Performance

Report

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| Name of service: | Alchera House |
| Service address: | 77 Bridge Street KORUMBURRA VIC 3950 |
| Commission ID: | 3485 |
| Approved provider: | Gippsland Southern Health Service |
| Activity type: | Site Audit |
| Activity date: | 28 June 2023 to 30 June 2023 |
| Performance report date: | 10 August 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 Alchera House (**the service**) has been prepared by J Miaris, 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 the 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 on 28 July 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

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

Consumers and representatives said they feel staff treat consumers with dignity and respect and make them feel valued as an individual. Staff spoke about consumers in a respectful manner and demonstrated they were familiar with consumers’ individual backgrounds, life stories and preferences. Care planning documentation contained information on consumer backgrounds, life history, and identity. Staff were observed interacting with consumers respectfully.

Consumers and representatives described how staff value consumers’ backgrounds and provide care that is consistent with their cultural preferences. Staff described how the consumer’s culture influences how they deliver day-to-day care and services. Care planning documentation evidenced specific cultural needs for consumers such as religious practices they wish to maintain.

Consumers and representatives said consumers were supported to exercise independence and choice when making decisions regarding their care, when others should be involved in their care, and to maintain relationships of choice. Staff described how each consumer is supported to make informed choices about their care and services, and how they support consumers to maintain relationships. Care planning documents highlighted what was important to consumers including who they choose to be involved in their care and how they would like care to be delivered.

Staff demonstrated an awareness of the risks taken by consumers and outlined how they support consumers who choose to take risks, by informing them of the potential risks and how they could be minimised. Care planning documents demonstrated risk assessments were completed in consultation with consumers or their representative, and the service takes appropriate measures to ensure consumers and their representatives are provided with the knowledge and information to make informed choices in line with the service’s risk management policies and procedures.

Consumers and representatives described how information is communicated to them various ways to help them make informed choices. Staff described different ways information is provided to consumers, including for those consumers with cognitive and sensory impairments, in line with their needs and preferences. The daily activity calendar, menu, newsletters, and other information was observed displayed throughout the service to inform and support consumers to exercise choice.

Consumers said that staff were respectful of their privacy, staff knock on doors and announce themselves before entering the room. Staff demonstrated the practical ways a consumer’s privacy is respected and how consumer information is kept confidential. The service had a privacy policy and procedures in place, and protocols that protect consumer privacy.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Care planning documents demonstrated which demonstrated effective, detailed assessment and care planning processes to identify the needs, goals, and preferences of consumers, including the identification of risks to each consumer's health and well-being. Representatives expressed satisfaction with the care planning and assessment processes at the service. Management described the care planning processes in detail, and how it informs the delivery of care and services and the service had documented guidelines in relation to ongoing assessment and care planning with consumers and their representatives.

Consumers and representatives said the service identifies and addresses the current needs, goals, and preferences of consumers, including advanced care planning being discussed on admission with the service. Management and staff described how they ensure assessments and care planning are reflective of consumers current needs, including the service's approach to end of life discussions and planning. Care planning documentation reflected the current needs of consumers and advanced care wishes were in place for consumers who chose to.

Consumers and representatives said they were involved in the assessment, planning and review of their care and services and others involved in consumers care. Staff described the importance of consumer-centred care planning and explained how they actively collaborate with consumers, representatives, and other providers of care to ensure quality care is provided. Care planning documents reflected the involvement of consumers, representatives, involvement of a range of external providers and other health professionals in the assessment and planning process.

Documentation demonstrated that outcomes of assessment and planning were effectively communicated to the consumer and representatives, with a documented care and services plan readily available to the consumer and to those who were involved in their care. Consumers and representatives said they had access to consumers care plan and the service provides frequent and regular updates on care and services. Management and staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives.

Care planning documentation evidenced regular reviews and when circumstances change, such as consumer deterioration or incidents. Management and staff described the monthly care planning review process as well as annual care planning evaluations, which include reviews of all care plans and assessments, and any changes. Management said high-level care planning reviews occur on a 3-monthly basis to confirm care plans were still up to date. Consumers and representatives said care and services were reviewed regularly and when circumstances change.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers receive safe and effective personal and clinical care that is tailored to meet the individual consumer’s needs. Care planning documentation reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer. Staff described how they provide safe and quality care to meet the needs of individual consumers. For consumers subject to restrictive practices, care planning documents included current assessments, restraint authorisation, informed consent, and behaviour support plans. The service had clinical policies and procedures in place to guide best practice.

The service demonstrated that high-impact and high-prevalence risks are effectively managed through clinical data monitoring, trending, and reporting, and implementation of suitable risk mitigation strategies for individual consumers. Management identified, and clinical indicator data documentation confirmed, that behaviours were the most prevalent risks at the service. Management and staff provided examples of how the service manages behaviours, including individual mitigation strategies for each consumer. Consumers and representatives said the service is adequately managing risks to consumers' health.

Care planning documentation included an advance care plan for consumers that chose to have one in place and evidenced discussions with representatives regarding palliative care. Staff described how they approach conversations around end of life care, and how they provide palliative care and that maximises the comfort of consumers towards their end of life care. The service had policies in relation to the palliative approach to care and advance care planning which supports staff to provide best practice care towards consumers' end of life care.

Care planning documentation demonstrated deterioration in consumers’ health, capacity and function were recognised and responded to in a timely manner and representatives were notified. Consumers and representatives said the service recognises and responds to changes in consumers condition in a suitable and timely manner. Staff described the various ways they recognised and responded to deterioration or change in the consumer’s condition and health status.

Care planning documentation contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Consumers and representatives said 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 consumer needs, conditions, and preferences were documented and communicated within the service and with others where responsibility for care was shared.

Care planning documents demonstrated referrals to individuals, other organisations and providers of other care and services are timely and appropriate. Consumers and representatives said referrals were timely and appropriate, and consumers have access to a range of health professionals. Management and staff described how the care at the service is supplemented by other providers of care.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff were observed adhering to the infection prevention and control protocols at the service, and consumers and representatives said they were satisfied with how the service minimises infection related risks.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they felt supported to pursue activities of interest to them and were satisfied with the range of activities available to them. Care planning documentation captured the needs and preferences of consumers, and staff were familiar with what was important to consumers. Staff explained how they regularly update the lifestyle assessments to reflect consumers' changing preferences and abilities. Staff described how the activities schedule is developed in conjunction with consumers to support their interests.

Consumers said they were supported when feeling low, and described how the service promotes their emotional, spiritual, and psychological well-being. Care planning documentation included information on consumers' well-being needs, goals, and preferences. Staff provided examples of how they support consumer’s emotional, social, and psychological needs, including facilitating connections with people important to them, and access religious services.

Consumers said they were supported to participate in the community within and outside the service environment, keep in touch with people they choose, and do things that are of interest to them. Staff provided examples of consumers who were supported in their daily living to maintain relationships with people who are important to them, both within and outside the service environment. Care planning documents identified the activities individual consumers enjoy, their specific interests and who they wish to maintain relationships with.

Consumers said that information about the consumer's condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. Staff said they communicate and document changes in the electronic care management system, during handovers and handover sheets within the service. Care planning documents included adequate information to support safe and effective care.

Staff described the external supports used to supplement care and services for consumers. Consumers and representatives said they had access to providers of other care and services. Care planning documentation demonstrated that the service collaborates with external providers of other care and services to support the diverse needs of consumers.

Consumers said they were satisfied with the quality, quantity and variety of meals provided at the service and said that they can provide feedback and comments on the food which were acted upon. Staff described how they ensure that consumer choices were supported and arrange alternative meal options. Staff were aware of consumers’ dietary needs and care planning documentation captured consumers dietary needs and preferences.

Consumers said they had access to equipment, including mobility aids, to assist them with their daily living activities. Staff advised they have access to the equipment they need to support consumers and explained processes in place to ensure equipment is clean. Staff said equipment is checked prior to use to ensure its safety, and if there are any maintenance issues identified, the equipment is removed from the service and a maintenance request is raised. Equipment was observed to be suitable, clean, and well maintained, with adequate stock in storage rooms.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service environment is welcoming and easy to understand. Consumers said they felt and comfortable and consumers rooms were observed to be personalised with items of their choosing. Staff described features of the service that help each consumer to feel welcome and optimises their sense of belonging, independence, interaction, and function.

Consumers and representatives said the service environment is safe, clean, and well maintained, and consumers can move freely both indoors and outdoors. Staff explained how they ensure the service environment is maintained and safe for consumers and described the process for cleaning, documenting, reporting, and attending to maintenance issues. Consumers were observed moving freely throughout the service and the service environment was observed to be clean and well maintained, with documented preventative maintenance schedules in place.

Consumers said equipment is cleaned and maintained regularly. Maintenance documentation demonstrated maintenance checks were up to date and regular equipment checks were completed. Equipment, furniture, and fittings at the service were observed to be clean and well maintained.

# 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 Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives described the various avenues they use to provide feedback on care and services, such as speaking directly to staff or management, raising issues in meetings or submitting feedback forms. Management and staff described processes in place to encourage and support consumers and representatives to provide feedback and complaints. The service had policies, procedures, and systems in place to ensure consumers and representatives were encouraged and supported to provide feedback or complaints.

Consumers said they were comfortable raising concerns within the service and were aware of advocacy services available to them if required. Staff and management were aware of processes and how to access interpreter and advocacy services made available to consumers when required. Information was displayed throughout the service about how to make a complaint, including details for external complaints and advocacy services.

Consumers and representatives said the service responds to and resolves their complaints or concerns when they were raised or when an incident had occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. The service had documented policies in relation to consumer feedback and open disclosure to guide staff practice.

Consumers and representatives reported their feedback has been used to improve care and services. Management described processes in place to manage complaints and the actions taken in response, as well as how feedback and complaints have been used to drive continuous improvement across the service. Documentation evidenced that the service had systems and procedures in place for receiving, monitoring, and actioning feedback from consumers and representatives and reflected the various ways the service captured feedback and complaints and how data is used to inform 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

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

Consumers and representatives said staffing levels were adequate to deliver the care and support consumers needed. Management said the service had adequate staffing to meet consumer care and services, with systems in place to manage staff absences and outlined how unplanned staff absences were managed through utilising existing staff and the use of agency staff to fill shifts when required. Management advised that call bell response times were monitored monthly to ensure they were within the service’s performance targets and call bell trends were discussed at team meetings and data is used to inform staff rostering.

Consumers said staff were kind, caring and respectful when providing care and services, and respect their identity and backgrounds. Staff described the manner in which staff treat consumers with respect and consider their individual needs while delivering tailored care. Staff were observed interacting with consumers in a in a kind, caring and respectful manner.

Consumers and representatives said staff were competent, performed their roles effectively, and expressed their confidence in staff being skilled to meet consumers care needs. Management detailed processes for ensuring the workforce is competent and have the qualifications or knowledge to effectively perform their roles. Staff said they were confident that they have the necessary skill set to carry out their job functions, and they could request additional training when required. Documentation included position descriptions included key competencies and qualifications required for each role.

Consumers and representatives said staff were competent and qualified to do their job and provide adequate care and support. Staff described the online and in-person training provided to them for ongoing development and felt supported by management. Management explained how they support staff to perform their roles, through annual mandatory training and education sessions. The service had a documented training program that included mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported.

Documentation demonstrated that the performance of staff is reviewed, goals are set by staff, and action is taken in response to staff performance. Management described how the performance of staff is monitored through formal performance appraisals and informal monitoring and reviews. The service had policies and procedures in place that informs expected performance and behaviour for all staff.

# 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they have had input into how consumers care, and services were delivered and are involved in the running of the service by regularly attending meetings. Management described a variety of mechanisms in place to ensure consumers provide input and make their own decisions about the care and services provided to them. The service had effective systems to engage and support consumers in the development, delivery, and evaluation of care and services, this was demonstrated and reflected in documentation.

Management demonstrated how the governing body and the board are involved and informed in the delivery of care and services via platforms such as committee meetings and reports where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, compliance and feedback and complaints. For example, in relation to financial governance, management said the service has an annual set budget and seeks approval from the board for any additional resources required to meet the changing needs of consumers and provided a recent example of the board’s approval of additional staff to meet nursing requirements and transitioning from having an external physiotherapist to having an in-house physiotherapist.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, including identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can. Staff said risks are reported, escalated, and reviewed by management at the service level, including the governing body. Staff explained the processes of risk management at the service, including key areas of risk that are identified, responded to, and reported in the incident management system.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff have been educated in these areas and were able to provide examples of how it applied to their day-to- day work. Documentation and clinical indicator data reflected restrictive practices were discussed at the service and organisational level. Management advised to further strengthen the services governance in relation to restrictive practices a monthly audit process has been implemented and further education provided to staff on the use of chemical restraint, to ensure staff classify consumers that were subject to chemical restrictive practices appropriately.

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)