Edward Collick Home

Performance Report

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**Commission ID:** 7260

**Provider name:** Amana Living Incorporated

**Assessment Contact - Desk date:** 19 June 2020

**Date of Performance Report:** 13 July 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(d) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(c) | 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 Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 COMPLIANT Consumer 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 Compliant as two of the six specific requirements have been assessed as Compliant.

The Assessment Team assessed Requirements (3)(b) and (d) in relation to Standard 1 Consumer dignity and choice as the service was found non-compliant in relation to these Requirements following a site audit conducted on 11 to 13 February 2020. The Assessment Team found the service implemented appropriate actions and improvements to address the issues identified at the site audit. The Assessment Team are recommending the service now meets the Requirements, I agree with the Team and find the service compliant with Requirements (3)(b) and (d) in relation to Standard 1 Consumer dignity and choice. I have provided reasons for my decision below.

All other Requirements in this Standard were not assessed, and an overall assessment of the Standard was not completed for the purpose of this assessment contact.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

The Assessment Team found the service implemented improvements to address the non-compliance identified at the site audit conducted on 11 to 13 February 2020 in relation to not all consumers being provided meals in line with their cultural and religious preferences and requirements. Improvements implemented included; staff training on cultural safety, review of communication and consumer meal preference documentation in the kitchens and provision and access to appropriate alternative meal options in line with consumer cultural and religious preferences and needs.

The Assessment Team confirmed through representative interviews consumers are now provided with culturally appropriate meals in line with consumer preferences. Consumer representatives confirmed staff are respectful of consumer choices. Documentation and staff interviews confirmed documentation and consumer meal preferences are reflective of consumers’ cultural needs. Staff interviews confirmed recent cultural safety training and improvements including access to alternative meal options for consumers with cultural needs.

Based on the summarised evidence above, I find the service has addressed the issues identified at the site audit in February 2020 and provides services to consumers, including the provision of meals, that are culturally safe. I find the service compliant with this Requirement.

### Requirement 1(3)(d) Compliant

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

The Assessment Team found the service implemented improvements to address the non-compliance identified at the site audit conducted on 11 to 13 February 2020 in relation to one consumer not being supported by the service to take risks in relation to dietary choices. Improvements implemented included; staff training on dignity of risk, review, documentation and implementation of strategies to mitigate the risk while supporting consumer choice and review of relevant policies and procedures.

The Assessment Team confirmed through interviews with consumer representatives staff support consumer’s choice and where risks are involved the service reviews and implements strategies to support consumer choice including to take risks in relation to food choices and activities.

The Assessment Team confirmed through documentation and staff interviews, consumers are consulted in making decisions including about taking risks and are involved in problem solving to reduce risk where possible while still living their best life. Documentation confirmed the dignity in risk forms have been updated and completed with consumers and relevant policies and procedures have been reviewed and updated to guide staff in supporting consumers to take risks and live the best life they can.

Based on the summarised evidence above, I find the service has addressed the issues identified at the site audit in February 2020 and has an effective system to support consumers to take risks. I find the service compliant with this Requirement.

# STANDARD 8 COMPLIANT Organisational 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 Compliant as one of the five specific requirements have been assessed as Compliant.

The Assessment Team assessed Requirement (3)(c)(v) regulatory compliance, in relation to Standard 8 Organisational governance as the service was found non-compliant in relation to this Requirement following a site audit conducted on 11 to 13 February 2020. The Assessment Team found the service implemented appropriate actions and improvements to address the issues identified at the site audit. The Assessment Team are recommending the service now meets the Requirement, I agree with the Team and find the service compliant with Requirements (3)(c)(v) regulatory compliance, in relation to Standard 8 Organisational governance. I have provided reasons for my decision below.

All other Requirements in this Standard were not assessed, and an overall assessment of the Standard was not completed for the purpose of this assessment contact.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) 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 implemented improvements to address the non-compliance identified at the site audit conducted on 11 to 13 February 2020 in relation to the service not reporting all incidents to the Commission or Police within 24 hours in line with their legislative responsibilities. Improvements implemented included; staff training on reporting responsibilities, review of incident escalation processes and implementing new monitoring and auditing processes for all incidents.

The Assessment Team confirmed through review of documentation, compulsory reporting log and incidents the service has reported all incidents in line with legislative responsibilities. Documentation and interviews with staff confirmed staff have had training and understand their legislative responsibilities and confirmed improvements in incident reporting and monitoring.

The Assessment Team confirmed through documentation and interviews with management the service continues to have appropriate and effective systems in place in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints.

For the reasons summarised above, I find the service compliant with this Requirement.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.