Performance

Report

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| Name of service: | ADA Cottage |
| Service address: | 93-95 Angus Avenue KANDOS NSW 2848 |
| Commission ID: | 0320 |
| Approved provider: | RSL LifeCare Limited |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 10 February 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 ADA Cottage (**the service**) has been prepared by James Howard, 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 conducted from 15 November 2022 to 17 November 2022; 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.
* Other information and intelligence held by the Aged Care Quality and Safety Commission in relation to the service.

# 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

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

Consumers said staff treated them with dignity, respect and valued their identities, cultures and diverseness. Consumers’ unique needs and preferences were recorded in their care plans. Staff understood consumers’ cultural needs and described how those were supported during care delivery. Consumers were supported to make choices about their care, decide when family and friends were involved in their care and maintain relationships of importance. Consumers said they chose when their care was provided and their choices were respected by the service.

Consumers said they were supported to take risks which enabled them to live their best lives. The service used a risk assessment process for consumers wishing to take risks, which included consultation with consumers before completing a dignity of risk form. Consumers said they received information in easy to understand formats such as via the service’s newsletter, activities calendar, resident meetings and daily rounds by management and lifestyle staff. Consumers said staff respected their privacy, which included respecting personal space and keeping their confidential information in a password-protected electronic care management system.

# 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

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

The service considered risks to consumers’ health and well-being during the needs assessment and care planning process. Consumers and representatives said they were partners in care planning and consumers received the care and services needed. A review of consumers’ care plans showed allied health professionals were involved in assessing consumers wishing to take risks, following which consumers received support to pursue their choices. Consumers’ care plans identified and addressed their current needs, goals and preferences, which included end-of-life planning where consumers wished.

The service partnered with consumers, their representatives, medical and allied health professionals when assessing, planning and reviewing care needs. A review of care plans showed consumers partnered in a coordinated needs assessment which involved other organisations, individuals and service providers. Consumers said staff explained their care plans to them, which they considered met their needs, goals and preferences. Consumers and representatives said the service notified them when consumers’ circumstances changed or incidents occurred such as falls, injuries or the emergence of challenging behaviours.

# 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

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

Consumers received care that was safe, effective and tailored to their needs. A review of consumers’ care plans confirmed they were appropriate to support the management of their clinical needs, and staff were aware of consumers’ needs. The service effectively managed high impact and high prevalence risks to consumers such as pressure injuries, nutrition and hydration, restrictive practices and medication management. Consumers were satisfied with how the service managed risks to their wellbeing. Consumers and representatives said staff had spoken with them about advance care planning and end of life preferences during the needs assessmsent process, which was confirmed by a review of consumers’ care plans. Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans.

Consumers were satisfied with the delivery of care, including how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions were communicated during shift handovers, meetings, accessing care plans, communication diaries and electronic notifications. The service made timely and appropriate referrals to other care providers, which was confirmed by consumers and representatives. Clinical staff described the service’s referral process, the details of which were recorded in consumers’ care plans and included the involvement of allied health practitioners and medical professionals. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# 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

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

Consumers confirmed they received safe and effective services that assisted them to maintain their independence, well-being and quality of life. Consumers were satisfied with the supports they received for daily living and staff understood consumers’ activity preferences. Consumers said they were engaged in meaningful activities which supported their emotional and psychological well-being, such as attending religious services and celebrating cultural days of importance. Consumers’ care plans recorded strategies used to provide individual, emotional support, such as receiving one-on-one visits from volunteers to the service. Staff supported consumers to participate in activities within the service and broader community, and this was confirmed by consumers.

Consumers were happy with the quality, quantity and variety of food provided by the service. The service included consumers in menu development and encouraged feedback on the quality of food provided. Consumers were offered a range of meal options if the daily menu was not to their liking. A review of consumers’ care plans included information about individuals’ dietary preferences. Where the service provided equipment, consumers said they felt safe and knew how to report concerns. The equipment being used by staff was clean, well maintained and fit for purpose.

# 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

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

The service environment was calm, friendly and welcoming, with communal and private areas where consumers could socialise and receive visitors. Consumers said they were comfortable and had a sense of belonging within the service, particularly as they personalised their rooms with furniture and possessions of choice. The service was well-lit, had signage which assisted consumers to navigate the building, along with handrails to promote ease of mobility. Consumers enjoyed a large, external courtyard with a barbecue and comfortable outdoor furniture.

Consumers said the service was clean, safe and well maintained. The Assessment Team noted the service was clean, well maintained and consumers moved freely around the building and outdoors. The service had a maintenance program and records confirmed maintenance was promptly addressed. Consumers said equipment was clean and well maintained, which was confirmed by the Assessment Team’s observations.

# 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

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

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers said they were comfortable raising concerns directly with staff or management. Information about how to make an internal or external complaint was available on noticeboards, internal publications and within the resident handbook. Consumers could provide feedback via a formal feedback form, in writing to the board of directors, raising issues at the resident and relative meetings or by speaking directly with the service’s general manager. Consumers were aware of how to access internal and external complaints mechanisms, access advocates and find support through an interpreting service.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which was confirmed by consumers and representatives. The Assessment Team viewed the service’s records and noted feedback and complaints were appropriately managed. The service manager confirmed feedback and complaints were used to improve the quality of care and services, which was reiterated by consumers.

# 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

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

The service developed a monthly staffing roster based on consumers’ needs. The roster included registered nurses, care staff, lifestyle and hospitality staff and maintenance workers. In addition, allied health staff provided regular care for consumers and a registered nurse was being recruited at the time of the Site Audit. A review of the roster confirmed there were sufficient staff to provide safe and quality care and services. Consumers said staff were kind, caring and respected their identities, cultures and diverseness. The Assessment Team observed staff interacting with consumers in a caring and respectful manner.

The service’s workforce was competent and had the qualifications, skills and knowledge to effectively perform their roles. Staff were guided by position descriptions which required key competencies and qualifications for their roles. Staff were recruited through a formal process which included interviews, reference and qualification checks. New staff completed mandatory education and were supported through their orientation period. A review of training records showed all staff had completed mandatory and refresher training. The service regularly assessed, monitored and reviewed staff performance which included annual performance reviews and opportunities for professional development.

# 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

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

Consumers and representatives said they were encouraged to provide ongoing input into how care and services were delivered. Input was provided during care plan reviews, resident meetings, surveys and in-person discussions. Suggestions from consumers and representatives were included in the service’s plan for continuous improvement.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services, for which they were accountable. The organisation’s board of directors (the board) maintained visibility of the service’s performance through governance committees focused on clinical governance and compliance with the Standards. The board received reports about internal audit results, clinical indicators, serious incidents and feedback from consumers and staff. The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. The organisation had a documented risk management framework which guided staff in identifying, managing and preventing risks to consumers. Service management said incidents were analysed and used to inform improvements for consumers.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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)