Performance

Report

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| Name of service: | Performance report date: |
| Adventist Retirement Village- Victoria Point | 08 June 2022 |
| Commission ID: | Activity type: |
| 5480 | Site audit |
| Approved provider: | Activity date: |
| Seventh-Day Adventist Aged Care (South Queensland) Ltd | 04 May 2022 to 06 May 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 Adventist Retirement Village- Victoria Point (**the service**) has been considered by Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site audit, dated 04 May 2022 to 06 May 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
* the provider’s response to the assessment team’s report received 01 June 2022
* other information and intelligence held by the 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.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

This Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers were treated with dignity and respect, could maintain their identity and make informed choices about the care and services they received.

The workforce understood individual consumers’ needs and preferences and the organisation provided sufficient information to enable consumers and representatives to make informed choices. A copy of the Charter of Aged Care Rights was provided to all consumers on entry to the service. Consumers were supported to maintain their independence and risk assessments were completed as required.

The organisation supported the dignity of risk concept that recognised consumers had the right to make decisions that affected their lives and those decisions were respected, even where there was some risk to the consumer.

Consumer information was stored in an electronic information management system that was password protected. The service agreement included privacy and confidentiality information.

The workforce was observed interacting with consumers in a friendly, supportive and respectful manner.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives provided feedback they were partners in the ongoing assessment and planning of consumers’ care and services; including being involved in initial assessments upon entry to the service and the ongoing planning of consumers’ care including discussions in relation to the consumers’ end of life planning.

Consumers and representatives stated they were informed of the outcomes of assessment and planning, and representatives were generally informed when a change or adverse event occurred which impacted on the needs, goals and preferences of the consumer. Whilst most consumers and representatives did not have a copy of the consumer’s current care and services plan, they were comfortable to request a copy from the service.

Most staff demonstrated an understanding of the service’s assessment and care planning processes. Registered staff described the various ways that assessment and planning was completed in conjunction with consumers and representatives, including through telephone discussions, weekly consumer reviews and assessments and three-monthly care planning reviews and engaging in regular conversations with the consumers and representatives to ascertain consumers’ needs, goals and care delivery preferences.

Care planning documentation evidenced assessment and planning occurred for consumers on entry to the service and were reviewed regularly thereafter, including when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer. Assessment and planning considered individual risks to each consumer’s health and well-being and included discussions in relation to advance care and end of life planning. Consumers and representatives were involved in assessment and planning, as well as other health professionals, such as medical officers and allied health practitioners as required.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

This Quality Standard is Compliant as seven of the seven Requirements has been assessed as Compliant.

Consumers received personal care and clinical care which met their needs and preferences, was safe and optimised their ability to live the best life they can. Consumers were supported by the service in their clinical care needs, such as management of wounds and pain. Consumers and representatives considered the needs and preferences of consumers were effectively communicated between staff, and that timely referrals were made to other health professionals as required.

Staff described the high impact and high prevalence risks for consumers at the service, and how these were monitored and managed for individual consumers. Staff demonstrated an understanding of their roles and responsibilities in recognising and addressing the needs of consumers nearing the end of their life. Staff described the ways they recognised and responded to a deterioration or change in the consumer’s condition and health status; including referring the consumer to the Medical Officer or transferring the consumer to hospital if appropriate. Staff received information on consumers’ changed health care needs via handover at each shift.

Care planning documentation reflected the identification of and response to, consumer deterioration or changes; and input from Medical Officers and other health professionals was sought and their recommendations were incorporated into care plans.

Staff had access to evidence-based policies, procedures and guidelines to support the delivery of personal and clinical care including in relation to restrictive practices, pressure injury prevention, pain, and recognising and responding to consumer deterioration.

The service implemented policies and procedures to guide staff relating to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff received training in infection minimisation strategies including infection control and COVID-19. Practices demonstrated the service has planned and was prepared for a potential outbreak. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

The site audit report contained information relating to documentation deficits relating to the types of restrictive practices in place at the service, and a lack of shared understanding amongst staff in relation to the difference between mechanical and physical restraints. I have considered this information and the response of the Approved provider to the site audit report and while I acknowledge there was deficits in documentation relating to the type of restraint in use for consumers, it is my decision that consumers were not at risk of being restrained without authorisation, and mechanical restraints consisting of reclining chairs and low beds were used appropriately in accordance with consumer needs.

Therefore, it is my decision Requirement 3 (3) (a) is Compliant

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

This Quality Standard is compliant ass seven of seven Requirements are Compliant.

Consumers and representatives described ways that staff at the service provided emotional, psychological and spiritual support to consumers. Consumers provided examples of how they were supported to have social and personal relationships and independently engaged in activities within the community that were of interest to them. Consumers were supported to attend church services, community activities and spend time with family and friends in the community.

Timely and appropriate referrals occurred to external providers for lifestyle supports, and consumer care planning documentation reflected the involvement of other lifestyle providers and allied health professionals.

Consumers confirmed the food provided was varied and of suitable quality and quantity, there was always plenty of food available and there was always an alternate option available for them.

Staff had access to the equipment they needed, and the equipment was maintained. Review of maintenance documentation identified scheduled preventative and reactive maintenance, which included equipment maintenance, had been completed.

The site audit report contained information gained through named consumer interviews relating to a level of dissatisfaction with lifestyle activities including a lack of bus trips, walking and musical activities. I have considered this information alongside the Approved provider’s response and have found the service has taken reasonable steps to ensure a varied lifestyle program is offered to consumers during a time of restrictions enforced due to COVID-19 outbreaks affecting the service. Information submitted by the Approved provider documented activities attended to by named consumers to support their lifestyle choices. I have also considered that 35 consumers and representatives were interviewed during the site audit and negative feedback was provided by five consumers, also of note consumers had not raised their concerns about lifestyle activities with staff at the service to enable the service to appropriately respond to their concerns. Therefore, it is my decision Requirement 4 (3) (a) is Compliant.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

This Quality Standard is Compliant as three of three Requirements are assessed as Compliant.

Consumers felt they belonged and felt safe and comfortable in the service environment. Consumers confirmed the service environment was clean, tidy, and well maintained; and equipment and furniture provided was safe, clean, and suitable for their needs. Consumers could access call bells to alert staff if they needed assistance and could move freely inside and outside the service if they chose to do so.

Staff understood how to report items requiring maintenance, review of documentation identified reactive maintenance was attended to in a timely manner and preventative maintenance was undertaken as scheduled.

Consumer rooms were observed to be personalised and decorated with pictures and furnishings. Consumers were noted to be moving within and outside the service. The indoor and outdoor environment of the service was observed to be welcoming, clean, well-maintained, and easy to access. Navigational aids were positioned to guide consumers and visitors to each area of the building and entries to consumers’ rooms had signage including the consumer’s name and room number.

Equipment was clean, well maintained, and appropriate to consumer needs. Consumers assessed as high-risk for skin integrity impairment were observed to have specialised pressure relieving equipment such as mattresses and pressure redistribution cushions.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

This Quality Standard is assessed as Compliant as four of the four Requirements are assessed as Compliant.

Consumers and representatives described various ways they could make a complaint and were satisfied with the action taken following their feedback. The workforce demonstrated an understanding of open disclosure when something has gone wrong that includes an apology. Thirty-five consumers and representatives were interviewed during the site audit, while some feedback was provided consumers were missing bus trips due to COVID restrictions and wished for additional walking group opportunities, other feedback regarding care and services was positive.

Information contained in the site audit report relates to a lack of complaints used to improve care and services. I have considered this information in conjunction with the lack of complaints provided during the site audit and the Approved provider’s response and have come to a different view. Information to support appropriate complaints management included complaints procedures and policies, a complaint register, examples of complaints that were handled appropriately resulting in improvements for consumers and examples of verbal complaints which were appropriately managed and recorded.

The service used an electronic platform which allowed the service to generate a plan for continuous improvement through the submission of complaints, feedback, suggestions, audit results and incidents. Information submitted through the platform is prioritised, actioned and remains open until closure is achieved. The incident register evidenced correlation between the complaint, feedback, audit result and incident to the relevant Aged Care Quality Standard and appropriate actions taken to address the issues. Information contained in the site audit report suggested the service’s plan for continuous improvement did not meet the regulatory compliance as per Aged Care Quality and Safety Commission Rules 2018, Part 5, Section 62, I have come to a different conclusion and it is my decision the mechanism used by the service to identify opportunities for continuous improvement is adequate.

Information was contained in the site audit report relating specifically to two named consumers and the management of their complaints. For one named consumer their feedback including raising the issue of drinks being served in dirty cups which had been verbally provided to management but not actioned. The Approved provider refuted this information in its response and stated there had been no verbal complaint received by the named consumer in relation to dirty cups. The Approved provider evidenced other verbal complaints provided by the named consumer which had been appropriately addressed.

For a second named consumer, feedback was recorded in the site audit report that they wished to have animals visit the service, and although had not provided this feedback to management, they had told staff. It is unclear the designation of the staff member who was provided with the feedback. The Approved provider in its response documented six occasions when the consumer was provided with some form of pet therapy in 2022. Therefore, it is my decision Requirement 6 (3) (d) is Compliant.

**Standard 7**

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| Human resources | | Compliant |
| 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers received care and services from staff who were knowledgeable, capable and caring. Consumers and representatives were satisfied with the number of staff and the availability of clinical and care staff to meet their care and service needs.

Observations of staff interactions with consumers demonstrated staff were kind, caring and respectful and staff demonstrated knowledge and understanding of individual consumer needs and preferences.

Management advised the organisation had a suite of policies and procedures underpinning the recruitment and management of staff and volunteers. The service demonstrated it had systems to recruit appropriately qualified staff. Training and information were provided to enable staff to perform their roles. The service had planned rosters and staff allocation was based on consumer needs. Vacant shifts were filled by the organisation’s staff or relief staff if required. The service had a mix of skilled staff including registered nursing staff and additional clinical support where required.

The service had processes for assessment, monitoring and regular review of performance of each member of the workforce. Where indicated through incident reporting or feedback staff were performance managed appropriately. The service provided additional staff training where required and an annual training program was in place.

The site audit report contains information that members of the workforce were not competent in relation to key areas of their roles and responsibilities or had the had the knowledge to effectively perform their roles. I have considered this information and it is my decision this information is not supported strongly by evidence or feedback from consumers or representatives. Thirty-five consumers and representatives were interviewed during the site audit and there was no feedback to support staff lacked skills or knowledge to perform their roles. Other evidence to support Human resource management at the service indicated staff were recruited appropriately, trained to perform their roles and performance managed when a deficit in skills or knowledge was evident. Information relating to inconsistent knowledge of staff in relation to restrictive practices and incident management has not impacted the care and safety of consumers and is documentation based rather than a knowledge deficit. Therefore, it is my decision Requirement 7 (3) (c) is Compliant.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

This Quality Standard is Compliant as five of five Requirements have been assessed as Compliant.

Overall sampled consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Consumers were engaged in ongoing reviews of care and services and could provide improvement suggestions. Feedback was sought from consumers through participation in monthly consumer meetings, consumer experience surveys and feedback forms.

The organisation’s governing body was accountable for the delivery of safe and quality care and services with the governing body setting clear expectations for the organisation. The Board supported the ‘Partners in Care Program’ which included training for consumer representatives on infection control processes in response to the COVID-19 pandemic and approval of the service laundry to open on Sundays.

Management were responsible for managing the annual budget for the service, and additional expenditure in excess of the annual budget or changes to the budget must be approved by the Board.

The Board was responsive to requests for budgetary changes to support the needs of consumers, including the purchase of king size single beds and falls prevention equipment.

The organisation provided a documented clinical governance framework, including policies related to antimicrobial stewardship, minimising the use of restraint and open disclosure policy.

Staff described strategies to minimise infection risks including strict adherence to hand hygiene practices, appropriate donning and doffing of personal, protective equipment and prompt identification of infection related symptoms. The service had an appropriately trained Infection Prevention Control lead within their clinical workforce.

Registered staff demonstrated a shared understanding of antimicrobial stewardship and explained the need to minimise the use of antibiotics and to utilise preventative strategies such as encouraging fluid intake to reduce the frequency of urinary tract infections.

Information contained in the site audit report included deficits in relation to effective organisational systems in relation to continuous improvement, regulatory compliance and feedback and complaints. I have considered this information in this Standard, as well as Requirement 3 (3) (a), Requirement 4 (3) (a), Requirement 6 (3) (b) and Requirement 7 (3) (c). I did not identify Non-compliance in these Requirements and therefore I do not have sufficient evidence to support the organisation does not have effective governance.

Information contained in the site audit report suggested the service’s plan for continuous improvement did not meet the regulatory compliance as per Aged Care Quality and Safety Commission Rules 2018 (The Rules), Part 5, Section 62, I have come to a different conclusion and it is my decision the mechanism used by the service to identify opportunities for continuous improvement is adequate and meets the requirements of The Rules.

In relation to regulatory compliance and incident management an example of an incident which occurred was documented in the site audit report as evidence the service had not met the legislative reporting requirements of an incident management system in accordance with the Quality of Care Principles. The Approved provider refuted this fact and submitted the incident report and a summary of events which occurred 07 February 2022. While I note the incident report satisfies most of the reporting requirements, there is no evidence to support a decision was made to determine if the incident was reportable under the Serious incident response scheme, this was not recorded on the incident report. This information is recorded as a discussion between clinical staff who determined this incident was an accident rather than neglect and therefore not required to be reported. While this is a departure from the required documentation to support an effective incident management system, it is a singular occasion, the consumer received the appropriate care following the incident and actions were taken to reduce the risk of the incident recurring. It may be more relevant to view the recording of the incident as an improvement opportunity to information recorded on the service’s electronic incident system.

The site audit report makes reference to the feedback and complaints process being ineffective to record, monitor, analyse feedback and complaints data to improve the quality of care and services. This is in direct contrast to my findings in Standard 6 Feedback and complaints which evidenced information to support appropriate complaints management included complaints procedures and policies, a complaint register, examples of complaints that were handled appropriately resulting in improvements for consumers and examples of verbal complaints which were appropriately managed and recorded.

Therefore, it is my decision Requirements 8 (3) (c) and 8 (3) (d) are compliant.

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