Performance

Report

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| Name of service: | Albury Wodonga Health Residential Care Program |
| Service address: | 52 Sydney Road BEECHWORTH VIC 3747 |
| Commission ID: | 3945 |
| Approved provider: | Albury Wodonga Health |
| Activity type: | Site Audit |
| Activity date: | 12 December 2022 to 14 December 2022 |
| Performance report date: | 20 March 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 Albury Wodonga Health Residential Care Program (**the service**) has been prepared by J Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* The Assessment Team’s report for the site audit conducted from 12 December 2022 to 14 December 2022. The site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Other information and intelligence held by the Aged Care Quality and Safety Commission.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

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

Consumers said staff treated them with dignity, respect and valued their identities, cultures and diversity, which the Assessment Team confirmed through observations. Staff understood consumers’ care preferences and were observed treating consumers with respect. Consumers’ care plans included information about their backgrounds, cultural preferences and spiritual needs. The service supported consumers to make decisions about their own care, who should be involved in their care, communicate their decisions and make and maintain relationships of their choice. For example, lifestyle staff supported consumers to stay in touch with family and friends in ways which met their needs, along with family and friends being welcomed to celebrations held at the service.

Consumers were encouraged and supported to take risks and live their best lives. The service completed risk assessments for consumers wishing to take risks in their activities of daily living. For example, consumers who wanted to eat foods which posed a choking risk had a risk assessment and if consumers wanted to assume the risk, mitigation strategies were implemented and the consumer was supported in their decision. A review of consumers’ files confirmed risk assessments were completed as appropriate. Consumers’ communication needs were assessed and information provided in ways which assisted them to make decisions about their care and services. Consumers’ privacy was respected by staff who sought permission prior to entering their rooms.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

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

The service considered risks to consumers’ health and well-being during the needs assessment and care planning process. The clinical manager conducted an initial risk assessment in partnership with consumers, representatives, medical practitioners and allied health professionals to enable the delivery of safe care. A review of consumers’ care plans confirmed staff conducted effective, comprehensive assessments and care planning which identified peoples’ needs, goals, preferences and end of life planning where consumers wished.

The service partnered with consumers, their representatives and other service providers when assessing, planning and reviewing consumers’ care needs. Staff understood their roles and responsibilities in the assessment and planning process. A review of consumers’ care plans confirmed their needs were assessed on entry to the service, at regular intervals or when needs changed. Consumers confirmed they were offered copies of their care plans and staff spoke with them about their assessment outcomes. Consumers and representatives confirmed the service involved them in care plan reviews, when incidents occurred and when care needs changed.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

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

Consumers received care that was tailored to their needs and optimised their health and well-being, which was confirmed by a review of consumers’ care plans, clinical notes and behaviour support plans. Consumers’ care plans identified risks associated with their care, such as restraint management, pressure injuries, wound management, falls, impaired swallowing and challenging behaviours. The service had risk management strategies in place for consumers, and staff understood how to implement the strategies. Consumers nearing end of life were cared for with dignity and in accordance with their assessed needs, goals and preferences. Staff who provided palliative care were guided by documented processes and consumers’ families were welcomed during the end-of-life process.

Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by a review of their care plans and from positive consumer representative feedback. Consumers were satisfied with the delivery of care, including how changes to their conditions were communicated within the organisation and with others providing care.

Information about consumers’ conditions were communicated during shift handovers and through accessing care plans. The service made timely and appropriate referrals to other care providers, which was confirmed by consumers and evident in their care plans. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

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

Consumers received safe and effective services that maintained their independence, well-being and quality of life. Consumers’ care plans included their lifestyle needs assessment, which captured required supports for daily living; their needs, goals and preferences; and emotional, spiritual and religious needs. Consumers were satisfied with the supports they received for daily living and staff understood their activity preferences. Consumers were engaged in meaningful activities which supported their emotional and psychological well-being, such as enjoying time with a therapy dog, attending religious services and spending one-on-one time with lifestyle staff. Consumers participated in activities of interest to them and maintained personal relationships. Consumers were observed engaging in activities, while their friends and family were welcomed to the service to enjoy time with them.

Consumers were happy with the quality, quantity and variety of food provided by the service. The service included consumers in menu development and encouraged feedback on the quality of food provided. Consumers were offered a range of meal options if the daily menu was not to their liking. A review of consumers’ care plans included information about their dietary needs and preferences. Where equipment was provided, it was safe, clean, suitable for consumers’ needs and well maintained, and this was confirmed by staff and consumers.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

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

Consumers and representatives said the service welcomed them and was easy to navigate. Consumers felt at home within the service, particularly as they personalised their rooms with furniture and possessions of choice. The service environment was clean, well maintained and consumers moved freely within and outside of the building. Consumers could enjoy dining and day rooms, an activities room, outdoor spaces and a covered barbecue area.

The service promptly attended to maintenance, so consumers were safe and comfortable in their environment. Consumer representatives advised the service was safe, clean, comfortable and well maintained. A review of cleaning records showed tasks were completed, which was evident in the clean service environment. The service had a maintenance program and records confirmed preventative maintenance was addressed. Consumers reported feeling safe when staff used equipment, which was clean and well maintained. Staff could access equipment needed for consumer care and it was regularly cleaned.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

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

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers were comfortable raising concerns directly with staff or management. Information about how to make an internal or external complaint was available in communal areas and within the consumer information pack. Consumers were aware of how to access advocacy and interpreting services, if required. Staff understood the complaints process and the service received regular visits from the Office of the Public Advocate, which was an additional opportunity for consumers to provide feedback about the service.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which was confirmed by consumers and representatives. The service’s feedback and complaints policy was consistent with open disclosure, fairness, accessibility, responsiveness, efficiency and quality improvement. Consumers said complaints and feedback were used to improve care and services they received. For example, the service improved meal quality and installed a raised garden bed for consumer enjoyment. The clinical safety and quality advisor described how feedback was linked to the organisation’s continuous improvement plan.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

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

The service had adequate staffing levels and a mix of skillsets to meet consumers’ needs. A review of the previous fortnight’s roster showed all shifts were filled with a mix of clinical, care and lifestyle staff who enabled the delivery of safe and quality care and services. Consumers said staff were kind and available when needed. The Assessment Team observed staff interacting with consumers in a kind, attentive, considerate and dignified manner, which was respectful of their identities, cultures and diverseness.

The service’s workforce was competent and had the qualifications to effectively perform their roles, which was reflected in positive consumer feedback. The service required staff to hold qualifications, knowledge and experience essential to their roles, which was confirmed by a review of staff records. Staff attended mandatory training and competency assessments. Staff attended orientation sessions and training in the Quality Standards, person-centred and family-centre care, privacy, reporting abuse and the Serious Incident Reporting Scheme. The service regularly assessed, monitored and reviewed staff performance, which included annual performance reviews.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

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

Consumers and representatives were involved in the development, delivery and evaluation of care and services through close communication with staff, management and the provision of feedback. The organisation’s board of directors (the board) promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The board maintained visibility of the service’s performance through governance sub-committees focused on clinical care; quality, risk and continuous improvement; mental health safety; and overall service quality.

The service had organisation-wide governance systems in place that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service’s risk management system identified and managed high-impact and high-prevalence risks associated with the care of consumers, such as falls, challenging behaviours, skin integrity and medication management. Risks were identified through the incident management system and clinical indicator reports which were monitored by the board’s clinical governance and operations committee. The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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