Performance

Report

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| Name of service: | Alstonville Adventist Aged Care Facility |
| Service address: | 77 Pearces Creek Road ALSTONVILLE NSW 2477 |
| Commission ID: | 0587 |
| Approved provider: | Seventh-day Adventist Aged Care (North New South Wales) Ltd |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 17 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 Alstonville Adventist Aged Care Facility (**the service**) has been prepared by K. Spurrell, 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.
* 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 so as 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 stated the staff treat them with respect and dignity, make them feel welcome, respected, valued, and embrace their diversity. Care planning documentation evidenced that individual cultural and diversity requirements were identified for each consumer. Staff were observed to be respectful towards consumers during all interactions.

Staff identified consumers with cultural differences and explained how this was embraced within the care and services delivered. Care planning and documentation included cultural preferences. Consumers and their representatives said that individual care and services were based on individual beliefs and were culturally appropriate.

Consumers confirmed that they are supported to exercise choice, control, and maintain connections and relationships with others. Care planning documentation identified individualised consumer choices for care and services and supports for maintaining independence.

Care planning documentation described areas in which consumers are supported to take risks to live the life they wish. Risk assessments are completed to support consumers who take risks in activities of daily life. Risk mitigation strategies are implemented to ensure consumers continued support in risk taking activities.

Representatives said they receive current information from the service, which keeps them informed of changes. Relevant safety information was observed throughout the service in accessible formats.

Consumers expressed that their privacy is respected, and their personal information is kept confidential. The Assessment Team observed staff knocking on consumer room doors prior to entering. Staff and management said all consumers personal information is secured electronically and is password protected by staff.

**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**

Consumer representatives and staff confirmed high-risk consumers are monitored and effectively managed. Staff described how they continually assess consumers and implement strategies to deliver safe and effective care based on best practice. Care planning documentation and review of clinical records evidenced effective, comprehensive assessment and care planning that identified the needs, goals and preferences of consumers, including identified risks.

Staff described what is important to consumers, including their personal and clinical care delivery preferences. Consumers and representatives expressed they have been provided with the opportunity to discuss current care needs, goals and preferences including advance care planning and end of life planning. Care planning documentation contained holistic prevailing assessments and plans based on consumer preferences and needs.

Consumers and their representatives described how they are involved in assessments and planning of care. Care planning documentation contained information on who the consumer preferred to involve in decision making and the planning of care and services including other specialist practitioners to assess, plan and review care and services.

Care planning documentation contained information on the outcomes of consumer assessments and planning, which are communicated to consumers and their representatives. Consumers and representatives had access to care plans and could obtain their own copy if they wish.

Consumers’ representatives stated they are included in quarterly reviews and receive updates regularly regarding outcomes of care. Staff reported that reviews occur if there is a change in consumer’s condition for the assessment and care plan to be reflective of current consumer needs, goals, and preferences.

**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 confirmed they received care which meets their needs and supports their health and well-being. Care planning documentation demonstrated personal and clinical care was safe, effective and aligned with the individual needs of consumers. Consumers subject to restrictive practices had appropriate consent and reviews in place. Staff follow procedures to deliver safe skin integrity, falls prevention and pain management care.

Consumers and representative said they feel the service provides care that is appropriate and safe. Care planning documentation identified that high impact or high prevalence risks are assessed, and interventions have been implemented to effectively manage these risks.

Care planning documents contained end of life care plans. Staff have been trained in palliative care and explained how the service provides a holistic assessment to ensure the comfort and dignity of consumers end of life care is preserved.

Staff described processes for reporting deterioration in consumers condition including action they take to manage and escalate care. Care plans confirmed changes to consumers’ conditions were identified and responded to appropriately. Consumers and their representatives were satisfied with the service’s effectiveness in responding to deterioration.

Management described how information is shared when changes occur through case conferences, referrals, escalation of care and progress reports. Care documentation included comprehensive information regarding the consumer’s condition, needs and preferences from internal and external providers who share responsibility for the consumer’s care.

Staff explained how collaboration with allied health professionals provides holistic, best practice care and services. Consumer care documentation evidenced timely referrals to health practitioners, specialised allied health, or other services, to meet the care needs of consumers.

Observations confirmed the service followed measures to prevent and control infection, such as staff wearing personal protective equipment. Staff demonstrated an understanding of how they minimise the spread of infection, as well as minimising the need for antibiotics and ensuring they are used appropriately. Care plans were observed to follow antimicrobial stewardship principles.

**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 and representatives said they feel supported to participate in activities they like and are provided with safe and effective services that optimise their independence and quality of life. Consumers were observed engaging in a variety of group and independent activities. Staff demonstrated knowledge of consumers’ needs and preferred activities.

Consumers described services and supports available to promote emotional, spiritual, and psychological well-being. Consumers felt connected and engaged in meaningful activities. Staff provided examples of supports for consumers’ emotional and psychological well-being. Care planning documentation recorded consumers’ individual emotional support strategies and how these were implemented.

Consumers said they are supported by the service to participate in their community within and outside the service environment. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain relationships. There was evidence of how the service maintained social supports for consumers and increased opportunities for social interaction.

Consumers and representatives said staff are aware of and meet their needs and preferences for services and supports including other providers responsible for their care Handover observations evidenced current information about each consumer’s condition, needs and preferences were communicated effectively. This was supported by staff feedback.

Consumers’ care plans evidence that the organisation collaborated with other providers to support the diverse needs of consumers. Staff identified the providers where they can make referrals and provided examples where the referrals were made to other providers for consumers.

Consumers said meals provided are varied and of suitable quality and quantity. Staff described how they meet consumers’ dietary needs and preferences through monthly food focus groups and feedback channels. Dietary preferences were indicated within consumer’s initial documentation and meals prepared to meets those preferences.

Consumers said that they felt safe using the provided equipment and that equipment was suitable for their needs. Equipment provided was observed to be clean and well maintained. Staff were aware of reporting procedures for maintenance issues.

**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**

Staff described how consumers are supported to feel at home and maintain their independence. Consumers said that they felt they comfortable living in the service and they were able to personalise their rooms with their belongings. consumers were observed participating in activities and interacting with each other. There were a number of lounges and sitting areas both indoors and outdoors that residents freely accessed.

Consumers said staff ensure that the service and their rooms are clean, and they felt comfortable moving about the indoor and outdoor environments. Review of the cleaning schedules demonstrated that cleaning was generally completed on schedule. The service was observed to be clean and well maintained.

Consumers and representatives said they were satisfied that the furniture and equipment they use are safe, clean, and well maintained. Review of maintenance records confirmed that maintenance is attended to as scheduled.

**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**

Staff described avenues for consumers to provide feedback or make a complaint. Consumers and representatives confirmed that they are encouraged to and were comfortable to provide feedback and make complaints. Consumers were provided a Resident Handbook on admission which includes how to give feedback and complaints. The Assessment Team observed feedback forms and suggestion boxes throughout the service.

Consumers and representatives stated they are provided with information on advocacy, language services and ways to raising and resolving complaints. Staff were able to describe how they assist consumers who have cognitive impairment and communication difficulties. Printed material is provided to consumers and representatives on admission and is reinforced through flyers, posters, and resident meetings.

Consumers and representatives said management promptly addressed and resolved their concerns when raised or if an incident occurred and provide an apology. Staff demonstrated a shared understanding of the principles of open disclosure, including providing an apology, and implementing actions to prevent recurrence of the incident or complaint.

Consumers and representatives said feedback and complaints are reviewed and used to improve the quality of care and services. The quality improvement register demonstrated, that feedback, complaints and incidents are recorded, actioned, resolved, and used to inform continuous improvement.

**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 said that there is generally enough staff, they are not rushed when providing care, that call bells are answered promptly, and staff give them the care they need. Care delivery was observed to be calm, professional, and planned. Rosters demonstrated there were minimal unfilled shifts per fortnight which were during business hours when there was management support available.

Consumers and representatives reported that staff engaged with them in a respectful, kind, and caring manner. Staff interactions with consumers were observed to be kind, caring, and respectful. Staff demonstrated how they provide care that is respectful to consumer identify, culture and diversity.

Consumers and representatives believed that staff are sufficiently skilled to meet their care needs. Staff said they have the necessary skills to perform their role and are supported by senior staff.

Consumers and representatives were confident staff are well trained. Documents evidenced recruitment, selection, and onboarding is rigorous and demonstrate that training takes place according to roles and service needs. Staff said they receive excellent training and support to perform their role and can access additional training provided by the organisation.

Management confirmed annual staff performance review to assess performances. Documentation evidenced that staff performance is undertaken, including for those in their probation period.

**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 and representatives are actively engaged in the development, delivery and evaluation of care and services through resident and relative meetings, surveys and face to face discussions. Documentation and changes implemented at the service evidenced that consumers are engaged and supported in this engagement.

The governing body is involved in the delivery of care and services via a clinical governance framework that sets out the key structures, systems and processes that enable organisation-wide accountability for the delivery of high-quality safe care.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has a risk management framework to monitor and assess the high impact or high prevalence risks associated with care of consumers. Management and staff described how incidents are identified, recorded, reported, escalated, managed and reviewed. Documentation reviewed demonstrated that appropriate procedures, assessments and strategies had been implemented for incident management.

The service has organisational policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated a shared understanding of restrictive practices, including the need to obtain consent, prior to using any form of restraint and monitoring restraint when in use. Staff also demonstrated a shared understanding of antimicrobial stewardship and the principles of 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)