Performance

Report

**1800 951 822**

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| Name of service: | Aberlea Inc |
| Service address: | 30 Shaw Street MORTLAKE VIC 3272 |
| Commission ID: | 3164 |
| Approved provider: | Aberlea Inc |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 10 January 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

This performance report for Aberlea Inc (**the service**) has been prepared by L. Malone, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

The following information has been considered in preparing the 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 assessment team’s report received 13 December 2022

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

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

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said they feel valued as individuals and are treated with dignity and respect. They said their cultural needs are understood and described ways their culture is celebrated. Consumers and representatives said consumers are supported to do things that are important to them and make choices about their care and the people they involve. Consumers were satisfied staff respect their privacy and provided examples.

Staff demonstrated knowledge of individual consumers background, identity and culture. They could describe choices important to the consumer and how choices are supported when there is a degree of risk such as the personal choice to smoke or access the community independently. Staff also described how they support consumers to engage with other individuals and make decisions about their care.

Care files identified what is important to individual consumers with documented choices about who they wish to involve in their care, cultural preferences, life history, and supports required for them to express their identity, choices or culture.

The Assessment Team observed information to support decision making such as activity calendars, menus, a newsletter, communal noticeboards and interactions with staff offering choices to consumers such as participation in group activity.

The service has a privacy policy and staff described how privacy is respected in practice by locking nurse’s stations, password protected access to care file information and ensuring consent from consumers is obtained before entering rooms or attending to care.

Based on the evidence, I find this Standard to be Compliant as six of six of the specific Requirements are found Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Consumers and representatives described being partners in assessment and care planning, and were satisfied with the way the service identifies their needs and associated risks to care. They said care is planned around what is important to them and described how they are supported to involve the people they wish to be involved in their care. Although consumers and representatives did not recall seeing a written care plan, they were satisfied with the way outcomes of assessment and care planning are communicated.

Staff demonstrated knowledge of individual consumers current needs, goals and preferences related to clinical and personal care, and described the processes of assessment and care planning. Staff described how they engage consumers, their chosen representatives and other providers of care in consumer assessment and care planning, and how outcomes are communicated and documented. Staff said they regularly discuss and review care planning with consumers and a written care plan is available for consumers if they wish to access one. Staff were able to describe the schedule of regular care reviews and the circumstances, such as a clinical incident or change in consumer presentation, which would also prompt a review of care.

Care documentation demonstrated the use of assessment tools, consideration of risks to the consumer and the engagement of the consumer and their representative in care planning. The current needs, goals and preferences, and supports required, were documented for each consumer and care files provided evidence of regular review. A review of advance care planning documentation demonstrated consideration of the consumer’s medical and personal choices at the end of life. Evidence was found of timely engagement with other providers of care in response to changes in the consumer’s condition, deterioration or clinical incidents.

Based on the evidence, I find this Standard to be Compliant as five of five of the specific Requirements are found Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers and representatives were happy with care and said it is tailored to the consumer’s needs. Representatives said risks such as those associated with the use of restrictive practices are explained and they are informed of incidents or changes to the consumer’s condition. Consumers and representatives were satisfied they can access external care providers in a timely way when required.

The service demonstrated care which aligns with best practice in the management of pain, skin and wound care, and the use of restrictive practices. Documentation of the use of restrictive practices included consideration of risks, informed consent and a behavioural support plan. Evidence demonstrated restrictive practices are monitored for effectiveness and regularly reviewed. In relation to pain, consumer care files demonstrated the use of validated assessment tools and both medication and non-medication strategies. Skin integrity and wound management were found to be effectively managed with documentation of care consistent with best practice.

The Assessment Team found evidence that high-prevalence, high-impact risks such as falls, behaviours related to dementia, pressure injuries and those associated with other conditions such as catheter care are effectively identified and managed for each consumer. Care documentation demonstrated risks to the individual consumer are identified and individualised strategies are implemented and monitored for effectiveness.

Staff demonstrated knowledge of what safe and effective care means to individual consumers. Staff were able to describe signs of deterioration in a consumer’s condition such as changes to mood, appetite, mobility or clinical signs and how they respond to these changes, such as a referral to medical or specialist care. Staff and management described how information is communicated and documented in the care file and staff were satisfied they receive accurate and timely information.

The service has policies and procedures related to antimicrobial stewardship and infection control to minimise the risk of infection transmission at the service. Staff demonstrated knowledge of antimicrobial stewardship and were able to provide examples of how they support this in care delivery. The Assessment Team observed infection control practices related to the minimisation of COVID-19 transmission, such as the use of personal protective equipment and screening of staff and visitors in addition to a current outbreak management plan.

Based on the evidence, I find this Standard to be Compliant as seven of seven of the specific Requirements are found Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives were satisfied with the supports they are provided to participate in daily activities and to maintain connections to people and community. They described how they are supported to engage in their interests and participate in the external community such as through the mobile library service or community outings. Consumers and representatives provided examples of how other service providers are engaged to support independence and participation, for example seeing a physiotherapist to recover mobility after a fall, or coordination with National Disability Insurance Scheme (NDIS) to support service delivery.

Staff demonstrated knowledge of individual consumers preferences, meaningful relationships, interests and the supports required to participate. Staff described how the needs, goals and preferences of consumers are identified through assessment and documented in the care file. Staff described how they adapt care to individual needs such as a consumer with a cognitive impairment or when a consumer requires additional emotional and psychological support. The service engages with external providers to support religious, emotional and psychological wellbeing and staff described how they support consumers to engage with these services.

The Assessment Team found care documentation to reflect the needs, goals and preferences as described by consumers, representatives and staff during interviews. Information contained in the care files was found to be detailed and individualised. Consumer care files demonstrated referral to other providers of care such as dieticians, physiotherapists and speech pathologists to support consumers in their goals and wellbeing.

Consumers were satisfied with the quality of the meals and staff described how consumer preferences are considered in menu planning. The service engages a dietician to ensure the menu meets the dietary needs of consumers. The Assessment Team observed staff supporting consumers with their meals in line with their documented needs.

The Assessment Team observed a range of equipment in use to support consumers in lifestyle and leisure activities. Staff were able to describe how they ensure equipment is safe and suitable for consumers and procedures related to maintenance and cleaning of equipment to support lifestyle activities.

Based on the evidence, I find this Standard to be Compliant as seven of seven of the specific Requirements are found Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service is welcoming, clean and well maintained. Consumers provided examples of how the service environment is personalised, comfortable or homely, and some described how its features or equipment support independence. For example, one consumer spoke of the raised garden beds and how they are supported to use these with the service’s gardener, and another provided positive feedback on the maintenance of their mobility equipment.

Staff were able to describe their role in ensuring a safe environment such as attending scheduled cleaning and preventative maintenance, reporting identified issues and attending to repairs promptly. Documentation of completed maintenance and cleaning demonstrated regular maintenance to furniture and equipment, fittings and features of the service environment.

The Assessment Team observed the service environment to be clean and well-maintained. Consumers and visitors were observed moving freely indoors and outdoors and utilising common areas. Consumer rooms were observed to be decorated with photographs and other personal items and ‘way-finding’ signage is displayed to assist consumers to navigate the environment.

Based on the evidence, I find this Standard to be Compliant as three of three of the specific Requirements are found Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives were satisfied they have opportunities to provide feedback and said they are aware of external agencies if they required further support in raising complaints. Some consumers and representatives described raising feedback at the regular ‘resident meeting’ or speaking to staff if they have a concern. Consumers were satisfied the service takes appropriate action in response to their feedback and some provided examples of issues they had raised with food, service delivery or staff that had been resolved promptly.

Staff and management described how they encourage feedback from consumers and representatives and said they would provide feedback on a consumer’s behalf if they wished. Management described how the service seeks feedback through written and verbal methods, consumer meetings and how external agencies such as consumer advocacy services are promoted to consumers and representatives. Staff and management described open disclosure as part of their approach when things go wrong stating the importance of openness and transparency.

The Assessment Team observed feedback forms and boxes located throughout the service, and contact details for management, information related to advocacy services, interpreting services and the Commission were found to be displayed and accessible. The service demonstrated an effective system of capturing feedback register and utilising it to identify opportunities for improvement.

Based on the evidence, I find this Standard to be Compliant as four of four of the specific Requirements are found Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers provided feedback to the Assessment Team that there is not enough staff at times and some said they had experienced delays in care and assistance. Consumers and representatives described staff as kind and respectful. The Assessment Team observed staff to be reassuring, kind and supportive in their interactions with consumers. Consumers and representatives said they were confident staff have the skills and knowledge to perform their roles and know how to provide support effectively.

Staff provided feedback that the number of staff rostered is insufficient at times and this contributes to challenges in care delivery such as difficulty providing supervision to consumers with cognitive impairment and associated behaviours. Evidence of adverse events or impact on consumers due to insufficient staffing levels was not demonstrated in the Site Audit report.

Management acknowledged staffing challenges as an area of continuous improvement and described a range of actions undertaken to address this, including the use of agency staff, traineeships, active recruitment, increasing the skills of the current work force, student placements and financial incentives. The Assessment Team reviewed a range of documentation such as rosters, shift allocation records and call bell data finding evidence of some delays in response to care, but effective systems of workforce planning and deployment to deliver safe and effective care.

Management described how they ensure staff are adequately trained, equipped and supported to deliver care and services which meet the Quality Standards. Management said staff and consumer feedback, annual surveys, complaints, incident and clinical data, in addition to observations of practice, are used to plan relevant training. A review of training records by the Assessment Team found a high level of participation in relevant training by staff. The Assessment Team did not find evidence of training in the minimisation of restrictive practices and some staff demonstrated a gap in knowledge of terminology but could describe relevant principles. Evidence presented in Standard 8 of the Site Audit report demonstrates this was added to the continuous improvement plan during the audit in response to feedback from the Assessment Team. The service has position descriptions and outlines the requirements, qualifications and competencies for each role. The Assessment Team found evidence of effective systems of monitoring staff performance through regular performance reviews.

Based on the evidence, I find this Standard to be Compliant as five of five of the specific Requirements are found Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Although consumers and representatives did not say they are engaged in the development, delivery and evaluation of care and services when interviewed by the Assessment Team, they said the service is well-run, felt they could give feedback if they wish, felt safe and that they receive quality care.

Staff said they receive communications from the Chief Executive Officer (CEO) and management and are well informed. They described a range of policies related to their practice and knew how to access these. Staff were able to define their responsibilities in protecting consumers from abuse and neglect, managing high-impact, high-prevalence risk and reporting through the service’s incident management system. While some care staff were not familiar with terminology related to restrictive practice, they could describe some practices related to minimising its use.

The service demonstrated effective systems of financial governance. Management described processes of approval for expenditure and provided examples of recent purchases to improve consumer care and service delivery. Information systems were demonstrated to be effective with staff reporting they receive timely and accurate information. The service has policies and procedures to protect the integrity and privacy of information. Management said the service is engaged with the peak aged care body and receives updates from the Commission to ensure they maintain regulatory responsibilities with changes communicated to staff through emails, meetings, memorandums and handover.

The Assessment Team found the service has an effective system of risk management, including management of high-impact, high prevalence risk and an incident management system. The Board is informed of incidents related to consumer care through effective systems of communication and oversight. Opportunities for improvement are identified through changes to consumer assessed needs, feedback and complaints, staff performance appraisals, audits, surveys and clinical incidents.

The service has a clinical governance framework with policies related to the minimisation of the use of restrictive practices, antimicrobial stewardship and open disclosure. Staff demonstrated understanding of how these policies relate to consumer care and management provided examples of how staff are supported in their delivery.

Based on the evidence, I find this Standard to be Compliant as five of five of the specific Requirements are found Compliant.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)