Performance

Report

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| Name of service: | Alexander Aged Care |
| Service address: | 16 Victor Road BROOKVALE NSW 2100 |
| Commission ID: | 0561 |
| Approved provider: | Armenian Rest Home Association Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 January 2023 to 20 January 2023 |
| Performance report date: | 28 February 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 Alexander Aged Care (**the service**) has been prepared by G Hope-Simpson, 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 a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Team’s report received on 15 February 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

* **Requirement 8(3)(c):** The service ensures deficits reporting under the Serious Incident Reporting Scheme are addressed, through training in mandatory reporting obligations for all staff, including management. The service ensures improvement measures are evaluated for effectiveness, to ensure sustained improvements are realised.

# 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

Consumers said that they were treated with dignity and respect; their identity, cultural background and diversity were respected. Staff were aware of the consumers who were from diverse cultural backgrounds and could explain how this influenced their care and services. The service was established to provide aged care services to members of the Armenian and wider communities and now has consumers of many varied cultural backgrounds.

Care planning documents sampled evidence that consumer culture, diversity and identity had been acknowledged. The service had policies on creating a diverse and inclusive culture at the service. Staff interacted with consumers respectfully. Information on interpreter services available was on display throughout the service.

Consumers said they were given choice about how and when care was provided, and their choices were respected by staff. Staff described how they supported consumers to make choices, maintain independence and relationships of choice. Care planning documentation identified consumers’ individual choices and how they would like to maintain their independence.

Consumers described how the service supports them to take risks. Staff demonstrated they were aware of the risks taken by consumers, and said they supported consumers wishes to take risks to live the way they choose. Care planning documentation included dignity of risk forms and assessments to support consumers to continue risk taking activities such as leaving the service independently and smoking.

Consumers and representatives said they were provided with information by the service which keeps them informed. Staff interviewed described how information was provided to consumers in line with their needs and preferences. The service provided and displayed information throughout the service to inform and support consumers to exercise choice.

Consumers said they felt the service was considerate of their privacy and did not express concerns about the confidentiality of their personal information. Staff described the practical ways they respect consumers personal privacy of consumers at the service. The service had protocols in place to protect consumer privacy. Nurses’ stations were locked throughout the Site Audit when unattended and computers and the electronic care management system were password protected.

# 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

All consumers and representatives sampled said they receive the care and services they need, and felt they have a say in care planning processes. Staff could recall consumers’ unique care goals and preferences, in line consumer care plans. Consumers’ care planning demonstrated effective, comprehensive assessment and care planning processes to identify their needs, goals and preferences, including identified risks.

Consumers and representatives said care and services met their current needs, goals and preferences and confirmed advanced care planning was discussed on admission. Staff interviewed could describe the current needs, goals and preferences of consumers sampled and how advance care planning discussions were approached. Care files showed the needs, goals and preferences of consumers and the end-of-life wishes were in line with consumers and representatives.

Consumers and representatives said they actively participated in the care planning process. Staff said the service’s 3-monthly care plan review and case conferences involve the consumer and representatives, clinical staff and other specialists involved in the care of the consumers. Care planning documentation evidenced the involvement of a range of external providers and services such as Medical Officers, allied health and external specialists.

Consumers and representatives said they felt the service maintains good communication with them and said that staff explain things to them clearly and clarify clinical matters if needed. Management said consumers and their representatives were offered a personal copy of their care plan and this was confirmed by representatives.

Consumers and representatives interviewed said staff regularly discussed their care needs with them, and any changes requested were addressed in a timely manner. Clinical management described the care plan review process. Care planning was reviewed on both a regular basis and when circumstances changed, such as consumer deterioration or incidents involving falls, and in line with the 3-month review process.

# 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

All consumers and representatives said they received safe and effective personal and clinical care that was tailored to meet their individual needs. Most sampled consumer files reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. However, for one named consumer with an unstageable pressure injury, wound charting progress entries were not always taken at a consistent angle and did not include ruler measurements in line with best practice, making it difficult to assess wound progression. Management acknowledged the finding and gave an undertaking to provide further education on wound charting.

Consumers and representatives interviewed said they felt that the service was adequately managing risks to consumers' health. Care planning documentation for identifies high impact and high prevalence risks and includes a range of strategies to minimise them. Staff described how handover occurs at the beginning of each shift to identify consumers’ care needs and preferences including risks. The service demonstrated high-impact and high-prevalence risks are effectively managed through regular clinical data monitoring, trending and implementation of suitable risk mitigation strategies for individual consumers.

One representative expressed satisfaction with palliative care which was being provided at the time of the Site Audit. Staff could describe how they provide care at end-of-life. Care documentation reviewed showed care and services were provided in accordance with end-of-life wishes.

Consumers and representatives described the services response to deterioration and change and were satisfied with the service's responses. Staff described signs of deterioration and the pathway they would take if they noticed a change in the consumer’s condition. Care documentation showed timely identification and response to changes in the consumer’s condition.

Consumers and representatives were satisfied with the delivery of care, including the communication of changes in consumers' conditions. Staff described how information was shared through various means. Care planning documentation demonstrated progress notes, communication books, and care and service plans provide adequate information to support effective and safe sharing of consumers’ care.

Consumers and representatives advised timely and appropriate referrals occur and the consumer has access to relevant health support. Staff described the process for referring consumers to other health professionals and how this informs care and services provided. Care planning demonstrated referrals to other health care providers as needed.

Consumers and representatives said the service managed recent COVID-19 outbreaks well and reported observing staff engaging in infection prevention and control practices. Clinical staff described how they minimise the use of antibiotics and when they would send samples for testing. The Assessment Team observed good infection control practices and a testing station for all visitors on entering the service.

# 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

Consumers confirmed they were supported to participate in activities they liked, and they were provided with appropriate support to optimise their independence and quality of life. Lifestyle staff explained how they partner with the consumer and their representatives to conduct a lifestyle assessment which collects the consumer’s individual preferences, including leisure likes, dislikes and interests; social, emotional, cultural and spiritual needs and traditions. For the consumers sampled, staff could explain what was important to them and what they liked to do, and this aligned with the information in the consumer’s care plan.

Consumers reported their emotional, spiritual, and psychological needs were supported, and they could stay in touch with family or friends for comfort and emotional support. Lifestyle staff advised that consumers’ emotional, social, and psychological needs were supported in ways including facilitating connections with people important to them. Care planning documentation details individualised strategies on how to meet consumers emotional, religious and spiritual needs such as being involved in the Church and Armenian Community.

Consumers said that they felt supported to participate in activities within and outside the service, keep in touch with people who were important to them and do things of interest to them. Staff described how they supported consumers to participate in the community or engage in activities of interest to them and could describe specific consumers who undertake individual activities outside the service. Care planning documentation reflected the information provided by consumers, representatives and staff about involvement in the community and maintaining personal and social relationships.

Consumers and representatives said their needs and preferences were well communicated. Staff interviewed described how they share information and keep informed of changes in consumers’ conditions, needs and preferences. Care planning documentation provided adequate information to support safe and effective service and support for daily living.

Consumers sampled said they were supported by external organisations, support services and providers of other care and services. Interviews with consumers, staff and review of care planning documentation identified a variety of referrals to external providers and services. Staff described how they engage with other organisations and services. Care planning documentation and internal processes demonstrate the service has access to a range of services.

Consumers interviewed expressed satisfaction with the variety, quality, and quantity of food. Consumers said they were given a choice of meal and they were able to request alternatives if needed. Kitchen staff were able to explain how consumer feedback and preferences were incorporated into the seasonal menu and described individual consumer dietary preferences.

Consumers and representatives said they have access to safe, clean and well-maintained equipment. Staff interviewed said they have access to equipment when they need it and could describe their role in keeping equipment safe, clean, and well-maintained. The Assessment Team observed a range of equipment to be clean, suitable 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

Consumers and representatives said they find the service welcoming and easy to navigate. Staff described aspects of the service environment that made consumers feel welcome and optimised their independence, interaction and function. The Assessment Team observed a tidy and decorated service that created a home-like environment with spacious outdoor areas accessible on both levels of the service, with seating and shaded areas for the consumers.

Consumers and representatives said the service environment was safe, clean, and well-maintained and allows them to move around freely. Staff described how the service environment was cleaned and maintained. The Assessment Team observed consumers in all areas of the service moving freely both indoors and outdoors.

Consumers said their equipment was checked, cleaned and maintained regularly. Staff explained their equipment maintenance and cleaning responsibilities. Maintenance staff described the preventative maintenance schedule, which demonstrated routine maintenance related to a variety of areas and systems.

# 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

Consumers and representatives said they understood how to give feedback or make a complaint and they felt comfortable doing so. Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The Assessment Team observed information about the complaints and feedback processes available throughout the service.

Consumers and representatives said they were comfortable raising concerns within the service and were also aware of external complaints, language and advocacy services available to them. Multilingual staff are available to assist consumers, and established processes are in place to support consumers to access advocacy or interpreting services. The Assessment Team observed information displayed throughout the service regarding internal and external complaints mechanisms.

Consumers and representatives interviewed said the service responds to and resolves their feedback or complaints when they were raised or when an incident has occurred. Staff demonstrated an understanding of open disclosure. Compliments and complaints data showed action was taken and open disclosure is practised.

Consumers and representatives reported that their feedback was used to improve services and the quality of care provided to them. Consumers, staff and management described various improvements at the service which had been driven by consumer feedback, such as improvements in the standard of food. The service’s continuous improvement register showed that consumer feedback gathered through various avenues was tracked and used to drive 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

Sampled consumers and representatives said that the service had sufficient staff to deliver quality care and call bells were answered quickly. Management described the rostering system and explained how they ensured there was enough staff to provide safe and quality care. The Assessment Team reviewed call bell data and noted the average response time was under 3 minutes.

Consumers and representatives provided feedback staff engaged with consumers in a kind, caring and respectful manner, and they knew what they were doing and how to care for them. The Assessment Team observed staff interactions with consumers to be kind, caring and respectful of each consumer's privacy, identity and culture.

Consumers and representatives said they felt staff were competent, and they were confident and assured that staff were skilled to meet their care needs. Management described the onboarding and induction process, and the Assessment Team viewed registrations with governing bodies and up to date police checks.

Consumers, representatives and staff felt staff were competent and qualified to do their job. Documentation showed overall, staff were trained and supported to deliver outcomes required by the Quality Standards. However, some did not demonstrate clear understanding of their Serious Incident Reporting Scheme (SIRS) reporting requirements and restrictive practices. This evidence has been considered in relation to Requirement 8(3)(c), where it is also relevant.

The Assessment Team reviewed the performance framework confirming that all annual performance appraisals were up to date and completed annually for staff currently working at the service.

# 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. | Non-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 Assessment Team recommended Requirement 8(3)(c) as not met.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service non-compliant for this requirement.

**Requirement 8(3)(c)**

The service demonstrated processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance and feedback and complaints. However, the service did not comply with legislative requirements to report Priority 2 incidents to the Commission within the 30-days, and the service had not reported a single incident to SIRS in the previous 12 months. The incident related to an alleged assault and verbal abuse of a named consumer by a second consumer, however, management had only considered the physical component of the incident, neglecting to consider the potential psychological or emotional abuse component of the incident. Following feedback from the Assessment Team, the Approved Provider reported the incident to the Commission and sent a memo to all staff reminding them about SIRS reporting requirements and Priority 1 and 2 incidents. Lastly, as outlined previously in Requirement 7 3(d), the Assessment Team also identified not all care staff were familiar with the SIRS reporting requirements. Care staff had been trained to escalate incidents to clinical staff, who would then escalate to management. Management bore responsibility for reporting incidents to SIRS.

The Approved Provider responded on 14 February 2023 and disagreed with the Assessment Team’s findings regarding SIRS reporting. The response contained clarifying information but disagreed the incident should have been reported. The Approved Provider conceded however, that they needed a better understanding of Priority 2 reportable incidents and improvements to their incident reporting process. The Approved Provider has scheduled an education session to review staff understanding of incident and SIRS reporting, however, the response reflected limited understanding of the requirement to report allegations of unreasonable use of force and psychological or emotional abuse to the Commission. The response also did not contain detailed continuous improvement measures or a plan for continuous improvement (PCI). As a result, I am not convinced the service has taken steps to determine if they have failed to report other reportable incidents, and there is no evidence before me to show the service has a detailed plan to ensure staff training is effective and will achieve a sustained improvement in SIRS reporting practices at the service. I have also considered the service’s overall reporting history to SIRS and placed weight on the fact the service had not reported a single incident to the Commission in the previous 12 months.

For the reasons outlined above, I am satisfied the service did not understand their SIRS reporting obligations at the time of the Site Audit. While I acknowledge the service has planned training to address the issue, no other evaluation or monitoring measures were outlined in the response and no PCI detailing similar was provided. In the absence of this information, it is not clear the service has taken or planned sufficient and appropriate actions to return to compliance. Consequently, I am satisfied the service is non-compliant with Requirement 8(3)(c).

Regarding the remaining Requirements, consumers, staff and management were able to describe various improvements at the service which had been driven by consumer feedback. Documentation reviewed evidenced the service actively uses feedback and input from consumers in the design and delivery of care and services.

The Board received reports from the service on clinical and operational governance, and it monitors incidents, complaints, quality indicators and clinical indicators. The service’s internal audit schedule identified high prevalence high risk trends and themes. The quality team monitors trends at a service level to identify issues that are added to the service’s PCI.

The service has established risk management systems, including but not limited to managing high-impact or high-prevalence risks associated with care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents through an incident management system. However, as assessed in Requirement 8(3)(c), an instance was identified where the service’s incident management system did not accurately recognise an incident as reportable under the SIRS.

The service demonstrated that the organisation’s clinical governance systems ensure the quality and safety of clinical care, and promote 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-1)