Performance

Report

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| Name of service: | Alkira Gardens |
| Service address: | 2 Animbo St MIRANDA NSW 2228 |
| Commission ID: | 1021 |
| Approved provider: | The Sisters of Our Lady of China Health Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 2 November 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 Alkira Gardens (**the service**) has been prepared by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* The Assessment Team’s report for the site audit conducted from 13 September 2022 to 15 September 2022; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Other information and intelligence held by the 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

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

Consumers said they were treated with dignity and respect, and staff valued their identities and diversity. Staff were familiar with consumers’ identities and the menu catered to different cultural preferences within the service. Consumers confirmed management staff respected their cultural practices, which fostered a sense of safety. Consumers said they made decisions about who was involved in the way care and services were delivered. Staff were observed offering choice to consumers when caring for them.

Consumers were supported to take risks, which allowed them to live their best lives. The service completed dignity of risk assessments for consumers wishing to undertake activities that involved risks. The service provided consumers and representatives with information that was current, accurate and timely. For example, a service newsletter and activity schedule was regularly distributed and staff had strategies for consumers with cognitive deficits, such as the use of cue cards. Consumers said staff respected their privacy and staff said information was kept confidential, in line with the service’s privacy policy.

# Standard 2

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

Findings

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

The service considered risks to consumers’ health and well-being when assessing their care needs. Consumers said they were involved in care planning and received the care and services they needed. Staff described the care planning process and a review of consumers’ care plans confirmed plans included consumers’ needs, goals, preferences and end-of-life preferences. The service’s electronic care management system recorded consumers’ vital information in a summary page which staff could access.

Consumers and representatives confirmed other providers of care and services, such as allied health professionals, were involved in the assessment process. A review of consumers’ care plans showed their needs were assessed on entry to the service, as well as during scheduled reviews or when their circumstances changed. Consumers said the service’s clinical team discussed their care plans with them and they were provided with a copy at the time and on request.

# Standard 3

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

Findings

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

Consumers said they received care that was safe, right and consistent with their needs. The service had policies and systems which supported staff to deliver care in accordance with consumers’ goals and preferences. Consumers said risks to their well-being, such as falls, pressure injuries and weight loss were assessed, explained and managed by staff. The service’s care management system included risk assessment and care planning tools, along with clinical data captured in a quality reporting system.

The service showed it preserved the dignity of consumers nearing the end of life, which included documenting their needs and preferences in care plans. Consumers and representatives confirmed individuals nearing end of life had their pain managed and staff were supported by a palliative care service. Staff recognised and responded to deterioration or changes to consumers’ conditions in a timely manner, which was confirmed by a review of care plans. Clinical staff said deteriorations or changes to consumers’ conditions would initiate a nursing review, which could result in a hospital transfer if required.

Information about consumers’ conditions, needs and preferences were documented and shared with others involved in providing care to consumers. Care plans confirmed progress notes and relevant information was shared between service staff and external providers, with consent from consumer or representatives. Material in care plans also confirmed the service made timely referrals to external providers, who had input to consumers’ care.

The service showed it was prepared in the event of an infectious outbreak, for example, influenza or COVID-19. The service had an on-site infection prevention and control lead, who had responsibility for infection control practices. Staff described how they minimised the spread of infection, such as with the use of personal protective equipment. Consumers and representatives were satisfied with the service’s infection control practices. A review of consumers’ care plans confirmed the service used principles of antimicrobial stewardship, so as to promote the appropriate prescribing of antibiotics.

# Standard 4

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

Findings

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

Consumers described how their independence was optimised at the service, such as being supported to safely visit family in the community, which contributed to consumers’ health, well-being and quality of life. Staff understood consumers’ lifestyle needs and preferences and these were documented in care plans. Consumers said their emotional, spiritual and psychological well-being needs were met through activities at the service, attendance at religious services and by maintaining relationships within and outside of the service. Consumers’ care plans identified people of importance to them, as well as activities they found interesting.

Consumers said the service provided meals of adequate size and suitable quantity. The service invited consumers to provide feedback about their food and contribute to menu development. If consumers did not want an item on the menu, they were offered another option. During a meal service, the Assessment Team observed staff respecting consumers’ individual preferences, which were recorded in care plans.

Consumers said they felt safe when staff used equipment to support care delivery. Staff said they had access to equipment that 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

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

Consumers said the service was easy to navigate and they felt comfortable and at home in the environment. Staff described how the service’s directional signage and clearly labelled areas helped consumers move around the environment. The service included comfortable sitting rooms where consumers and their visitors could socialise and enjoy refreshments. Outdoor areas were attractive, well maintained and easy to access.

Consumers considered the service was clean and comfortable. Cleaning staff described their work schedules, which included thorough cleaning of private rooms and communal areas.

Maintenance staff described their work schedules, which included preventative and reactionary maintenance. The Assessment Team observed furniture, fittings and equipment at the service was safe, clean, well maintained and suitable for consumers’ needs. The service’s fire safety equipment was regularly maintained and an emergency evacuation kit included current information about consumers and staff.

# Standard 6

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

Findings

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

Consumers and representatives said they were encouraged to provide feedback or make complaints via feedback forms or by speaking with staff. Feedback was further provided at resident meetings, and meeting minutes showed management took action in response to consumers’ issues. Consumers were confident feedback and complaints would be treated confidentially. The service supported consumers to access advocacy and language services, as well to make external complaints. Staff were familiar with the service’s complaints policy which included supporting consumers to provide feedback.

Consumers and representatives said they were satisfied management treated complaints effectively and in a timely manner. The service’s complaints register showed consumers’ feedback was managed appropriately and staff described the use of open disclosure when resolving complaints. Consumers and representatives described changes made at the service as a result of their feedback, such as an improved menu. The Assessment Team reviewed the service’s continuous improvement register, which showed feedback and complaints were documented, actioned and appropriately resolved.

# Standard 7

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

Findings

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

The service had adequate staffing levels, with a mix of skills which enabled the service to meet consumers’ needs. Management prepared the staffing roster based on consumers’ needs and whilst consumers said staff were busy and not always available, call bells were typically answered promptly. Staff said they understood consumers’ needs through daily handover meetings and accessing care plans. Consumers said staff and management treated them with kindness, respect and were considerate of their cultural backgrounds, which was confirmed by the Assessment Team’s observations.

The service’s recruitment system focused on employing competent staff with the qualifications and knowledge to effectively perform their roles. Management provided evidence that new staff underwent criminal history checks, had valid past employment references and clinical staff were registered with the Australian Health Practitioner Regulation Agency. The Assessment Team viewed staff position descriptions and mandatory education records. New staff participated in an orientation program, ‘buddy’ shifts and a competency assessment before starting regular shifts.

The Assessment Team reviewed the service’s education program, which included mandatory training provided through online education, short presentations and competency checks. Care staff said they received training in how to use equipment which assisted them in caring for consumers. Consumers said they were happy with the care received and would speak with management if they thought staff needed additional training. Management monitored staff performance through observations, feedback and a formal review process. The Assessment Team reviewed personnel files which included employment contracts, position descriptions, orientation records and training histories.

# Standard 8

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

Findings

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

The organisation had systems which engaged and supported consumers in the development, delivery and evaluation of care and services. Consumers and representatives said they were involved in consumer meetings, surveys, case conferences and care planning discussions. The organisation’s board of directors (the board) was supported by a clinical consultant and ensured the service met the Quality Standards through monthly reports on clinical indicators, financial position, incident management and complaints and feedback data. A board director visited the service weekly to review performance and discuss issues with management. The board communicated with consumers through newsletters and direct discussions.

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

The organisation had a risk management framework, which included the management of high-impact or high-prevalence risks associated with the care of consumers. For example, staff described their reporting responsibilities regarding consumer abuse, or the suspicion of abuse.

Management described how incidents were identified, responded to and reported through the Serious Incident Response Scheme when required. The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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