Performance

Report

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| Name of service: | Adelene Nursing Home |
| Service address: | 1 Birch Road Wyoming NSW 2250 |
| Commission ID: | 2672 |
| Approved provider: | Alino Living Limited |
| Activity type: | Site Audit |
| Activity date: | 9 August 2022 to 11 August 2022 |
| Performance report date: | 23 September 2022 |

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 **Adelene Nursing Home (the service**) has been prepared by M Wyborn, 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 reported they are treated with dignity and respect and that their identity, culture and individual diversity is valued within the service. Staff spoke about consumers respectfully and were observed interacting with consumers respectfully.

Consumers and representatives advised that the staff are respectful of a consumer’s choice and dignity and commented that ‘nothing is too much trouble for the staff’.

The service demonstrated a culture of safe care and services. Information about consumers’ life history including their cultural and spiritual needs is captured in care planning documentation. Staff demonstrated their awareness and delivery of care and services in ways that respect consumers’ cultural preferences and needs.

The service demonstrated that each consumer is supported to exercise choice and independence. Consumers and representatives confirmed that they are consulted and are able to make decisions when others should be involved in their care. In addition, consumers’ care plan documentation highlighted consumer choice and appropriately detailed who is able to act on their behalf if required.

The Assessment Team observed that consumers are supported to take risks to enable them to live the best life they can. Risk assessments are completed to support consumers who undertake activities of risk and where appropriate, measures to mitigate the risk associated with these activities are supported within the service.

The service provides information to each consumer in a range of ways, including making brochures available and displaying posters throughout the service and regularly discussing options with consumers informally and at regular meetings. The Assessment Team observed information about advocacy services, internal and external complaints mechanisms and the daily menu and meal options was delivered to consumers in a clear and easy to understand manner that enabled consumers to exercise individual choice.

The service demonstrated that staff follow appropriate processes to ensure that consumers’ privacy is respected and their personal information is kept confidential. Staff were observed by the Assessment Team to deliver care and services to consumers in a manner respectful of consumers’ privacy. Staff were observed knocking on the doors to consumers’ rooms and talking quietly to individual consumers in communal areas.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as 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

The service demonstrated assessment and planning that provided focus on risks to consumers’ health and well-being such as falls, skin integrity, pressure injuries, co-morbidities and previous history to facilitate safe, effective care delivery.

Consumer records demonstrated that assessment and planning reflects consumers’ goals, needs and preferences and includes input from consumer representatives and other care providers. The care manager advised that end of life and advance care planning is discussed with consumers and representatives at their annual ‘partnering in care’ conferences. The service is introducing an information sheet about advanced care directives/end of life planning into the admission packs to encourage earlier consideration and record of consumer wishes.

Consumers and representatives confirmed they are involved in care planning on admission to the service and on an ongoing basis. They advised that consumer records include input from consumers, representatives and other health care providers.

The service demonstrated that care plans are accessible by consumers and representatives and consumer representatives advised they can access the “relative’s gateway” on the service’s electronic care management system and view up to date information about their consumer’s current clinical and personal care, daily activities and input from external providers. The service also demonstrated timely contact with representatives about any changes or concerns regarding the consumer.

The service demonstrated effective systems to review consumer care and services on a scheduled basis, as well as when changes occur. The Assessment Team observed consumer files are reviewed and updated regularly and the electronic record system alert staff to upcoming or overdue interventions, reviews and assessments.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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

The service demonstrated that consumers receive care that is best practice, tailored to their needs and optimises their health and well-being. Consumers’ clinical and personal care needs are assessed regularly as well as when changes occur and care planning is agreed with consumers or their representatives.

The service demonstrated that risk assessments are undertaken to identify and manage high impact or high prevalence risks and that staff are aware of consumers’ risks and interventions to manage these risks.

Consumers and representatives said they get the care they need, the care is tailored to their needs and optimises their health and well-being, especially in regard to pain management and skin integrity.

The Assessment Team observed that consumers who have restrictive practices in place or psychotropic medications prescribed all have documentation confirming discussion of use, medication and informed consent and receive regular reviews with consumers and representatives. Restrictive practice reviews are scheduled every 3 months.

The service demonstrated effective management of high impact or high prevalence risks for consumers such as falls, weight loss, and complex cares. The service has policies and procedures to guide staff in care and management of falls, skin integrity/pressure injury prevention and nutrition. The Assessment Team observed that those consumers showing a significant weight loss are reviewed, diet and intake monitored, weight checked more frequently and if required, are referred for dietitian or another specialists’ consultation. In addition, consumers who choose not to abide by their prescribed diet have documented risk minimisation strategies recorded in addition to assessment and signed agreements.

The service demonstrated the needs, goals and preferences of consumers nearing their end of life are recognised and addressed, their comfort maximised and their dignity preserved. Management advised consumers are offered the opportunity to discuss end of life needs, goals and preferences during their annual ‘partnering in care’ in care conference and when they become palliative.

The service demonstrated consumers who experience a deterioration or change of condition have their needs recognised and responded to in a timely manner. The Assessment team observed care planning documents, including progress notes, that reflect the identification and response to deterioration or changes in a consumer’s function, capacity or condition.

Consumers and representatives advised that consumers’ care and preferences are effectively communicated between staff and other health providers in a timely way and they received the care and services they need. The Assessment Team’s review of consumer care documentation demonstrated appropriate information to safely and effectively support sharing of care and services. Staff notify the medical officer and consumer representatives when a consumer experiences any change in condition, experiences an incident, are transferred to or returned from hospital or there is any other change in care, such as medications.

Consumers and representatives confirmed the involvement of other health care providers and timely referrals to external services if needed by the consumer. The Assessment Team’s review of consumer records evidenced referral to and input by allied health professionals such as occupational therapist, physiotherapist, dietitian, podiatrist and other specialist services including older persons’ mental health service and medical officers.

The service demonstrated their processes to minimise infection related risks and to support appropriate use of antibiotics to reduce the risk of increasing resistance to antibiotics. Consumers and representatives reinforced that the service keep them informed about COVID-19 health updates and advised that the service regularly provides them with information on how to minimise their risk of contracting infections. Staff demonstrated their understanding of how they minimise the spread of infection and were knowledgeable about the use of antibiotics and to ensure they are used appropriately.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as 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 advised they receive safe and effective services and support for daily living and that the staff support their well-being and quality of life. The service demonstrated through effective documentation that staff are assessing and identifying consumers’ needs, goals and preferences and optimising their health and well-being.

Consumers and representatives along with staff were able to consistently describe the services and supports available to promote consumers’ emotional, spiritual, and psychological wellbeing. The service has a Catholic priest and an Anglican minister who conduct monthly church services and are available on request. Documentation in care plans highlights the supports that are important and available to consumers. In addition, management explained that they can facilitate referrals to psycho-geriatricians and to the mental health team if required.

Consumers and representatives spoke positively about consumers’ opportunity to participate in activities provided at the service. Staff provided relevant examples of how they support consumers to participate in things of interest to them and to connect with others outside the service as much as possible. The lifestyle staff described how activities are scheduled at the service for consumers 7 days per week and are tailored to suit both individual consumers and the consumer group as a whole.

Up to date and accurate information is document and shared about consumers’ needs and preferences both within the organisation and with other external service providers. Staff were able to describe ways that the service effectively manages the communication of this information in relation to services and support for daily living. In addition, the service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers.

Overall, consumer and representative provided positive feedback about the meals provided at the service. Consumers and representatives advised the food was tasty, hot, there was good variety and quantity. Management advised they follow up on any feedback from consumers or representatives about the food or nutrition. The Assessment Team observed that consumer assessment documents show that nutrition and hydration information, including dietary requirements and preferences, are consistent with the information recorded by kitchen staff and this aligned with consumer and staff feedback.

The service demonstrated through consumer, management and staff interviews and observations that equipment to support consumer lifestyle is safe, suitable and clean. The Assessment Team observed a range of equipment which included lifters, lifter slings and activity equipment. The service has a system for ensuring equipment is cleaned by staff following use. Staff advised they have access to the equipment and resources they need to support consumers to use the equipment. They said if there are issues with the equipment they report this to maintenance or to management and discuss opportunities for replacement or replenishment.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as 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

The service has a welcoming environment and consumers were observed to be moving around their units using a range of mobility assistive equipment, including wheelchairs and wheeled walkers.

Consumers advised they feel at home and that the service optimises their sense of belonging and independence. Consumers explained they can personalise their rooms to their liking. The Assessment Team observed consumers and their visitors sitting outside in the courtyards enjoying their time together.

The service demonstrated that processes are in place to ensure that the service environment, the furniture, fittings and equipment is safe, clean, well-maintained and comfortable. This includes effective cleaning and maintenance schedules. Consumers said the equipment was suitable for their needs and the furniture, fittings and equipment were observed by the Assessment Team to be suitable, clean, well maintained and used safely.

The service has a preventative and reactive maintenance schedule. The schedules are monitored by the service’s maintenance officer and the facility manager. All equipment servicing is in line with manufacturer’s instructions and serviced by qualified contractors to ensure equipment is regularly maintained, in good working order, safe and fit for purpose.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as 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 advised they are encouraged and supported to provide feedback and make complaints. Consumers and representatives said they were aware of how to provide feedback or make a complaint. The majority said they would speak directly to staff or to the facility manager. The service and staff demonstrated how they encourage and respond to consumer feedback. Consumer meetings are held regularly and meeting minutes show that these meetings provide a forum for consumers to raise and discuss issues or concerns and actions are taken by management in response.

The service demonstrated effective processes that support consumers to access advocacy and language services if required. Management uses an interpreter service if it is required, however currently this is not required at the service. Management advised that the service management team has an open-door policy. A new feedback form was introduced and communicated to consumers and representatives in July 2022 and this revised format includes information regarding external feedback mechanisms.

Consumers and representatives confirmed they were satisfied that management is responsive to their issues. The service demonstrated it takes appropriate action in response to complaints and uses a process of open disclosure when things go wrong. Care staff appropriately demonstrated their understanding of the complaints process including the open disclosure process the service uses to resolve complaints.

Consumers and representatives said they are satisfied with management’s response to their feedback and complaints and are satisfied with the improvements the service makes to ensure their care and service needs are met. The service has a continuous improvement process and the Assessment Team observed that feedback and complaints provide a key area of input for identifying areas for improvement.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as 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 and representatives were satisfied with the care and services provided and said staff are very good and responsive to their needs. They confirmed there was sufficient staff and that staff usually responded to call bells in a reasonable time.

Care staff explained that vacant shifts are filled most of the time. The service has a phone application that allows staff to access their roster from any device. Real-time shift relief requests are sent via the application and they usually find a staff member who can cover the shift.

Consumers and representatives advised consumers are treated with care and respect and the Assessment Team observed staff interacting with consumers in a kind, caring, and respectful manner. Staff and management were observed engaging with consumers in a kind and respectful manner, addressing consumers by their preferred name and exercising patience when delivering care and services.

The service demonstrated that staff are competent and have the qualifications and knowledge to perform their roles effectively. The key responsibilities for each role are set out and consumers and representatives confirmed staff effectively perform their roles. The Assessment Team reviewed position descriptions and competency documentation and it identified staff had completed the mandatory competency assessments required for their position. A review of staff training records identified the service has an orientation program for new staff and a system for monitoring that staff have completed annual mandatory training and competencies to ensure the service workforce has the skills to perform their roles effectively.

The service demonstrated that staff are recruited, trained, equipped and supported to deliver care and services in line with the Quality Standards. Staff confirmed they receive training, equipment and support to provide the care and services consumers require. An organisational learning and development program was implemented in November 2021. This program includes annual mandatory training and competencies, orientation program and a continuous professional education program.

Management regularly monitor and review the performance of staff. There is a formal process for performance review and management also informally review performance through ongoing observation and supervision of staff practice and monitoring feedback and complaints records.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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

Consumers and representatives said they have ongoing input in how consumers’ care and services are delivered and advised that the service encourages their participation in their care via consumer meetings, surveys, feedback and care conferences. The organisation has effective systems to engage and support consumers in the development, delivery and evaluation of care and services.

The newly formed organisation of Alino Living has a board of directors responsible for the governance of the service. To improve consumer engagement the board of directors will hold one of the quarterly meetings at the service in order to actively engage directly with consumers and obtain feedback regarding the services they receive. The information obtained from consumers because of this engagement will be reviewed and used as part of organisational governance to improve care and services for consumers. Any improvements is fed back to the service for communication to consumers and representatives.

Consumers and representatives advised they feel safe and included at the service and have access to quality care and services. Management explained the organisation communicates with consumers, representatives and staff via meetings, emails, newsletters and training. The organisation has a diversity action plan which includes a supporting plan for Aboriginal and Torres Strait Islander people and lesbian, gay, transgender, and gender diverse and intersex elders.

The service demonstrated effective governance systems that focus on the best outcomes for consumers. The board monitors and reviews routine reporting and analysis of data related to the consumer experience. The service demonstrated effective information management systems including an electronic care planning and risk management system, continuous improvement system and financial governance systems.

The quality manager completes monthly reviews/audits for continuous improvement and collects evidence on the effectiveness and sustainability of implemented actions. When issues are identified, they are raised with the relevant continuous improvement owners for resolution. Results from surveys and audits, incident reporting, data and trend analysis and feedback from consumers and representatives are reflected in the clinical risk and governance reports. These reports are discussed at the board level.

The service demonstrated effective risk management systems used to monitor and assess the high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated and reviewed by the executive management team and the board. Feedback is communicated via meetings leading to improvements to care and services for consumers.

The organisation has a clinical governance framework that includes policies and procedures that cover antimicrobial stewardship, minimising the use of restraint and open disclosure. The core elements of clinical governance include leadership and culture, consumer partnership, organisational systems, monitoring and reporting, effective workforce and communication and relationship.

The service demonstrated effective organisational policy and procedures relating to antimicrobial stewardship which includes staff accountabilities and responsibilities, staff education, procedures to minimise infections and monitoring and analysis of the use of antibiotics. The organisation utilises a formal open disclosure template to allow clear directions for management and staff to manage complaints or issues. The organisation has a restrictive practice policy to guide staff in restraint minimisation.

Staff demonstrated their understanding on how the use of restraint was minimised at the service and this aligned with the policies and procedures reviewed by the Assessment Team. When restraint is used at the service, it is recorded, monitored and evaluated for effectiveness and discussed with the consumer, their representative and medical officer.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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-1)