Windsor Aged Care Services

Performance Report

26 Palmer Street   
WINDSOR QLD 4030  
Phone number: 07 3357 9099

**Commission ID:** 5207

**Provider name:** Alzheimer's Association of Queensland Inc

**Assessment Contact - Site date:** 18 December 2020

**Date of Performance Report:** 29 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

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| --- | --- |
| **Standard 4 Services and supports for daily living** | **Non-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) | Non-compliant |
| Requirement 4(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 on 18 October 2020, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Assessment Team’s infection control monitoring checklist completed during the Assessment Contact on 18 October 2020
* the provider’s response to the Assessment Contact - Site report received 14 January 2020, including an email and document with a written response and supporting evidence.

# STANDARD 4 NON-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

Some consumers/representatives sampled considered that consumers had received the services and supports for daily living that were important for their health and well-being and enabled them to do the things they wanted to do. However, many of the consumer representatives interviewed expressed dissatisfaction with the activities and meals provided; and with the opportunities for consultation and input about daily living services and supports or the response when they gave feedback.

This consumer/representative feedback and other information gathered through observations, documents reviewed and interviews with management and staff showed services and supports for daily living had been provided to consumers to participate in the community, have social relationships, do things of interest to them and to be supported emotionally and spiritually. It also showed related information about consumers had been effectively communicated and timely and appropriate referrals made; and related equipment had been provided that was safe, suitable, clean and well maintained. Overall it was demonstrated that safe and effective daily living services and supports had been provided.

However, the consumer representative feedback and other information gathered through documents reviewed and interviews with management and staff showed meals were not varied and of suitable quality for the consumers. While consumer representatives had provided feedback about this to the service, they had not received a response or there had been no change.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-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.*

### The assessment team’s report included some consumer representatives interviewed provided feedback about lifestyle programs supporting consumers’ lifestyle needs, however six of eight consumer representatives advised consumer activities and outings had decreased, the variety of activities was limited, and they had not been consulted about or had input into consumer activities at the service. The latter included not having discussions about the things the consumer likes to do, consumer/representative meetings not being held in 2020, and surveys being completed but not hearing the results.

The report included that a review of consumer lifestyle assessments was underway, and care planning documents showed activities consumers enjoy had been identified and consumers had been encouraged to participate in them. The staff interviewed knew what was important to the consumers sampled, their lifestyle interests and how to support them. The report included observations of consumer activities underway and consumers enjoying these. It is also noted the assessment team’s report under Standard 4, Requirement (3)(c) includes information about services and supports for daily living supporting each consumer to do things of interest to them.

The report included a lifestyle staff member advised that consumer activities had been reduced due to COVID-19 and from January 2021 would include outings and community activities. It included management confirmed consumer/representative meetings were not held in 2020 due to COVID-19 restricted visiting arrangements and while surveys were undertaken the results were not collated or discussed with consumers/representatives.

The approved provider’s written response includes information and supporting evidence in support of the positive information in the assessment team’s report. The supporting evidence illustrates related person-centred assessment, care planning and ongoing communication processes for some additional consumers with involvement of their representative/s, and includes evaluations showing services and supports for daily living have been provided to the consumers. The response includes information and supporting evidence explaining outings and community engagement were reduced in 2020 due to COVID-19 precautions, and showing outings have recommenced and efforts had been made to connect consumers with the community (local school children) in an alternative COVID-19 safe way.

The response also includes information about the range of ways that consumers and their representatives can have input to and provide feedback about the activities at the service, and related supporting evidence including some showing feedback being incorporated into activity programming. It included that upon investigation a further opportunity for feedback, through consumer/representative input to internal auditing, had not been occurring and this will be addressed.

I note:

* There is no information in the assessment team’s report about services and supports for daily living that are unsafe for any consumer.
* While consumer representatives interviewed by the assessment team raised that many consumer outings had not occurred, there was a reasonable explanation for this and outings have recommenced as consumer representatives had hoped.
* Six of eight consumer representatives interviewed by the assessment team advised consumer activities had decreased, the variety of activities was limited, and they had not been consulted about or had input into consumer activities at the service.However,there is no information about the impact of this on any consumer and the feedback was not corroborated through review of care planning documents, interview with relevant staff or observations made.
* Information in the assessment team’s report and provider’s response shows services and support for daily living have met the needs, goals and preferences of a sample of consumers, have optimised their independence, health, well-being and quality of life, and overall have been effective.

There is further opportunity to improve communication with consumer representatives, including about consumer activities. This information has been taken into account elsewhere in this report – see further below.

My findings differ to the recommendation of the assessment team. I find this requirement is Compliant.

### 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) Non-compliant

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

### The assessment team’s report included that six of eight consumer representatives interviewed by the assessment team noted the meals were of suitable quantity for consumers but not of suitable quality. The consumer representatives knew of ways to provide feedback to the service about the meals and said they had done so, but had not had a response or there had not been any change.

The report includes the chef explained the menu changes each six months but could not explain how consumers/representatives contribute to and influence the menu, however that consumer satisfaction with the meals is monitored by talking with consumers and formal feedback. The report included some results from a food survey underway, including 30% of respondents thought the meals tasted nice and 60% thought there was not enough variety.

The report also included that consumers’ care planning documentation had information about their dietary needs with involvement of relevant health professionals, that catering staff were aware of these and how to meet the consumers’ dietary needs, and that staff were observed assisting consumers to eat their meal.

The approved provider’s written response is that a varied and quality diet is provided to all consumers. The response has information and supporting evidence about there being four-week, seasonal (Summer and Winter) rotating menus. The response includes menus are not developed every six months, rather are adjusted in response to individual feedback from consumers (and their representatives). Review of the four week menu provided shows while there is some variety in the menu, the alternative to the hot meal provided at lunch and at dinner daily is a salad, sandwich or soup and the same soup is available each day at lunch and dinner-time; and the same afternoon tea is provided daily across the four weeks.

The response includes that in relation to some of the consumer representatives who gave feedback to the assessment team about dissatisfaction with the quality of meals, the service’s feedback records do not include this feedback or, based on the available information, it is not possible to determine this. It includes information disputing the feedback from one consumer, provided in explanation of the feedback from one consumer, and advising for three consumers the lack of specific details means the provider cannot specifically respond. The related supporting evidence such as written communication with consumer representatives about bringing in meals and the meal photographs have been considered.

The response is there is a range of ways that consumers and their representatives can have input to and provide feedback about the menu, such as advising of dietary preferences through an assessment process, discussions during monthly resident focus days and annual (or more frequent) case conferencing, and formal feedback such as the comments/complaints mechanism and surveys. It includes that upon investigation a further opportunity for feedback, through consumer/representative input to internal auditing, had not been occurring and this will be addressed.

The response includes information and supporting evidence showing feedback opportunities have been promoted to consumer representatives. It includes a talk by the chef with consumers was scheduled and that the assessment process, resident focus days and case conferencing have occurred for some consumers. It also shows changes have been made in response to some feedback from consumer representatives about or relating to the meals, and that some consumer representatives have complimented the meals. It includes a complaint about a meal and the soup was closed as it was unable to be substantiated.

The response confirms the food survey was underway at the time of the Assessment Contact – Site and that the assessment team reviewed raw data from seven respondents. It includes the survey is of consumers and not their representatives, it is due to close in January 2021, and the results should be disregarded at this time.

I note:

* There is a process to assess consumer dietary needs and to understand their dietary preferences, and there are four-week rotating menus which change twice yearly with amendments made in response to individual consumer (or representative) feedback. However, this does not show that consumer input has been pro-actively sought and used to develop and evaluate the menus for the service on an ongoing basis.
* Six of eight consumer representatives expressed dissatisfaction with the quality of the meals for the consumer. While feedback opportunities have been promoted to consumer representatives and those consumer representatives were aware of them, the representatives interviewed provided information about having availed themselves of those feedback opportunities and not receiving a response or there being no change.
* The food survey underway includes feedback from some consumers indicating there are areas for improvement in relation to the taste of the meals and variety. While the survey continues and approved provider/service representatives therefore have not yet collated, analysed and reported on the results, the initial feedback from the seven consumers is relevant information.
* An opportunity for consumer/representative feedback through internal auditing has not been occurring and there are plans to address this, which will take time to implement.

It has not been demonstrated that at the time of the Assessment Contact - Site the meals provided were of varied or suitable quality. I find this requirement is Non-compliant.

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

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

# 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.

In relation to Standard 4, Requirement (3)(f):

* Ensure the meals provided are varied and of suitable quality and quantity.
* Collate and analyse data from the food survey underway which is due to close in January 2021 and produce a report detailing the findings and opportunities for improvement.
* Based on consumer/representative input and feedback, implement continuous improvement relating to meal variety and quality and evaluate and report on its effectiveness.

# Other relevant matters

Information overall from the assessment team’s report and provider’s response reflects that while there has been ongoing communication from service representatives with consumer representatives and there are existing feedback mechanisms, some consumer representatives are dissatisfied and want more consultation and input and want to hear back when they give feedback. The provider’s response:

* Confirms consumer/representative meetings did not occur in 2020. While COVID-19 safe precautions meant restrictions on visiting arrangements, it is noted that consumer/representative involvement in meetings can be facilitated in other ways.
* Includes a plan to address a gap identified by the approved provider/service upon investigation, which is that consumer representatives were not invited to have input to some internal audits of service performance consistent with organisational processes.
* Does not demonstrate pro-active engagement with consumers/representatives to develop and evaluate the menus.

The Commission will take this into account in planning future performance assessments at the service. The approved provider may wish to consider other ways to pro-actively engage consumers in the ongoing development and evaluation of daily living services and supports across the service as a whole.