Performance

Report

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| Name of service: | ACDMA Aged Care Services |
| Service address: | 2 First Avenue CANLEY VALE NSW 2166 |
| Commission ID: | 0365 |
| Approved provider: | Australian Chinese & Descendants Mutual Association Ltd |
| Activity type: | Site Audit |
| Activity date: | 5 December 2022 to 8 December 2022 |
| Performance report date: | 16 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**

This performance report for ACDMA Aged Care Services (**the service**) has been prepared by M. Nassif, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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.

# 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 staff treat the consumers with dignity and respect and consumers feel valued as individuals. Staff spoke about consumers in a respectful manner and were familiar with consumers’ individual backgrounds and preferences. Care planning documents reflected consumers’ cultural diversity, identity and personal preferences.

Consumers and representatives said the service recognised and respected consumers’ cultural background and provides care that is consistent with their cultural traditions and preferences. Staff identified consumers from a culturally and linguistically diverse background and provided information relevant to ensure that each consumer receives culturally safe care and services that aligned with their care planning documents.

Consumers and representatives said they are supported to make choices about who is involved in decisions regarding their care and services, and this was reflected in their care planning documents. Staff said they support consumers to make as many choices as they can for themselves and consumer preferences and choices are documented in care planning documents.

Dignity of risk assessment forms were signed and completed by consumers to support them to take risks they chose to take. Management and staff said they ensure consumers understand the associated risks to live the way they choose.

Staff described ways in which information is provided to consumers, in line with their needs and preferences. Information to allow consumer’s make choices, for example in relation to the menu and activity schedule, was displayed around the service.

Consumers and representatives described how consumers’ privacy was respected by staff and their information is kept confidential. Staff were observed knocking before entering consumers rooms and closing doors whilst providing personal care, and computers used by restricted staff were password protected.

# 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 said consumers receive the care and services they need. Management and staff described the comprehensive assessment process on admission which identified and addressed risks to consumers health and well-being. Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify their needs, goals and preferences of consumers sampled, including risks.

Staff described how they approach conversations with consumers and/or their representatives about end of life and advance care planning. Consumers and representatives said assessment and planning identified and addressed consumers’ current preferences and end of life wishes. The service had guidance on advance care planning and end of life planning.

Consumers and representatives said they actively participate in the care planning process. Care planning documents evidenced the service partners with a range of external providers and services with consumers and others who consumers wish to be involved in the planning and assessment of care.

Consumers and representatives said the service consistently communicated with them about changes to care planning documents and knew how to access them.

Care planning documents evidenced they were reviewed on a 3-monthly basis and as required in response to changes in consumers health, condition or needs. Consumers and representatives confirmed this to be the case. The service’s assessment and care planning policies and procedures set out the review, reassessment and monitoring processes, including the responsibility of staff to ensure assessment and planning reflected consumer care needs.

# 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

Care planning documents evidenced consumers are receiving safe, effective care that is best practice and meets their individual needs and preferences and optimises their health and well-being. This was also consistent with feedback from consumers. Staff said they are guided by policies and procedures to direct care that is best practice.

Management and staff described the high-impact and high-prevalence risks for consumers at the service. Consumers and representatives interviewed said they felt that the service is adequately managing risks to consumers' health, particularly for falls. Care planning documents evidenced risks are assessed and strategies to minimise risks are outlined.

A representative of a consumer who had recently passed away expressed gratitude about the end of life care their loved one received. Staff described how they care for consumers requiring end of life care through supporting regular family visits, regular repositioning, hygiene and comfort care, pain relief and pastoral care.

Care planning documents reflected the identification of, and in response to, deterioration or changes in condition. Consumers and representatives said that the service is responsive to consumers’ care needs and are able to adequately respond.

Care planning documents demonstrated progress notes, communication books, and care and service plans provide adequate information to support effective and safe sharing of the consumer's information and support care. Staff described how information is shared when changes occur through staff meetings, handover and how changes are documented in progress notes and handover sheets.

Consumers and representatives advised timely and appropriate referrals occurred and consumers had access to relevant health supports. Care planning documents evidenced referrals to other health care providers occurred as needed. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers.

The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of appropriate antibiotic prescribing. Consumers and representatives commended staff on their frequent use of personal protective equipment and hand hygiene which was confirmed through observations.

# 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 said consumers feel supported to participate in activities that they like, and they are provided with appropriate support to optimise their independence and quality of life. Staff explained how consumers preference and needs are collected and communicated, such as leisure likes and dislikes, personal interests and spiritual needs. Staff explained what sampled consumers like to do and this is aligned with the information in their care planning documents.

Consumers described how the service promoted their emotional, spiritual and psychological well-being. Staff described how they support consumers emotional and spiritual needs. Care planning documents included information on consumers' emotional, spiritual and psychological well-being needs, goals and preferences.

Consumers said that they felt supported to participate in activities within the service and in the outside community as they choose. Staff provided examples of consumers who were supported to maintain their relationships, both inside and outside of the service. Care planning documents identified the people important to individual consumers and the activities of interest to that consumer.

Consumers and representatives said that information about the consumer's conditions, needs and preferences are communicated within the organisation and with others where responsibility for care is shared. Staff said that they communicate and document changes in care planning documents as well as shift handovers which are attended by all staff. Care planning documents provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Consistent with feedback from consumers, care planning documents identified referral to other organisations and services. Staff described other individuals, organisations and providers of other care and services and specific consumers who utilise these services.

Consumers said that the service provided meals of suitable quantity, quality and were varied. Consumers at the service with special dietary needs were accommodated and all staff were knowledgeable regarding their needs. Meal options were observed to be available to consumers.

Consumers and representatives said consumers have access to equipment to assist them with their daily living activities. Staff said they have access to equipment when they need it and could describe how equipment is kept safe, clean and well-maintained.

# 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

Consistent with observations, consumers and representatives confirmed the service is welcoming and created a sense of belonging. Management and staff described aspects of the service environment that made consumers feel welcome and optimised their independence, interaction and function.

Consumers were observed in all areas of the service, moving freely both indoors and outdoors. The service had processes in place to ensure that the service environment is safe, clean, well-maintained and comfortable.

Consistent with observations, consumers and representatives said the service and equipment are kept clean and safe for use by consumers. Consumers said their rooms and equipment are kept clean and well maintained.

# 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 aware of how to provide feedback or make a complaint via the various avenues that are available to them. Management and staff described the processes in place to encourage and support feedback and complaints. A range of flyers, brochures and instructional documents including easy-to-read process flows related to raising complaints was observed displayed around the service.

Consumers said they were aware of external advocacy services they can use if needed. Management and staff reported they did not currently have any consumers who required advocacy services but were aware of how engage them if a need arises in the future. A range of posters and flyers relating to external advocacy services available was observed displayed around the service.

Consumers said management acknowledged and take suitable actions to resolve their concerns when raised. Staff described how they help resolve concerns, provided examples of resolving consumer concerns and explained what open disclosure was within the context of complaints and incidents.

Management described processes in place to record and trend complaints, and how they are used to improve the care and services available to consumers. Consumers and staff described various improvements, which were driven by consumer feedback. The service’s continuous improvement plan showed that consumer feedback gathered through meetings, direct verbal feedback and surveys are being used to drive improvements within the broader service.

# 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 and representatives said the service had a sufficient number of staff to deliver quality care. Management described how they ensure there is enough staff to provide safe and effective care by having an effective base roster with recurring shifts. Management described how unplanned leave is filled by rearranging shift times and offering staff additional shifts. Call bell response data evidenced call bells are responded to in a timely manner.

Consumers and representatives said staff are kind, caring and gentle when providing care and services. This was consistent with observations. Staff demonstrated that that they were familiar with each consumer's individual needs and identity.

Consumers and representatives said staff are competent, supported and skilled to meet consumers’ care needs. Management stated the service requires staff to go through an orientation process, complete role based mandatory competencies and do annual mandatory in-person training in line with the education calendar. The service had position descriptions which included key competencies and qualifications essential for each role, along with defined responsibilities and a duty statement.

Consumers and representatives felt staff have the appropriate skills and knowledge to deliver safe and quality care and services. The service is supported by external educators and staff said the service provided sufficient training to enable them to perform their role effectively. Training records showed staff were up to date with their mandatory training.

Staff were able to recall their most recent performance appraisal within the past year and recalled the experience to be positive. Review of the service's performance appraisal management service showed that staff were up to date with their appraisals.

# 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

Consumers and representatives said they are engaged via variety of mechanisms including meetings and surveys. Staff explained how consumer responses and suggestions are used to drive improvement and inform design services that are suitable for consumers. This was confirmed through documents such as meetings minutes.

Management described the service and organisational structure and how it supports accountability over care and services delivered. For example, the service's care management team reports to the service manager, who then directly reports to the Board. The Board maintains visibility of the service's state via attending 2-monthly clinical governance meetings. A Board member provided an example of a recent change at the service that was driven by the Board.

The service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, management explained how operational and capital expenditure are assessed, through quarterly financial reports, and provided an example of recent expenditures to support changing needs of consumers.

The service had policies, procedures, flow charts and registers to support the management of risk and response to incidents. Staff and management provided examples of these risks and explained how they are identified and managed at the service.

The service had frameworks, policies and guidelines around antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated an understanding of these policies and their application to their work.

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-1)