Performance

Report

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| Name of service: | Performance report date: |
| Alcheringa | 23 June 2022 |
| Commission ID: | Activity type: |
| 3028 | Site audit |
| Approved provider: | Activity date: |
| Respect Group Limited | 17 May 2022 to 20 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 Alcheringa (**the service**) has been considered by David Lee, 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.

# Services included in this assessment

# Material relied on

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

* the Assessment Team’s report for the Site audit 17 May 2022 to 20 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.

# 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 | | 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

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as compliant.

Consumers considered they are treated with dignity and respect, can maintain their identity, are supported to make informed choices about their care and services and live the life they choose.

Overall sampled consumers considered their personal privacy is respected and their information is treated confidentially. Consumers and/or their representatives described how the service supports consumers to maintain relationships that are important to them.

The Assessment Team reviewed care plans which demonstrated how the service supports consumers to safely participate in activities of their choice. Care plans reflected consumers’ cultural identities and outline individual consumer preferences.

Consumers received information to make daily choices in the form of calendars, newsletters and other materials displayed throughout the service. The Assessment Team found the information to be timely, current and easy to understand to enable consumers to pursue their interests.

The Assessment Team observed staff treating consumers with dignity and respect and were able to provide examples of how they support consumers’ specific preferences.

# 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

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

Consumers and representatives considered they are partners in the ongoing assessment and planning of consumers’ care and services. Consumers and representatives described how the nursing staff identifies and assess consumers’ risks. Consumer care is tailored to ensure consumers’ safety and specific needs are met. Consumers and representatives described care and services being planned around what is important to the consumers.

Overall sampled consumers and representatives confirmed ongoing care discussions occur with staff. Care plans reflect the outcomes of assessments and care planning. Care plans are used as the basis of care delivery. This includes, for example, fall prevention and chemical restraints.

Staff described what is important to consumers in the delivery of care and services. Care plans reflect consumers’ current goals, needs and preferences and include documentation of advance care wishes.

Staff confirmed consumers, representatives, health professionals and other organisations contribute to and tailor overall care and services. This includes, for example, physiotherapists, speech pathologists, dietitians and podiatrists.

The Assessment Team found consumer’s care and services are reviewed every three months or when the consumer’s circumstances change. These include changes to exercise programs, pain, wounds and fall management.

# 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

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

Consumers consider they receive personal and clinical care that is effective and tailored to their needs. Overall consumers and representatives said they feel safe at the service.

Consumers and representatives described how risks related to their care are effectively managed. These include the management of falls, choking, pain, chemical restraints and pressure injuries. Consumers subject to restrictive practices are assessed, monitored and reviewed in line with best practice. Consultation with representatives occurs before the use of restrictive practices in accordance with regulatory requirements.

Consumers and representatives confirmed referrals to a range of health professionals occurs. This includes, for example, medical practitioners, physiotherapists, and mental health services.

The Assessment Team found that care planning documents demonstrated consumers wound care, skin integrity and pain is managed to meet consumers’ individual needs and aligned with best practice principles.

The Assessment Team reviewed care documentation and found consumers’ end-of-life needs are met in line with consumers’ wishes. The service’s electronic care system ensures care information is documented and available to staff and others when and where it is needed.

The Assessment Team reviewed care documentation and found staff are responsive and monitor changes in consumers’ health and well-being. These include monitoring deterioration of wounds, behaviours, falls, pain and fluid intake.

The Assessment Team found the service had effective strategies in place to minimise infection related risks which included evidence of the service’s infection prevention policies and practices, along with posters promoting hand hygiene and identification of COVID-19 symptoms.

# 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

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

Overall sampled consumers confirmed they are supported to engage in the things they want to do and described how their individual preferences are supported by the service. Consumers and/or their representatives described how consumers felt safe and supported to engage in internal and external activities.

Consumers and/or their representatives confirmed appropriate activities are scheduled to meet consumers’ emotional, spiritual, and psychological well-being. This includes, for example, consumers attending church services and staff providing one on one emotional support.

Consumers and/or their representatives gave mixed feedback on the meals provided. The Assessment Team found the service provides consumers with different options if the menu is not to the consumer’s preference or liking.

The Assessment Team found the service utilised different communication tools to communicate with other agencies and health organisations. These include communication books, an electronic care system and handover sheets. Dietary requirements are reviewed by the dietitian and there is a system to inform of any changes to a consumer’s diet.

The Assessment Team reviewed care planning documentation and found care plans are individualised and contain detailed information on consumers’ relationships and social interests including external groups. The service is responsive to the needs and preferences of the consumers, with appropriate referrals actioned to other organisations and providers of care.

The Assessment Team observed a range of equipment and resources which are safe, appropriate, and clean to support consumers’ lifestyle activities.

# 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

The Quality Standard is assessed as compliant as three of the three specific requirements have been assessed as compliant.

Overall consumers considered the service is comfortable and clean.

The Assessment Team observed the service to be safe and clean. The service has proactive and reactive systems to ensure the service is well maintained. This includes, for example, the service’s cleaning checklist and the service’s maintenance schedule. The Assessment Team also observed consumers moving freely around indoor and outdoor areas.

The Assessment Team found furniture, fittings and equipment to be clean and suitable for the consumers. Consumers reported feeling safe using the service’s equipment which includes mobility aids and lifting equipment. Staff were able to describe the process by which equipment, furniture and fittings is cleaned and maintained.

**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

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as compliant.

Consumers felt confident in raising a complaint and confirmed staff assists them to write a complaint. Consumers and representatives confirmed they have been informed of the service’s feedback and complaints process.

Staff described how they support and encourage consumers and their families to provide feedback. This includes, for example, staff listening to consumers’ concerns and reporting complaints to the registered nurse or to management. Staff demonstrated an understanding of open disclosure and how they escalate issues that they cannot resolve.

Management described how feedback is analysed and used to improve care, services, and consumer wellbeing. This would include, for example, a wish list of items consumers would like to see at the service.

Management described the involvement of advocacy services at resident meetings and how they ensure these services are accessible to consumers. The Assessment Team observed brochures and resources about advocacy and complaints agencies’ throughout the service.

**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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Overall sampled consumers consider they get care and services from people who are competent, capable and caring.

Consumers described although, at times they need to wait for staff, their care needs are met. Staff described how they utilise a culture of teamwork to prioritise consumer needs. The Assessment Team reviewed actions taken by management in the ongoing management of staffing levels, including ongoing recruitment and regular reviews of the roster, and found the actions to be generally effective.

Staff confirmed ongoing clinical training and annual competency training are provided. Staff stated they are supported to perform their role effectively to meet consumer care needs. This includes, for example, wound, skin integrity, food handling and nutrition.

The Assessment Team found the service has job descriptions for each position that outlines the required competencies, skills, and knowledge of the staff. Staff undertake mandatory training and the service has systems in place to monitor staff compliance.

The service regularly monitors and reviews staff performance. Feedback from these reviews is analysed to identify areas of improvement in care delivery and staff development.

**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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

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

Consumers and representatives confirmed they are engaged at the monthly ‘Resident Meeting’ to improve the delivery of care and service. This would include, for example, seeking feedback on the qualities consumers seek from staff and the consumer satisfaction surveys.

The Assessment Team found the governing body (the Board) has clear expectations of the service outlined in policies and procedures which guide safe and inclusive care. Management described effective systems of reporting and communication which promote a culture of learning and improvement and allow oversight of the Board.

Management described, supported by documentation and staff interviews, that the service has effective systems of governance related to information, finances, continuous improvement, workforce, regulatory compliance, feedback, and complaints.

Management described effective systems of reporting and communication which promote a culture of learning and improvement and allow oversight of the Board. The service’s continuous improvement plan identifies areas of improvement through consumer feedback, resident meetings, clinical indicators, incidents, trend analysis and audits. These include further education and a review of a Serious Incident Response Scheme(SIRS) Priority 2 incident and Suprapubic Catheter care training.

The service demonstrated a range of risk management systems and practices in place. The service’s risk management systems ensure the management of high impact and high prevalence risks are appropriately identified and responded to. These include consumer abuse and neglect.

The service has a clinical governance framework that supports best practices in antimicrobial stewardship, the minimisation of restrictive practices and open disclosure.

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-2)