Performance

Report

**1800 951 822**

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| Name: | Ainslie House |
| Commission ID: | 0768 |
| Address: | 30 Iverison Road, SUSSEX INLET, New South Wales, 2540 |
| Activity type: | Site Audit |
| Activity date: | 29 January 2024 to 31 January 2024 |
| Performance report date: | 1 March 2024 |
| Service included in this assessment: | Provider: 1239 Inasmuch Community Limited  Service: 6213 Ainslie House |

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 Ainslie House (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others; and
* the provider’s response to the assessment team’s report received 26 February 2024.

# 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

This Quality Standard is assessed as compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers were treated with dignity and respect, and staff made them feel valued as individuals. Staff demonstrated familiarity with consumer backgrounds and preferences, and explained how they ensured interactions were respectful. Care planning documentation contained information on consumer backgrounds, and policies and procedures were in place to support diversity and inclusion.

Consumers and representatives detailed how staff provided care that was consistent with cultural values and preferences. Care planning documentation outlined cultural needs for consumers, and staff explained cultural celebrations to support consumers. Staff detailed how they support delivery of culturally safe care and services for consumers.

Care planning documentation identified consumers’ individual choices pertaining to how and when care was delivered, who participated in their care, and how the service supports them in maintaining the relationships that are important to them. Staff said they encourage independence and make as many choices as they could. Consumers said they were supported within their relationships, and staff assisted them spending time together.

Consumers and representatives explained how consumers were supported to live their best lives, including through taking risks. Staff explained how they supported consumer exercise their right to self-determination and developed strategies to mitigate associated risks. Care planning documentation demonstrated where consumers had chosen to take risks, a risk assessment was undertaken and documented the discussion of risks and strategies.

Consumers and representatives described receipt of timely and relevant verbal and written information to enable choice. Staff and management said information was communicated in line with consumer needs and preferences. Care planning documentation outlined communication needs for consumers. Displayed information included activities schedules, daily menus, complaint mechanisms, and copies of newsletters.

Consumers and representatives said staff maintain their privacy, knocking before entering and ensuring care was delivered behind closed doors. Staff provided examples of actions to maintain privacy and confidentiality, including ensuring not having conversations about consumers or sharing information without consent. Information was observed to be secured in password protected computers and nurses’ stations were secured when not in use.

# 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

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

**Requirement 2(3)(e)**

The Assessment Team recommended Requirement 2(3)(e) Not Met, as care planning documentation did not demonstrate monitoring and review was undertaken in line with policies and procedures. Consumers experiencing falls did not have neurological observations or pain charting, or review of falls risks. However, consumers were reviewed by Physiotherapists and Medical officers, and strategies were evaluated. Management acknowledged potential for improvement, providing evidence of remedial actions including memoranda sent to staff and developing continuous improvement activities, including provision of training.

The Approved Provider’s response acknowledges the feedback, and explains responsive actions taken beyond those within the Site Audit report, including education for clinical staff, and reviewing of relevant policies and procedures with submission via the Clinical governance working group to the Board to ratify, with outcome to be communicated to staff. A copy of the continuous improvement activities has been included within the response.

I acknowledge the Approved Provider’s response and actions. I consider the service did ensure care and services were reviewed for effectiveness following consumer falls, with evidence demonstrating review of the mobility care plan in a timely manner by an Allied health provider. Although the policy outlined requirement to review a Falls Risk Assessment Tool, which was not undertaken, this would only demonstrate a change in the risk, not the effectiveness of strategies. I do not consider deficiencies in monitoring of pain or change of neurological status relates to this Requirement, as they are undertaken in response to incident rather than to determine effectiveness of strategies. Whilst not reflective of application of best practice following a fall, which would otherwise be considered in Standard 3 Requirement (3)(a), there were no adverse impacts for consumers recorded.

For the reasons outlined above, I find Requirement 2(3)(e) compliant.

I am satisfied the other Requirements in Standard 2 Ongoing assessment and planning with consumers are compliant.

Staff described the care planning process for new consumers, detailing how it was used consider individual risks for consumers and inform care. Care planning documentation identified individual consumer risks and mitigation strategies. The electronic care management system included checklists and action items for new consumers to guide and track assessment and planning processes.

Care planning documentation identified consumer current needs, goals, and preferences and included end-of-life care planning where expressed. Staff described how they approached conversations about end-of-life care and ensured assessment and planning captured consumer preferences.

Consumers and representatives described their involvement in assessment and care planning. Staff outlined how assessment and planning processes involved partnering with consumers and/or others involved in care. Care planning documentation evidenced involvement from a range of other providers involved in consumer care.

Consumers and representatives said the service was proactive in communicating care and services information and changes, and a copy of the care and services plan provided after routine reviews. Staff explained processes to inform consumers and representatives of outcomes of assessment and planning, and care and services plans were available within the electronic care management system.

# 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

This Quality Standard is assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers described care as safe and effective, meeting their needs and optimising well-being. Staff demonstrated understanding of best practice principles in relation to sampled care areas, informed by policies and procedures. Care planning documentation demonstrated provision of care tailored to needs and preferences of each consumer. Whilst monitoring processes were not always followed following falls, outlined in Standard 2 Requirement (3)(e), consumer needs were met and management have implemented improvement actions to ensure safe and effective care.

High impact or high prevalence risks for consumers were monitored and managed, with staff aware of risks and strategies for each consumer and identify emerging risks. Consumers and representatives said risks were understood and managed through personalised strategies, observed to be outlined in care planning documentation.

Staff explained how they recognised and addressed needs and preferences of consumers nearing end-of-life, focusing on comfort and emotional and/or spiritual needs. Care planning documentation for a late consumer demonstrated delivery of care to manage pain and other symptoms, maximise comfort, and provide emotional support to the consumer and family. Policies relating to palliative and end-of-life care outlined goals, principles, and delivery of care to maximise comfort and preserve dignity.

Consumers and representatives said the service was responsive to change in needs or deterioration. Staff explained how knowing consumers aided early detection of change, and responsive actions would be commenced, such as monitoring, escalation of concerns, and communicating changes through handover and documentation. Care planning documentation demonstrated timely identification of change in health and responsive actions.

Care planning documentation for included adequate information to support effective and safe sharing of consumer information. Consumers and representatives said that the consumer's preferences and care needs were communicated effectively with them, between staff and with external providers involved in their care. Staff described how information about consumers was shared through handover, meetings, and documentation, with visiting providers saying they get access to documentation and verbal updates.

Consumers and representatives said consumers had appropriate referrals made promptly to meet their needs. Staff described how they coordinate referrals when required. Care planning documentation demonstrated identification of consumer need and coordination of appropriate provider review through referral processes.

Staff demonstrated an understanding of precautions and responsibilities to prevent and control infection and the steps they could take to minimise the need for antibiotics. Consumers and representatives interviewed expressed confidence in the minimisation of infection-related risks and said they observed staff taking steps to prevent infection, such as practicing hand hygiene. Policies and procedures informed antimicrobial stewardship and infection control management, and the outbreak management plan provided detailed actions to be taken to contain infections.

# 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

This Quality Standard is assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

Staff explained how they partnered with consumers for assessment to identify preferences, needs, and interests, and this was used to coordinate services and supports for daily living. Needs, goals, and preferences were captured in care planning in line with consumer feedback, and used to develop appropriate programs, such as lifestyle activities.

Consumers and representatives said consumers were supported when feeling low through reassurance, and spiritual services are regularly offered and included within the activities schedule. Staff explained actions to meet the emotional and spiritual needs of consumers, such as connecting them with people of importance, or pet therapy, and coordinating religious services, with other activities arranged to promote cognitive and mental well-being.

Staff described how consumers participated in the community within and outside the service environment and actions taken to support relationships, especially when relatives could not visit. A lifestyle activity calendar was developed in response to consumer interests, with staff saying activities could be flexible to meet consumer wants. Consumers were observed receiving visitors or exiting the service for visits.

Consumers and representatives said information about their needs, goals, and preferences were known by staff. Staff explained how information was shared, for example, kitchen staff are informed of changes to dietary needs or preferences through being updated by staff or receiving feedback from consumers.

Staff explained referral processes for external services, such as volunteers and pet therapies. Care planning documentation identified timely and appropriate referrals to meet identified consumer needs.

Consumers and representatives provided positive feedback on the quality and quantity of provided food, and dietary needs were accommodated. Staff explained consumers were offered a choice of main meal, with alternates such as soup or sandwiches readily available, and special requests could be accommodated. The seasonal menu was developed with input from a Dietitian and feedback from consumers through consumer and food committee meetings.

Consumers reported having access to sufficient equipment, such as mobility aids, to aid with daily living activities, and staff detailed how equipment was cleaned and maintained. Available equipment was observed to be suitable, clean, and in good condition.

# 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

This Quality Standard is assessed as compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives described the service environment as home-like, welcoming, and easy to understand. Management was able to describe aspects of the service that help consumers feel welcome and optimise each consumer’s sense of belonging and ease of navigation, such as personalising rooms. Independent movement was supported through sufficient lighting, handrails, signage, and numbering of rooms.

Staff could describe how the service environment was cleaned and maintained in accordance with schedules, environmental audits were undertaken, and hazards were promptly reported and acted upon. Consumers said rooms and communal areas were kept clean. Consumers were seen moving freely within the service, to courtyard areas and to external areas of the service either independently or with the support of staff.

Staff described their role and the processes for cleaning and maintaining personal equipment, furniture, and fittings in the service and how they were made suitable for each consumer. Consumers and representatives confirmed that furniture, fittings, and equipment are safe, clean and well-maintained. Observed areas were clean, equipment in good working condition, and assessment and maintenance procedures ensured suitability for safe use.

# 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

This Quality Standard is assessed as compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt supported to raise feedback or complaints and knew the different methods available. Staff explained how they encouraged and supported feedback and complaints. Feedback and complaint forms and locked boxes were readily available, and information on complaint mechanisms included in consumer handbooks, consumer meetings, and displayed throughout the service.

Staff could describe the external advocacy and language services available and how information was shared with consumers, with pamphlets, posters, and consumer handbooks holding printed information, and information sessions provided by advocacy services. Whilst not all consumers and representatives were aware of external supports, such as advocates and complaint services, those who were unaware said they had no need.

Overall, consumers and representatives said they receive prompt and appropriate response to complaints with resolution. One representative saying some complaints had not been addressed, with management unaware of the concerns and commencing immediate actions to address outstanding issues. Staff outlined their responsibility to report and investigate complaints and incidents, describing use of open disclosure actions in line with policies and procedures. Documented complaints demonstrated use of open disclosure process within actions taken to investigate, resolve, and evaluate response to feedback and complaints.

Management detailed how feedback and complaints were captured in the register and reviewed to make improvements to care and services. In response to feedback demonstrating not all complaints had been recorded and escalated, management acknowledged potential for improvement and responsive actions were commenced. Documentation showed feedback and complaints were actively trended to make improvements across the service. Consumers explained they were also invited to provide feedback in meetings to identify opportunities for improvement.

# 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

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers, representatives, and staff said there were enough staff to meet consumer needs. Management explained how workforce planning is used to address the needs of consumer, manage unplanned leave, and meet legislative staffing requirements with minimal need for agency staff. Ongoing recruitment strategies are being applied to develop a pool of skilled staff to meet consumer needs. Rostering documentation demonstrated some rostered hours were not replaced, however, management explained how they managed staff hours to ensure there was no impact experienced by consumers.

Consumers and representatives described staff as kind, caring, and gentle. Staff interactions with consumers were observed to be positive and respectful. The service has policies, procedures, and guidelines, communicated through mandatory training, to ensure staff practice and behaviour was aligned with organisational values.

Management described how recruitment processes considered the qualifications and knowledge of staff and outlined key competencies in position descriptions. Staff demonstrated familiarity with responsibilities and competencies in line with their roles. Monitoring processes ensured staff were compliant with professional registration and other checks, such as police clearances.

Consumers and representatives said staff have sufficient training, knowledge, and skills to delivery safe and quality care to consumers. Management described how they support their staff to ensure they are receiving the training they need to perform their roles in relation to the Quality Standards, such as through mandatory training and meeting expressed interests or needs. Staff said they were comfortable to request additional training and received sufficient training on key areas relating to the Quality Standards, including but not limited to, reporting incidents through the Serious Incident Response Scheme, application of restrictive practice, and use of open disclosure when things go wrong. Training reports were monitored for compliance and actions taken if staff training is overdue.

Management explained formal and informal processes to monitor staff, including appraisals, observations, and feedback, and take necessary action to improve performance where a need is identified. Staff described the appraisal process and shared outcomes of their most recent review. Documentation evidenced that regular assessment, monitoring and review of staff performance was taking place.

# 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

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives explained how they were engaged in the development of the organisation’s care and services through feedback processes, with one explaining the organisation ran the service in collaboration with consumers and representatives. Management explained engagement of consumers through meetings, feedback processes, surveys, and care plan review discussions.

Management detailed the structure of the governing body, including reporting processes and communication channels. Monitoring processes ensure key indicators are reviewed and discussed, ensuring the governing body maintains oversight of service performance.

Governance systems relating to key responsibilities were demonstrated to be effective, with staff demonstrating understanding of processes, policies, and procedures to inform safe practice. Information management systems enabled staff to access information and documents to inform care, report incidents, and undertake additional training. Financial governance processes included development of a budget and pathways to approve additional expenditure to meet consumer needs. Monitoring and management of regulatory compliance informed any required changes, communicated to staff in an appropriate manner to their role.

Risk management systems and practices enabled identification and management of high impact or high prevalence risks, with staff explaining they managed risks in line with best practice policies and procedures to meet consumer needs. Monitoring processes, such as reviewing reports and audit outcomes, were used to identify current and emerging risks. Staff received training on identifying elder abuse and neglect, and incident reporting obligations using the electronic system, with management also monitoring documentation to ensure identification and timely response. Policies and procedures supported consumers to live their best life, including taking informed risks if desired.

The clinical governance framework was informed by policies, procedures, monitoring processes, reporting, and tracking practices. Staff were aware of their responsibilities in relation to use of restrictive practices, application of open disclosure, and antimicrobial stewardship. Management detailed how infections were identified and monitored, and staff provided education on prevention of common infections. Management further explained how internal audits were used to ensure the clinical governance framework and system was effective.

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