Performance

Report

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| Name of service: | Alice Ross-King Care Centre |
| Service address: | Air Force Memorial Estate, Bull Creek Drive BULL CREEK WA 6149 |
| Commission ID: | 7790 |
| Approved provider: | Air Force Association (Western Australian Division) Incorporated |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 26 April 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 Alice Ross-King Care Centre (**the service**) has been prepared by A. Douglas, 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, dated 28 March 2023 to 30 March 2023; 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 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 | **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

Consumers and representatives said consumers are treated with dignity and respect. Staff were aware of consumers’ identities and explained how they tailor care to best suit each consumer in line with care documentation. Consumers’ care documents included information about their goals, needs and preferences.

Consumers and representatives felt staff respected consumers’ cultural preference. Staff were able to identify consumers from a culturally diverse background and demonstrated an awareness of their care requirements. Care documents included information about consumers’ cultural backgrounds and preferences.

Consumers and representatives felt they are involved in and supported to make decisions about care. Staff were able to describe how they support consumers to maintain relationships of choice. The Assessment Team observed consumers spending time with their family members at the service in their rooms and common areas such as gardens, the café and sitting areas.

Consumers and representatives demonstrated an awareness of the potential risks associated with their decisions regarding care and services. Staff could describe the process for assessing risks with the consumer and their family or representative. Care documents provided directives for staff to support consumers in their risk taking.

Consumers described how they are provided with information by the service to make decisions about meals, activities, care and services. The Assessment Team observed the service communicates through printed information, verbal reminders, consumer meetings, and email correspondence.

Consumers and representatives said staff respected consumers’ privacy and confidential information. Staff interviewed described how they maintain consumers’ privacy when providing care, and how they kept consumers’ information confidential. The Assessment Team observed staff conducting their roles in a way that protected consumers’ 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

Consumers and representatives said they were involved with the assessment and care planning process. Staff outlined the assessment and care planning process and described specific interventions which were in place to manage consumers’ needs. Care documents detailed individual consumer risks and were tailored to individual needs.

Consumers and representatives confirmed consumers receive the care they need in line with their needs and preferences. Staff explained how they carried out assessments and care planning which include consumers’ needs, goals and preferences. Care documents included end of life (EOL) wishes and advance care planning for sampled consumers.

Consumers and representatives confirmed they actively participate in care planning. Staff described how they involve individuals the consumer wants to include in their care planning. Care documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers and representatives said the service communicated the outcome of assessments and planning and confirmed they could request a copy of the care plan. Staff said they always inform consumers and representatives when there is a change to a consumer’s care needs. Care documents included evidence of regular communication with consumers and representatives regarding the outcomes of assessments.

Staff could describe how and when care plans are reviewed for effectiveness. The Assessment Team reviewed care documents which evidenced the service complied with their system of reviewing consumer care plans annually or when there is a change in a consumer’s circumstances.

# 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

Consumers and representatives expressed satisfaction with the personal and clinical care provided by the service. Staff explained how the care they provide is best practice and meets the needs of each consumer. Care documents reflected individual care that is safe, effective, and tailored to the specific needs of consumers.

Consumers and representatives expressed satisfaction with how the service managed high impact or high prevalence risks associated with care and services. Staff were able to describe how they manage high impact or high prevalence risks. Care documents included strategies for managing key risks to consumers.

At the time of the Site Audit there were no consumers palliating at the service. However, care documents for a recently deceased consumer evidenced the consumer’s passing was consistent with their EOL wishes. Staff described the importance of having the consumer’s wishes on file and described how the service can make referrals to an external palliative care service if required.

Consumers and representatives said the service informs them when there are changes in the health or condition of the consumer. Staff described the ways in which they respond to a change in a consumer’s condition. Care documents included information about deterioration and changes in consumers’ conditions.

Consumers and representatives said they are satisfied with the service’s communication of consumers’ care needs and preferences and engagement with internal and external services. Staff described how information is shared and communicated throughout the service. Care documents included input from MO and allied health professionals.

Consumers and representatives said consumers are referred to other providers of care, including allied health, when required. Staff were able to describe referral processes in consultation with consumers and representatives. Care documents included timely referrals to various health professionals when required.

Staff and visitors were observed to be following effective infection control measures throughout the Site Audit. Staff demonstrated an awareness of infection control measures and the appropriate use of antibiotics. The service had an appointed Infection Prevention Control (IPC) Lead onsite.

# 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 were satisfied services and supports for daily living met their needs, goals and preferences. Staff demonstrated knowledge of consumers’ preferred activities and confirmed the service has bus outings and visits from the hairdresser. Care documents included information about the support consumers require to do the things they want to do.

Consumers said the service promoted their emotional, spiritual, and psychological well-being. Staff said they engage with consumers using various methods which are most appropriate for each consumer. Care documents identified emotional, spiritual, and psychological well-being needs.

Consumers and representatives confirmed consumers are engaged with their local community, supported to maintain relationships, and do things of interest to them. Staff described how they supported consumers to maintain contact with friends and family. Care documents included information which aligned with feedback provided by consumers, representatives and staff.

Consumers said they felt information about their daily living choices and preferences was effectively communicated between staff responsible for delivering care. Staff described how they effectively communicate consumer care and other needs at handovers. The service utilises an electronic care management system (ECMS) which is accessible by staff.

Consumers and representatives confirmed the service has referred them to external organisations, support services and providers of other care and services. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services. Care documents identified engagement with other organisations and services.

Most consumers expressed satisfaction with the quality and quantity of meals. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service had feedback mechanisms which allowed consumers to provide feedback on the performance of the kitchen.

Consumers said they felt safe using equipment at the service and were aware of how to report any concerns. Staff said there were processes in place for preventative and corrective maintenance. The Assessment Team observed equipment was safe, suitable, clean and well maintained.

# 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 the service was welcoming and easy to navigate. Staff described how consumers could move between the different areas of the service to visit other consumers or participate in activities. The Assessment Team observed the service had several outdoor areas that contained seating both in covered and uncovered areas for consumers and visitors.

Consumers said service is clean and well maintained, and they can easily access areas of the service both indoors and outdoors. Cleaning staff provided the Assessment Team with an overview of the service’s cleaning systems and processes. The Assessment Team observed staff cleaning furniture, balconies, and courtyards during the Sit Audit.

Consumers were observed using a range of equipment which was clean and suitable for use. Staff said they have access to well maintained equipment to support consumer care. The service uses a maintenance register on their ECMS and staff were aware of how to log maintenance requests.

# 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

Overall, consumers and representatives said they felt encouraged to provide feedback and make complaints. Staff demonstrated an awareness of feedback and complaints processes. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Consumers said they are provided with information on advocacy services, language services and ways to raise and resolve complaints. Staff could describe how they access advocacy and interpreter services for consumers. The Assessment Team observed information on advocacy services was available around the service.

Consumers said management addressed their complaints and resolved concerns. Staff demonstrated an understanding of open disclosure and complaint management processes. Review of the complaints data demonstrated the service takes appropriate and timely action in response to complaints.

Consumers and representatives said their feedback is used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# 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

Consumers and representatives said they receive the care they require, and call bells are responded to quickly. Staff advised there were occasionally staff shortages, however management were able to reallocate duties and extend work hours. Staff rostering documents showed no unfilled shifts in the 2 weeks prior to the Site Audit.

Consumers and representatives said staff are kind and respectful when providing care. Staff demonstrated that they were familiar with each consumer's individual needs and identity. The Assessment Team observed kind and respectful interactions between staff and consumers.

Most consumers and representatives felt staff were sufficiently skilled to perform their roles. Management could describe the service’s process for ensuring staff are suitable and competent in their role. All staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Consumers and representatives said staff knew what they were doing when delivering care and services. Staff confirmed they receive training and support to provide the care and services consumers require. The Assessment Team reviewed documents which evidenced high competition rates for mandatory training.

The service has a staff performance framework which identifies appraisals are conducted annually. Staff demonstrated awareness of the service’s performance development processes and staff files confirmed most performance appraisals were up-to-date.

# 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

Consumers said they felt involved in the design, delivery, and evaluation of services. Management advised that all feedback or suggestions made by consumers and representatives are included in the service’s PCI. Documentation review showed consumers are meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Management discussed how the organisation supports the service in providing care and services through regular meetings with the governing body. Meeting minutes showed the governing body analyses various documentation, such as internal audits, clinical indicators, complaints, and incidents.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Staff confirmed they analyse incidents and identify issues and trends, and these are reported to various committees. The service has a wide range of frameworks, policies, and procedures to support the management of risks and incidents. In addition to reporting incidents falling under the Serious Incident Response Scheme (SIRS), the service maintains an incident register.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, 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)