Redleaf Manor Aged Care

Performance Report

16 Flavelle Street
CONCORD NSW 2137
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**Commission ID:** 0698

**Provider name:** Allity Pty Ltd

**Assessment Contact - Site date:** 25 November 2020

**Date of Performance Report:** 7 January 2021

# 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** |  |
| Requirement 1(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(g) | 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 - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received 18th December 2020.

# STANDARD 1 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

To understand the consumer’s experience and how the organisation understands and applies this requirement within this Standard, the Assessment Team sampled the experience of consumers - asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from the consumers) and testing staff understanding and application of the requirements under this Standard.

Most sampled consumers and representatives considered that they are treated with dignity and respect and can maintain their identity. For example, one consumer stated that he has become a wheelchair user but is still very independent, and staff respect his desire to remain independent. Staff interviewed and observed also demonstrated respect towards consumers.

A few consumers/representatives had stated they were not always treated with dignity and respect, and their preferences were not always supported. However, the Approved Provider has submitted information to confirm that actions had previously occurred to address the issues raised by these sampled consumers during the assessment contact. In considering the available evidence, I am persuaded by the evidence of the Approved Provider and find they comply with this requirement.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## 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.*

The Assessment Team report provided examples of how most consumers and representatives reported that staff were caring, gentle, and respectful towards them. Staff were observed to interact respectfully with consumers, and consistently spoke about consumers in a way that indicates respect. Some staff were able to discuss consumers personal circumstances and life journey, although not all staff knew consumers well. The Assessment Team observed the staff to be supported in delivering dignified and respectful care through training, education, and performance management.

For some other consumers and representatives, the Assessment Team had found that some consumers and representatives did not feel that all staff had treated them with appropriate dignity and respect.

The Approved Provider has since responded to these findings with further evidence, and a few examples are provided below.

For example, one consumer reported that some staff were ‘rough’ with him during personal care, referring to an incident that occurred in July 2020. The Approved Provider has evidenced that appropriate actions were taken to ensure the consumer continued to receive dignified and respectful care; this included appropriate management of the staff member, development of strategies (in consultation with consumer and representative) to promote the consumer’s comfort and safety during care, and staff training in Dignity and Respect. Nil allegations of rough handling from the consumer had been made since these initiatives.

Another consumer reported that staff are not managing other consumers who often wander into her room against her wishes, and that some staff are rude or ‘rough’ to her. The Approved Provider has since reported that the wandering consumer had been transferred to another area in June 2020, and there are currently no consumers who exhibit wandering behaviours in the consumer’s current living environment. Although the Approved Provider was unable to respond to specific instances of staff being rude to the consumer (as it was stated to not have been previously verbalised by her representative), the Approved Provider conducted a follow up consultation with the consumer and representative, and the consumer’s plan was updated to better serve her preference and needs. They have also since expressed improvements in staff interaction.

Two consumers also reported that their food preferences were not respected. The Approved Provider has provided recent internal surveys prior to the audit that demonstrated the consumers had rated their food satisfaction as ‘satisfactory’ or ‘very satisfied’. However, the provider will endeavour to further support the consumers meal preferences in consultation with the consumers.

Finally, one consumer’s daughter stated that her mother was transferred to the Dementia Support Unit unnecessarily. However, the provider could demonstrate that the transfer was completed in consultation with the consumer’s son whom was the enduring guardian and medical decision maker, and it was also first trialled to ensure it was the most suitable accommodation for the consumer.

Based on the available evidence, I consider that most consumers are treated with dignity and respect. In instances where this has not occurred, the Approved Provider is able to take appropriate steps to ensure dignified and respectful care of consumers continue to be provided.

I have therefore found this requirement compliant.

# STANDARD 3 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

To understand the consumer’s experience and how the organisation understands and applies this requirement within this Standard, the Assessment Team sampled the experience of consumers, staff were interviewed, and observations were made in the service environment. The team also examined relevant documents.

The Approved Provider demonstrated that they minimise infection related risks through implementing standard and transmission-based precautions, and they adequately promote and manage antibiotic prescribing.

For example:

* Consumers interviewed stated that they have been well informed about COVID-19 and receive regular updates. They observe care workers wearing gloves and masks when attending to their care, and their hands are frequently sanitised.
* Staff were able to identify the Infection Control Lead in the organisation, describe their responsibilities regarding infection control, describe relevant procedures and policies, and state the training they receive in regard to infection control.
* The Assessment team were able to observe COVID-19 infection control monitoring practices, for example, hand washing basins and sanitisers located on each level, an outbreak management plan and box, adequate signage and stock of personal protective equipment (PPE), and adherence to social distancing.
* The Assessment team sighted documents that assisted management to monitor and evaluate the use of antibiotics in the service, and also an adequate stock of antibiotics to facilitate immediate use where required.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### 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.*

# 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.