Moline House

Performance Report

7 Deanmore Road
KARRINYUP WA 6018
Phone number: 1300 873 848

**Commission ID:** 7082

**Provider name:** Amana Living Incorporated

**Site Audit date:** 17 May 2021 to 19 May 2021

**Date of Performance Report:** 25 June 2021

# Publication of report

This Performance Report **will 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)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | 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** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | 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
* the provider’s response to the Site Audit report received 11 June 2021.

# 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

Most sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers interviewed said they are treated with respect. One consumer in the service stated they feel accepted and valued whatever their needs, gender, age, religion, spirituality, ethnicity or background.

Consumers said they are supported to exercise choice and independence and to maintain relationships of choice; this included examples of managing their own treatment/medications, continuing to live as a couple, pursuing lifestyle habits and interests or maintaining ties with their culture.

The service demonstrated care and services are responsive, inclusive and sensitive to culturally and linguistically diverse consumers.

Records show if consumer choices are possibly harmful to them, the service works with the consumer to understand the risk and how it could be managed to help them live the way they choose.

Staff could describe how sampled consumers, and/or their representatives are supported to make informed choices about their care and services. These are documented as personal strategies in care planning documentation.

The Approved Provider provided clarifying information to the Assessment Team’s report as well as additional supporting documentation. The Approved Provider continues to pursue continuous improvement in relation to this Standard.

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

## 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) Compliant

*Care and services are culturally safe.*

### 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) Compliant

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

### 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 COMPLIANTOngoing 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

Most sampled consumers and representatives considered that they feel like partners in the ongoing assessment and planning of consumers’ care and services.

Consumers and representatives interviewed confirmed they are informed about the outcomes of assessment and planning and have access to consumers’ care and services plan if they wish. Management advised care planning is discussed with the consumers and/or their representatives during family conferences and ongoing discussions with families.

The planned care and services meet each consumer’s needs, goals and preferences and optimise their health and well-being. Appropriately skilled and qualified workforce undertakes assessment and planning, including advance care planning and end of life care planning when required.

Care plans include reviews are in-date. In addition to the reviews that are scheduled, the consumer’s care plan domains are generally reviewed when the consumer’s condition changes, situations change, and incidents or accidents happen.

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

## 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 COMPLIANTPersonal 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

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The service regularly reviews the care and services they provide to consumers. This makes sure that the care and services meet the consumer’s current needs, goals and preferences, and care and services the service provides meet the consumer’s needs safely and effectively.

The service supports staff to deliver personal and clinical care that is best practice and meets the needs of each consumer. Documentation review and interviews confirmed there is regular assessment and planning of each consumer’s clinical and personal care. Progress notes capture daily changes in consumer health, and appropriate follow up is completed by the clinical team. Care plans are generally updated following an incident, decline or rehabilitation in health.

Clinical and care staff described individual consumer’s needs and preferences, and how they are informed of changes to each consumer’s care. Staff also identified high prevalence risks for individual consumers and strategies in place to minimise these risks.

The organisation has an effective infection prevention and control program that is in line with national guidelines. The service demonstrated the application of standards and precautions used to prevent the transmission and to minimise the risk of transmission of infections to consumers. The organisation promotes infection control and appropriate antibiotic prescribing practices to staff, consumers and others to enhance effectiveness.

The Approved Provider provided clarifying information to the Assessment Team’s report as well as additional supporting documentation. The Approved Provider continues to pursue continuous improvement in relation to this Standard.

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

### 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

Overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers interviewed stated the service provides a variety of activities which they can choose to participate in. Consumers and representatives felt that consumers were supported by the service in different ways to allow for consumers to exercise independence in daily living. While some consumers expressed dissatisfaction with the quality of the food at the service, management provided examples of how they are working with consumers and outside organisations to improve food for consumers.

The Approved Provider provided clarifying information to the Assessment Team’s report as well as additional supporting documentation. The Approved Provider continues to pursue continuous improvement in relation to meals.

Lifestyle staff were able to provide examples of consumers who require emotional, psychological and spiritual support and how they ensure this occurs. Staff at the service make referrals and engage external individuals and organisations to support consumers in different ways, such as improving their general overall well-being. Lifestyle staff tailor the lifestyle program to suit consumer preferences and needs and provided examples of how they tailor activities to suit different cohorts of consumers, such as consumers with cognitive impairments.

The Assessment Team sampled the care plans of different consumers, noting information about their lifestyle needs, preferences, likes and dislikes were documented.

Information concerning referrals are contained in each consumer’s care plan to ensure information about a consumer’s changing needs is communicated amongst staff. The service has policies and procedures in place to guide staff in how they can provide services and supports for daily living to enhance each consumer’s health, well-being and quality of life.

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

## 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 service 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

Overall, sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

Observations and interviews with consumers identified that the service environment is welcoming, clean, well designed and well equipped to suit a variety of consumer needs and preferences. Consumers and their representatives were observed to be accessing common areas, dining areas and outdoor areas at the service. Consumers were observed to be freely moving indoors and outdoors with ease.

The service environment and its equipment are cleaned and maintained on a regular basis. The service uses an electronic maintenance request system to lodge requests for preventative maintenance jobs.

Management advised that service environment audits are undertaken to identify opportunities for improvements that can be made to the environment. Management provided an example of improvements that will be undertaken in future to dining room doors which is part of the service’s plan for continuous improvement.

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

## 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

Overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Consumers and representatives interviewed felt they could make complaints and felt safe to do so. Some consumers may choose to use a representative to help them provide feedback, such as a family member, community member or staff member.

Consumers and representatives interviewed felt that explanations were given and changes were made at the service in response to issues raised in the past.

The service demonstrated that they encourage and support consumers and their representatives to provide feedback or complain about the care and services they receive. The complaints register showed evidence that verbal and written compliments, comments, suggestions and complaints are captured, received from stakeholders, and actioned in accordance with open disclosure requirements when things went wrong.

The service uses organisational processes to monitor, analyse and use feedback and complaint data to improve the quality of its care and services.

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

## 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

All sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Feedback from consumers and representatives identified that staff provide care in a timely manner and that consumers’ call bells are answered in a reasonable amount of time. Management provided examples of how they allocate recourse to ensure the right skills and mix of staff are available in each area of the service to meet each consumer’s needs and preferences.

The Assessment Team reviewed documentation provided by management relating to staff training. The service demonstrated that all staff have completed mandatory training relevant to their roles, and ad-hoc training on subject areas, such as wound management and restraint to ensure the adequacy of staff knowledge.

Staff are required to undertake annual performance appraisals which are used to measure knowledge and identify areas for additional training. The Assessment Team sampled staff personnel files, noting that staff registrations relevant to different disciplines are up to date and monitored appropriately.

The Approved Provider provided clarifying information to the Assessment Team’s report, as well as additional supporting documentation. The Approved Provider continues to pursue continuous improvement in relation to this Standard.

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

## 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 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

Overall, sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives interviewed felt they were encouraged to make contributions to the way that care and services are delivered.

The organisation’s governing body ensures it has adequate oversight of and participation in continuous improvement initiatives rolled out by the service. The governing body has ensured its culture and values are instilled in staff at the service through management embodying the promoted culture and values which are reflected through their work.

The organisation’s clinical governance and risk management frameworks have a variety of policies and procedures which support both frameworks, ensuring effective risk identification and management, supporting the safety and well-being of consumers.

The service has demonstrated it has taken an active role in ensuring the Serious Incident Report Scheme has been considered and implemented to ensure staff compliance with new legislative requirements.

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

## 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) 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.*

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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

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.