected and personal information is kept confidential.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

The Assessment Team found consumers and their representatives confirmed they are involved and consulted in the assessment and planning of consumers’ care and their preferences in relation to personal care are implemented. Consumers confirmed they have access to their care plan and the service is aware of other people they wish to be involved in their care.

The Assessment Team found the service has an effective assessment and care planning system which ensures consumers’ needs are assessed on entry to the service, when changes occur and on a regular basis. Documentation confirmed consumers’ current needs including where risks are identified are documented in plans of care which are developed based on assessments and recommendations of specialists and medical officers where required. Staff interviewed confirmed the assessment processes and demonstrated a variety of ways they are informed of the outcomes of assessment and planning to ensure they are aware of consumers’ needs.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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.

### Requirement 2(3)(b) Compliant

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.

### Requirement 2(3)(c) Compliant

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.

### Requirement 2(3)(d) Compliant

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.

### Requirement 2(3)(e) Compliant

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.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

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

The Assessment Team found consumers and their representatives confirmed consumers receive personal and clinical care that is right for them. However, two were not always satisfied with the care. All consumers confirmed they have access to medical officers and specialists when they require specialised care. Consumers and their representatives confirmed they are satisfied with how the service supports and manages consumers’ care following change, incidents or deterioration.

The Assessment Team found the service has an effective system to ensure the personal care and clinical care delivered to consumers are monitored and reviewed for effectiveness regularly and when incidents or change occurs. Documentation shows high impact risks associated with consumers’ clinical care including pain, falls and medications are identified, reviewed and managed effectively. Staff interviewed demonstrated how they manage and deliver personal and clinical care to consumers in line with the documented plans of care.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

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.

### Requirement 3(3)(b) Compliant

Effective management of high impact or high prevalence risks associated with the care of each consumer.

### Requirement 3(3)(c) Compliant

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

### Requirement 3(3)(d) Compliant

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.

### Requirement 3(3)(e) Compliant

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.

### Requirement 3(3)(f) Compliant

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

### Requirement 3(3)(g) Compliant

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.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

The Assessment Team found consumers and their representatives confirmed consumers get the services and supports for daily living that are important to their health and wellbeing and enable consumers to do the things they want. Consumers confirmed they feel engaged and connected in meaningful activities which are in line with their interests and preferences including celebrating cultural and spiritual events. Consumers confirmed they are satisfied with the quality and choices of food.

The Assessment Team found the service has an effective system to ensure consumers’ needs and preferences in relation to their daily living and social interests are identified and supported. Documentation and staff interviews confirm consumers are supported to attend activities, maintain relationships and be independent to optimise their health and wellbeing. Observation shows equipment is provided appropriately to promote consumers’ independence and food is served in a manner that promotes consumers’ quality of life.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

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.

### Requirement 4(3)(b) Compliant

Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

### Requirement 4(3)(c) Compliant

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.

### Requirement 4(3)(d) Compliant

Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

### Requirement 4(3)(e) Compliant

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

### Requirement 4(3)(f) Compliant

Where meals are provided, they are varied and of suitable quality and quantity.

### Requirement 4(3)(g) Compliant

Where equipment is provided, it is safe, suitable, clean and well maintained.

# STANDARD 5 COMPLIANT Organisation’s services environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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

The Assessment Team found consumers and their representatives confirmed the service environment is safe and comfortable and they feel they belong. Consumers confirmed the service is clean and well maintained and is welcoming to their friends and family.

The Assessment Team found the service has an effective system to ensure the service environment and equipment is clean and well maintained. Documentation confirmed the service has a planned and responsive approach to cleaning and maintenance of equipment and environment and issues are addressed in a timely manner. Observation shows the environment was clean, appropriate furnishings and equipment to ensure consumers are safe and comfortable and consumers had access to internal and outdoor areas. The service has both single and shared rooms with ensuites and kitchenettes and consumers’ rooms are individualised.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

### Requirement 5(3)(b) Compliant

The service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

### Requirement 5(3)(c) Compliant

Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

The Assessment Team found consumers and their representatives confirmed they are supported to make complaints and provide feedback and are happy with the response and actions of the service when complaints have been raised.

The Assessment Team found the service has an effective feedback and complaints system and feedback is captured in a variety of ways, including through feedback forms, meetings, verbally to staff and management, and surveys. Documentation confirms the service monitors feedback and complaints through a register to ensure appropriate actions are taken and trends in feedback are identified and lead to improvements. Documentation and interviews with management confirm complaints are actioned appropriately in consultation with consumers.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

### Requirement 6(3)(b) Compliant

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

### Requirement 6(3)(c) Compliant

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

### Requirement 6(3)(d) Compliant

Feedback and complaints are reviewed and used to improve the quality of care and services.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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

The Assessment Team found consumers and their representatives confirmed consumers receive quality care and services when they need them from staff who are knowledgeable, capable and caring. Consumers confirmed staff are kind, treat them well and take time to speak with and listen to consumers, and consumers confirmed staff are not rushed and they never have to wait long for assistance.

The Assessment Team found the service has an effective human resource system which ensures there are sufficient numbers and mix of staff to deliver care and services in line with consumer needs. Documentation confirmed there are sufficient staff and vacant staff shifts are replaced where required. Documentation and staff interviews confirmed staff are suitably qualified, are provided appropriate training and staff performance is monitored to ensure staff have the appropriate skills to perform their roles.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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.

### Requirement 7(3)(b) Compliant

Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

### Requirement 7(3)(c) Compliant

The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

### Requirement 7(3)(d) Compliant

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

### Requirement 7(3)(e) Compliant

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

The Assessment Team found the organisation has a governance system supported by the organisation’s wider governance framework and overseen by a board. The governance system includes frameworks to direct and support clinical governance, drive continuous improvement, engage consumers in the delivery of services, manage risks, ensure effective information management and workforce governance.

The Assessment Team found documentation confirmed consumers are engaged by the service through focus groups, surveys and meetings to assist in the review and development of the delivery of care and services. Consumers are consulted and partnered in continuous improvement activities and supported to provide feedback.

The Assessment Team found the service management and staff did not demonstrate an understanding and application of their responsibilities in relation to reporting of incidents in line with legislative requirements. The Assessment Team recommended the service does not meet Requirement (3)(c) in relation to Standard 8, I agree with the Team’s findings and find the service non-compliant with this requirement and have provided commentary on my reasons below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

### Requirement 8(3)(b) Compliant

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

### Requirement 8(3)(c) Non-compliant

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.

The Assessment Team found the service did not demonstrate it understands or implements its obligations in relation to reporting of incidents in line with legislative requirements. Examples included:

* The service failed to report one incident of a consumer’s unaccounted absence from the service.
* The service failed to respond to two incidents of suspected or alleged assaults between consumers including taking appropriate consideration of responsibilities to report and implementing appropriate reviews within 24 hours of the incidents occurring.

The Approved Provider’s response acknowledges the deficits identified by the Assessment Team and implemented the following actions to address the deficits and improve the service’s current system to ensure they are meeting their responsibilities in relation to reportable incidents in line with the legislation:

* Education for all clinical staff and management in relation to compulsory reporting requirements and responsibilities.
* Monthly review of compulsory and discretionary incidents by management, review conducted shows incidents reported since the site audit have been reported and actioned in line with legislative requirements.
* Directions to staff to review behaviour management of consumers with cognitive impairment when incidents of assault occur within 24 hours.
* Distribution of compulsory reporting information to staff.
* Planned ongoing review of significant events by corporate staff and management to ensure staff practice is in line with legislative requirements.
* Compulsory reporting has been added as a standing agenda item for leadership meetings.

The service has a system in place to manage legislative requirements including the service’s obligations in relation to reporting and taking appropriate action following reportable incidents. I acknowledge the service has implemented appropriate actions and improvements to address the issues identified by the Assessment Team. However, at the time of the site audit the service did not demonstrate staff and management understood or undertook appropriate actions in line with their obligations and legislative requirements in relation to compulsory reporting of incidents.

For the reasons summarised above, I find the service non-compliant with this requirement.

### Requirement 8(3)(d) Compliant

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.

### Requirement 8(3)(e) Compliant

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.

# 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.

Standard 1 Requirement (3)(b)

Ensure consumers’ food preferences and requirements in relation to spiritual and cultural needs are supported and respected.

Standard 1 Requirement (3)(d)

Ensure consumers who chose to take risk have appropriate documentation to direct staff in supporting and minimising the impact of the risks.

Standard 8 Requirement (3)(c)

Ensure management and staff have an understanding of their obligations in relation to reporting and responding to incidents in line with the legislation.