Performance

Report

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| Name of service: | Performance report date: |
| Aloaka Care Centre | 5 August 2022 |
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| Sundale Ltd | 11 July 2022 to 13 July 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 Aloaka Care Centre (**the service**) has been considered by Denise McDonald, 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.

# Material relied on

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

* the assessment team’s report for the site assessment, the site assessment 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

Consumers and representatives considered they were treated with dignity and respect and they could make informed choices about the care and services. ‎‎Consumers said they felt valued and could maintain their identity and live the life they chose.

‎‎The service displayed the Charter of Aged Care Rights and had documented policies and procedures relating to cultural safety, diversity and inclusion. ‎‎Care planning documentation included information, captured on entry to the service, on the consumer’s life journey, cultural background, spiritual preferences and family relationships. Staff described the spiritual connections for consumers including who attended church services and celebrated cultural days of significance.

Consumers were supported to maintain their independence, to stay connected with family, involve nominated representatives and make decisions about their own care and services. Consumers were supported to live their best lives, even if some risk was involved as a risk management framework and policies supported consumers to do the things they want to do. If consumers’ choices involve risks, these were assessed and discussed with the consumers and/or representatives and risk minimisation strategies were documented in their care plans.

Consumers confirmed they were enabled to make decisions and choices about their care and services as the information provided to them through activity calendars, announcements, meal presentation, noticeboards, meetings and staff was timely, accurate, current and easy to understand.

Consumers and representatives said their personal privacy was always respected by staff. Staff had received training on privacy and confidentiality and could describe various ways they protected consumers’ privacy. Consumer records were kept confidential with the electronic system restricting access and password protected.

# 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

Consumers and representatives felt like partners in the ongoing assessment and planning of their care and services as they were consulted in developing a plan of care that was tailored to their needs and preferences and took account of risks specific to each consumer such as falls, pain and skin integrity. Care planning documentation was found to be individualised with the needs, goals, preferences and strategies to minimise risks specified.

‎‎‎Consumers and representatives confirmed assessment and planning addressed the consumer’s needs, goals and preferences and included advance care and end-of-life planning, if they wished. All care plans reviewed had the advance care and end of life sections completed. The directives were signed by consumers/representatives and a medical officer. ‎Consumers and representatives expressed confidence that at the end of life stage, the service would support their dignity, keep them as free as possible from pain and have those important to them around.

Consumers and representatives confirmed the service seeks input from others involved in the consumer’s care including; medical officers, allied health professionals and other services. Consumers and representatives reported they were provided with information about their assessed care needs and either had a copy of the care and service plan, or could obtain a copy, if they wanted.

Staff described how they reviewed care plans in consultation with consumers and the process for involving allied health professionals and other services who conducted assessments, such as mobility and pain, to ensure consumer needs were met. Staff said they informed the consumers’ representatives when there was a change in their health or well-being and discussed any proposed changes to their care plans.

Consumers and representatives confirmed their care and services were reviewed regularly, when circumstances changed or when incidents occurred. Care plans showed evidence of these reviews. Allied health professionals confirmed they were involved in the 3-monthly review of care plans.

# 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

Consumers said the personal and clinical care provided was safe and right for them and their care plans reflected individualised care, tailored to their specific needs and preferences. Care planning documentation highlighted consumer’s health care needs with directives included to guide staff on delivery of care.

‎Staff understood measures to prevent and manage high impact and high prevalence risks for different cohorts of consumers and the service captured relevant data to analyse and inform best practice approaches. Staff could describe how their ongoing training supports the delivery of best practice care and described how information is shared both within the service and with others outside the service. The service could show how they ensured preferences for advance care and end of life care were documented and delivered with the dignity and comfort of consumers assured.

Consumers’ care needs and preferences were effectively documented and communicated between staff and others involved in providing care. Staff said they had access to the necessary care information and could describe the processes for sharing information with other health services, including the local hospital and medical officers.

Consumers were appropriately referred to other relevant health professionals in a timely manner. Care plans evidenced consultation with, and involvement of, other health professionals. Changes in the condition or health status of consumers was identified and responded to promptly and effectively. Representatives were confident the service would inform them, and others involved in providing care, if there was a deterioration in a consumer’s condition.

Documented policies and procedures supported the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. An outbreak management plan supported the service’s preparedness in the event of a COVID-19 outbreak, with consumers and representatives advising infection control practices were generally well coordinated.

# 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

Consumers and representatives considered they got the services and supports for daily living that were important for their health and well-being and enabled them to do the things they wanted to do. ‎‎‎Consumers felt supported to be independent, pursue activities of interest to them, participate in the community and maintain social and personal relationships of importance.

‎‎‎The service had effective care and lifestyle supports to promote consumers’ emotional, spiritual, and psychological well-being. Staff described strategies for supporting consumers when they were feeling low and promoting their mental well-being. Staff demonstrated an understanding of specific consumers’ needs and preferences and knew how to support them to live the life they chose. Care planning documentation confirmed the information about consumers' daily living needs and preferences was current.

‎‎‎Consumers and representatives said their needs and preferences were effectively communicated within the service and to others involved in their care outside the service. The service demonstrated regular, timely and appropriate referrals were made to other individuals, organisations and care providers to maximise consumers’ health and well-being.

Consumers and representatives expressed satisfaction with the variety, quality and quantity of food provided at the service. Food was cooked on site at the service and there was a 4 weekly rotating menu for each month. Consumers had input to the food service through a regular food focus meeting. The kitchen area was clean and tidy and there were procedures, information, and resources in place to meet food safety standards. Staff were observed to following food safety requirements such as; wearing gloves, hairnets, clean uniforms and an apron.

Equipment provided for daily living and lifestyle activities was observed to be suitable, clean, and well maintained. Consumers and representatives were satisfied they had access to equipment that was fit for purpose, safe and clean. ‎‎‎Maintenance records demonstrated there was a regular maintenance program and ad hoc issues reported by staff and consumers were resolved promptly.

# 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

‎‎Consumers felt safe and comfortable in the service. They said they could move freely in the service and access outdoor areas, as they wished. Consumers’ rooms showed a high degree of personalisation with photographs, decorations, furniture and items of importance on display in their room. Consumers and representatives said the equipment, furniture, and fittings in the service were clean, safe, suitable and well maintained.

The service environment was welcoming and easy to navigate featuring dementia friendly design principles, natural light, clear signage and handrails to support consumers to move around. Staff said they were conscious the service is consumers’ home, and they aimed to make the service comfortable and welcoming.

Consumers and their visitors were observed freely accessing all areas of the service, including sitting in the lounges and the outdoor areas. Furniture in communal areas was observed to be clean and in good condition and enjoyed by consumers and visitors. Corridors and pathways were clear of trip hazards and well maintained. The flooring, walls, ceilings, and outdoor areas, of the service were clean and well-maintained.

‎‎Consumers could access a range of equipment such as; walking frames, wheelchairs, and comfort chairs. These were observed to be clean and in good condition. Hoists and lifting equipment were noted to be in good condition, clean and stored in a safe manner.

The service’s preventative maintenance schedule evidenced regular maintenance was occurring, and the service’s reactive maintenance log showed issues reported by staff were resolved promptly.

# 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

Consumers and representatives felt encouraged and supported to give feedback and make complaints, and appropriate action was taken by the service. ‎Consumers and representatives understood how to give feedback or make a complaint and said they felt comfortable doing so. Consumers and representatives said they typically spoke directly to staff but were aware of other avenues for raising and resolving complaints as well as how to access language and advocacy services. Consumers and representatives were satisfied management addressed and resolved complaints and gave examples of staff using open disclosure in responding to complaints and how feedback has improved the quality of care and services.

Staff could explain the advocacy and language services available to consumers and how they supported consumers from diverse backgrounds, or those having difficulty communicating or comprehending. Staff had received training in feedback and complaints handling and could describe how they applied the service’s open disclosure and complaints policies. ‎‎Management explained the different ways consumers were supported to provide feedback or make a complaint. The service's feedback form was readily accessible, and all consumers were reminded about the complaints process at each consumer meeting.

The service’s complaint, incident registers and continuous improvement log demonstrated how feedback, internal audits, complaints and incidents were recorded, actioned, resolved, and used to inform continuous improvement. All complaints appeared to have been actioned in accordance with the service's feedback and complaints procedure.

# 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

Overall, consumers and representatives said they received quality care and services when they needed, from people who were trained, knowledgeable, capable and caring. ‎Consumers and representatives felt there were sufficient staff and were confident staff knew what they were doing.

‎‎‎All interactions between management, staff, consumers and representatives were observed to be kind, caring and respectful. Consumers and representatives said staff responded quickly when they called for assistance and were available to help them do the activities they enjoy.

‎‎Workforce planning and staff rostering ensured there was sufficient staff to meet the care and service needs of consumers. All staff sampled said they had enough time to meet consumers’ needs and preferences.

There was a system to ensure the performance of staff was regularly reviewed, training needs identified, development goals set; and action was taken in response to staff under performance. Documentation confirmed performance appraisals were current and initiated performance discussions with staff following a complaint of rough handling.

The service ensured members of the workforce had the required qualifications and knowledge to effectively perform their roles through monitoring and completion of annual mandatory training. Position descriptions outlined key competencies and an orientation is provided to new or temporary staff.

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

Consumers and their representatives considered the organisation was well run and they were involved in developing and evaluating the care and services through participation in quarterly consumer meetings and regular surveys. ‎‎Consumers and their representatives said the service communicates with them regularly and in a timely manner to keep them informed in the development, delivery and evaluation of the care and services provided. They said they were confident if they provided recommendations they were taken seriously.

Management was able to describe the involvement of the governing body in the promotion of a culture of safe, inclusive and quality care and provide examples. Management and staff were able to describe processes and mechanisms in place for the service wide governance of information management, continuous improvement, financial governance and regulatory compliance and were able to provide examples of this in practice. Assessment processes identify high impact and high prevalence risks that affect consumers and care planning processes help to develop risk minimisation strategies.

The service had a documented risk management framework, which included policies for managing high impact and high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

The organisation’s clinical governance systems ensured the quality and safety of clinical care and promoted antimicrobial stewardship. The clinical governance framework included policies addressing; antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff were trained and demonstrated practical knowledge about these policies and procedures.

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)