Performance

Report

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| Name of service: | AdventCare Whitehorse |
| Service address: | 163-165 Central Road NUNAWADING VIC 3131 |
| Commission ID: | 3044 |
| Approved provider: | Seventh-day Adventist Aged Care (Victoria) Ltd |
| Activity type: | Site Audit |
| Activity date: | 19 April 2023 to 21 April 2023 |
| Performance report date: | 9 May 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 AdventCare Whitehorse (**the service**) has been prepared by   
D. McDonald 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
* the provider’s acknowledgement of the assessment team’s report received 2 May 2023.

# 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 said they were treated with dignity and respect. Staff were knowledgeable of consumer’s needs and were observed interacting with consumers in accordance with the consumer’s stated preferences, such as preferred name. Policies set out the service’s inclusive and anti-discriminatory values.

Consumers said their culture, beliefs and values were respected and staff described supporting consumers from diverse backgrounds and facilitating their religious preferences. Care documentation evidenced consumers’ spiritual and cultural needs.

Consumers said they were supported to make decisions about their care, including choosing those involved in their care and maintaining relationships. Staff assisted consumers to contact family and friends and were guided by policies and procedures to support consumers in making informed choices.

Consumers said they were supported to take risks to live the life they choose. Staff supported consumers who wished to undertake activities which presented potential risks. Care documentation evidenced risk assessments, consultation with the consumer and allied health professionals, mitigation processes and ‘dignity of risk’ agreements.

Consumers gave positive feedback regarding information provided by the service which enabled them to make decisions about their care. Staff confirmed information was regularly communicated to consumers and representatives so they were well informed and could maintain independence. The consumer handbook detailed information about the service and available support, and activity calendars were displayed within the service.

Consumers said staff respected their privacy by knocking on their bedroom door prior to entry which aligned with observations. Staff said they did not share consumers’ private information in line with consumers’ wishes.

# 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 they were involved in care assessment and planning. Staff described the assessment and planning processes commencing from entry which is used to identify risks. Care documentation evidenced risks to consumers had been identified and mitigation strategies implemented.

Consumers and representatives confirmed staff discussed consumers’ needs and preferences, including end of life care. Staff described discussing end of life wishes with consumers upon entry, or during care plan reviews, and care documentation reflected individualised needs, goals and preferences including for advance and end of life care, where applicable.

Consumers and representatives confirmed they were involved in care assessment, planning and review processes. Staff said care assessment and planning was undertaken in partnership with consumers, representatives, allied health professionals and other services, and this was evidenced in care documentation.

Consumers said they were aware of information contained in their care plans and were comfortable requesting copies. Staff confirmed discussing outcomes of care assessment and planning with consumers or emailing and phoning representatives. Care documentation was observed to be easily accessible to staff and allied health professionals.

Consumers and representatives said the service was communicative regarding review and amendment of consumers’ care and services if consumers’ circumstances changed. Staff were knowledgeable of the need to review care and services in response to incidents or changes which was reflected in care documentation, along with routine review every 3 months.

# 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 provided positive feedback regarding the tailored personal and clinical care they received. Staff were knowledgeable of consumers’ needs and were trained in best practice processes. Care documentation evidenced consumers were receiving care that was safe, effective and tailored to consumers’ needs and preferences. Staff were guided by policies, procedures and tools for restrictive practice, falls and wound management.

Staff were knowledgeable of consumers’ high-impact and high-prevalence risks such as falls, swallowing difficulties, behaviours, and infections. Care documentation evidenced identification, intervention and monitoring of risks, and ‘Dignity of Risk’ agreements. Staff were supported by a risk management framework.

Consumers and representatives were confident consumers would have their wishes met during the palliative process. Staff described tailored care delivered for consumers nearing the end of their life, including keeping representatives informed, reassuring the consumer, and delivering frequent comfort care and pain management. Care documentation for consumers who had passed evidenced consumers’ needs and preferences had been met during the palliative process.

Staff described recognising consumer deterioration through frequent observation and assessment. Care documentation evidenced prompt recognition of changes to consumers’ mental or physical health and appropriate responses including referral to allied health professionals or hospital transfer.

Consumers provided positive feedback regarding communication between staff about their care needs. Staff described sharing consumers care information with relevant staff through handovers, discussions and handheld electronic devices. Staff were observed exchanging consumer information relevant to their condition and care needs.

Consumers and representatives said referrals to relevant health professionals was timely and appropriate. Staff said referrals were made in consultation with consumers and representatives, where possible, and the appropriate specialist could be selected from an established network of providers. Care documentation reflected timely and appropriate referrals to physiotherapists, speech pathologists and dieticians.

Consumers confirmed staff adhered to infection control practices, including during previous infectious outbreaks. Staff were knowledgeable of infection control practices, antimicrobial stewardship, and appropriate antibiotic use. Staff were supported by 2 Infection Prevention Control leads and had undertaken relevant training. The service was observed to have sufficient supply of personal protective equipment which staff used appropriately.

# 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 said services and supports were tailored based on their goals and preferences. Staff confirmed developing activities in partnership with consumers to ensure suitability and safety, and reviewing activities based on consumers’ feedback and attendance. Consumers were observed undertaking a range of group and individual activities that optimised their independence, health and quality of life.

Consumers said the service supported their spiritual, emotional and psychological well-being and staff were attentive to any behavioural changes. Staff said they were familiar with consumers and could recognise changes and offer support. The service facilitated weekly religious services and individualised visits from staff and volunteers. Care documentation evidenced consumers’ spiritual and emotional needs and the service’s responsive support strategies.

Consumers said they were supported to undertake activities within the service and community and to maintain relationships. Consumers were observed interacting with family, exercising and gardening. Care documentation evidenced consumers’ community connections, interests and people of importance to them.

Consumers and representatives said staff and other care givers knew consumers’ needs and preferences. Staff described, and were observed, sharing consumer information through an electronic care management system and handovers. Staff confirmed information was accessible to others involved in consumer care and documentation evidenced consumers’ needs and preferences were shared with relevant staff and providers.

Staff confirmed the service referred consumers to a range of services including support volunteers, pet therapy and dementia services. Care documentation reflected timely and appropriate referrals and information about other services and staff were supported by policies and procedures regarding referral pathways.

Most consumers provided positive feedback regarding the quality, flavour and temperature of meals, with other reporting there were insufficient options for vegans or vegetarians. Records reflected improvements made in response to this consumer feedback, including trialling recipes, dietician review and tastings. Food focus meeting minutes evidenced input from consumers and staff were knowledgeable of consumers’ dietary needs and preferences, which was confirmed through observation.

Consumers confirmed equipment was safe, suitable, clean and well-maintained. Staff said shared equipment was cleaned after each use and unsafe equipment was removed and repaired. Observations, cleaning and maintenance records evidenced regular cleaning and equipment repair.

# 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 was welcoming, easy to navigate and promoted their independence. Staff described assisting consumers’ safety and comfort by keeping walkways clear, displaying signage and assisting consumers to personalise their bedrooms. The service environment included mobility infrastructure, a courtyard, garden patio, hairdressing salon and auditorium.

Consumers and representatives provided positive feedback regarding the cleanliness and condition of the service environment and their ability to move freely between areas. Staff described assisting consumers to mobilise, if required, and processes to identify and report hazards. Records evidenced timely completion of preventative maintenance and consumers were observed moving freely between indoor and outdoor areas.

Consumers said furniture, fittings and equipment were well-maintained, safe and suited to their needs. Staff confirmed daily cleaning of consumers’ bedrooms as part of a 7-day cleaning schedule and could describe the process to raise maintenance requests. Observations confirmed furniture was clean and maintained and electrical equipment had been serviced as required.

# 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 said they had no issue providing feedback or making a complaint and were aware of the processes. Staff confirmed consumers could provide feedback or make complaints through feedback forms or direct discussion with staff. Consumer meeting minutes evidenced consumers could provide suggestions and feedback.

Consumers were aware of how to access advocacy services and confirmed one such service had recently visited and spoken to consumers. Staff were knowledgeable of advocacy services which were promoted in consumer handbooks, along with translation services.

Consumers said appropriate action was taken in response to their complaints and they were pleased with the outcome. Staff confirmed promptly investigating and resolving complaints, including using principles of open disclosure. A register of feedback and complaints evidenced timely acknowledgement, investigation and resolution.

Consumers confirmed improvements were made in response to their feedback or complaints. Management gave examples of implementing a monthly consumer food focus meeting and engaging a new catering provider in response to poor consumer feedback. A continuous improvement plan was used to register complaints and feedback and monitor improvements.

# 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 positive feedback regarding staffing numbers and the care provided to them. Staff said they were sufficiently resourced, and management filled service gaps firstly with available permanent staff, then with agency staff if required. Documentation evidenced consistent staff coverage throughout each 7-day period and call bell data reflected response times were within the service’s benchmarked range.

Consumers said staff were courteous, professional and aware of their preferences. Staff were knowledgeable of consumers’ needs and interactions were observed to be gentle and respectful. Staff participated in training regarding cultural diversity, code of conduct, privacy and dignity.

Management confirmed staff competence was reviewed through staff surveys, meetings and performance appraisals. Records evidenced staff were qualified to perform their duties and had been appropriately screened prior to employment. Recruitment documentation reflected eligible candidates needed to demonstrate specific qualifications, attributes, skills and experience.

Consumers said staff were appropriately trained to perform their roles. Management confirmed staff underwent annual training for a range of topics including, but not limited to, medication competencies, manual handling and infection control. Records reflected strong staff engagement in both mandatory and elective training.

Management confirmed staff performance was reviewed through annual appraisals, self-reflection processes and feedback from consumers, representatives and colleagues. Staff described developing goals in consultation with their supervisor and said they were supported to further develop their skills and knowledge. The service was guided by the organisation’s human resource team.

# 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 said they were engaged in the development, delivery and evaluation of care and services. Management confirmed consumer inclusion through consumer committees, meetings, feedback, complaints, surveys and case conferences. Care documentation confirmed consumer inclusion and participation.

Consumers said the service provided safe, inclusive and quality care. Management advised the service frequently exchanged information with the governing body through reports and meetings under the clinical governance framework. Board members regularly visited the service to speak with consumers and attend consumer meetings, as reflected in meeting minutes.

The service demonstrated appropriate systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan was monitored to ensure appropriate action in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff were knowledgeable of risk identification, reporting and mitigation processes. The service’s risk management framework provided direction on managing risks, identification and response to elder abuse and supporting consumers to live their best life.

A clinical governance framework, policies and procedures ensured staff understood the processes to enable delivery of safe, quality care. Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure, and had completed relevant training.

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)