Performance

Report

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| Name of service: | Amaroo Aged Care Facility |
| Service address: | 66 Dudley Road CHARLESTOWN NSW 2290 |
| Commission ID: | 2433 |
| Approved provider: | Hunter Valley Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 7 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 Amaroo Aged Care Facility (**the service**) has been prepared by G-M. Cain, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the following information given to the Commission, or to the assessment team for the Site Audit of the service:
  + The Assessment Team interviewed 27 consumers and/or representatives during the Site Audit, who were satisfied with the care and services received.
* the following information received from the Secretary of the Department of Health and Aged Care (**the Secretary**):
  + the Exceptional Circumstances determination to continue accreditation at the Service made by a delegate of the Australian Government Department of Health until 3 August 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **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 are treated with dignity and respect and have their preferences and needs recognised and valued. Care documentation reflected consumers' cultural, spiritual and individual needs, and staff had access to care documentation to guide care and service delivery. Staff were aware of individual consumers' backgrounds, including religious and cultural preferences, and had been provided with cultural awareness training. Church and pastoral care services are offered, and meals are tailored to individual preferences and cultural needs.

Consumers are supported to exercise choice and independence, make decisions about the delivery of care and services, including whom they wish to have involved in their care, and maintain relationships of importance. Consumers are supported to live their best lives, including if their choices involve risk. Risk assessment includes supporting consumers/representatives to understand the potential harm associated with their choice and strategies implemented to minimise these risks. The staff demonstrated an understanding of the services' risk assessment processes and decisions regarding consumers' choice to take risks, which was documented in care plans.

Consumer information provided by the service is current, accurate, timely and communicated clearly and easily to understand, for example, the menu choices and the activity calendar. The service provided information to consumers via various avenues, including consumer meetings, discussions with staff, posters, and brochures.

The service respects consumers' privacy. Staff were observed to knock on the consumers' door before entering and ensuring consumers' personal information remained confidential, for example, ensuring computers were password locked when not in use. The service had a privacy policy that outlined how the service maintains and respects the privacy of personal and health information for consumers. Processes and procedures also considered how the service managed requests for information from others, such as family members or significant others, in a consistent, professional, sensitive, and appropriate way.

# 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

Overall, consumers and representatives provided positive feedback about the assessment and care planning process, describing how the service included consumers’ individual needs and preferences to ensure safe and effective care delivery. Consumers and representatives are included in ongoing discussions about consumer care, including when there are changes and are provided with a copy of the care plan. Information on advance care planning is provided upon entry to the service. Consumers and their representatives can discuss this during the admission process and the regular conversation with clinical staff or management.

Registered and care staff understood the service’s assessment and care planning processes, which included monthly reviews, 3 monthly care plan reviews, and regular consumer case conferences. Staff can access consumers’ care plan documentation, readily available to visiting health professionals. Staff reported that consumers are referred to medical officers, allied health professionals or medical specialists as required. Care documentation evidenced review and reassessment of consumers when there has been a change in their health and/or well-being; for example, incidents may trigger reassessment or review.

Care documentation evidenced comprehensive assessment and care planning that identified individual consumers’ needs, goals, preferences and any identified risks, and regular review of care and services. Risks to individual consumers’ health and well-being were identified, documented and managed. Risks included falls and management of diabetes, with appropriate strategies listed. During regular care plan reviews, consumers and representatives discuss end-of-life care planning. The electronic care management system had alerts to communicate important information relating to consumer needs and preferences. Consumers’ end-of-life care wishes and preferences were documented. Care documentation evidenced the involvement of other health professionals in assessment and care planning processes, such as medical officers and a range of allied health professionals.

The organisation had an electronic care documentation system that included evidence-based assessment tools, such as for skin integrity, behaviour, continence and falls.

# 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 were confident the care provided was safe and right for them, consistent with their needs and preferences, and supported their health and well-being. One named consumer said that staff regularly monitor blood glucose levels, and the medical officer reviews these measurements as part of overall diabetes management. They said care staff provide personal care assistance in accordance with consumer preferences.

Consumers and representatives were satisfied that risks were effectively managed. Staff were aware of consumers' risks and strategies in place to minimise the risk. Care documentation identified strategies were in place to manage the consumers' identified risks, including monitoring through charting records.

Consumers and representatives said that consumers' pain is well managed, and consumers' wishes in the event their health deteriorates are known by the service. The service includes consumers and representatives in palliative care decisions. Staff described comfort care measures and how they prioritised dignity during end-of-life care and supported the family. Care plans contained information on consumers' end-of-life care in line with the consumer's end-of-life care needs, goals, and preferences.

Consumers said the staff knew them and felt confident that consumer condition changes would be recognised and responded to promptly. Care documentation evidenced appropriate actions are taken in response to changing health of consumers. The electronic care management system included parameters for observations, such as temperature, blood pressure, weight, and blood glucose monitoring, and a suite of risk assessment tools. Clinical records indicated regular monitoring for consumer changes.

Consumers and representatives provided positive feedback and were confident that relevant information about the consumer was shared with those caring for them. Information about consumers' conditions, needs and preferences is documented in the electronic care management system and communicated via shift handover.

Referrals to other health professionals are appropriately made, and care documentation directives from health professionals guide staff in consumer care. The medical officer, other health professionals and services support the service in consumers' personal and clinical care.

The service has documented policies, procedures and an outbreak management plan to guide staff practice in relation to infection control, antimicrobial stewardship and the management of an outbreak. The service has appointed a trained infection prevention and control lead and maintains a vaccination register. Staff demonstrated knowledge of infection control practices relevant to their roles and were observed practicing appropriate infection prevention and control protocol.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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 felt the service’s lifestyle program supports consumer lifestyle needs and said staff assist consumers to be as independent as possible. Consumers described how they are supported to engage in activities of interest to them and to maintain social and personal relationships, including receiving visits from family and outings with friends. Consumers described how they continue religious practices at the service and how staff support their emotional and psychological well-being. One named consumer receives weekly visits from the chaplain to undertake bible study.

A review of the service’s lifestyle calendar and consumer meeting minutes identifies a varied program developed based on consumer input. Consumers have access to regular church services and one-to-one prayer sessions. Various cultural and religious days of celebration are offered to consumers as part of the service’s activities calendar. Staff demonstrated an understanding of what consumers like to do and the support they require to participate in activities or pursue individual interests. Care planning documentation reflected information about activities of interest to the consumer, social and personal relationships and strategies to deliver services for daily living and support consumers’ emotional and spiritual needs.

Consumers and representatives confirmed that the service was aware of consumers’ preferences and needs, and the information was shared within the service and with other providers when changes occurred. Care planning documentation evidenced collaboration with external services to support the diverse needs of consumers, including connecting consumers to volunteers. The service accesses external individuals and organisations to supplement lifestyle activities, such as utilising a mobile library that offers audiobooks and exercise sessions the physiotherapist holds. Referrals to individuals and other organisations are made as appropriate; for example, staff can refer consumers to the hairdresser who visits the service weekly.

Consumers said they enjoy the meals at the service, are offered choices and can take part in planning their menu. Consumers were satisfied that they received a variety of well-proportioned, quality meals. Care planning documentation confirmed that consumers’ dietary requirements and preferences were recorded and were consistent with consumer feedback. Staff could describe how they are informed of consumer dietary needs and preferences changes via the electronic care documentation system.

Consumers and representatives said they were satisfied that the equipment provided for daily living is suitable to their needs and kept clean and well maintained. Staff described processes for identifying faulty equipment and lodging maintenance requests. Risk and other assessments are completed before equipment is provided to consumers.

# 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 provided positive feedback about the service environment, which was welcoming, clean, and easy for consumers to navigate. One named consumer said, "my room gets cleaned every day, and everything is well-maintained". Consumers' rooms were observed to be decorated with personalised furniture, items and photographs. Consumers described how they reported any concerns about the maintenance of equipment and expressed satisfaction with the service delivered by the maintenance officer. Maintenance issues reported were actioned in a timely manner.

Furniture, fittings, and equipment were well maintained, and the service had processes for ensuring this, including cleaning schedules, maintenance plans and the use of specialist contractors when required.

Consumers could move freely around the service indoors and outdoors. They were observed spending private time in their rooms, enjoying the garden areas and participating in activities in the common areas. The service had spacious outdoor areas with flowers and pot plants and communal dining and lounge areas inside.

# 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

Most consumers and representatives said they feel encouraged and supported to provide feedback, raise concerns, and feel safe. They said they were aware of advocates, language services and other methods for raising and resolving complaints. However, they preferred to raise any concerns directly with staff or management. Consumers said the service is responsive to feedback and that appropriate action is taken.

Staff described how they act as consumer advocates by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers in completing feedback forms if required. Staff said most of the consumers could communicate in English; however, the staff would use cue cards or electronic translation services for those with limited English. Staff were aware of how to access interpreter and advocacy services.

Staff and management demonstrated an understanding of the principles of open disclosure and provided examples of where an open disclosure process had been applied in response to complaints and incidents. A review of the service’s documentation identified timely and appropriate responses and resolution of complaints. Consumers and representatives confirmed that management and staff provide an apology upon making a complaint or when things go wrong.

Management advised that every comment and complaint received is acknowledged and forms part of the service plan for continuous improvement. Feedback and complaints forms, brochures and information on access to external complaints agencies, advocacy and language services were observed to be available for consumers around the service. A review of the service’s Plan for Continuous Improvement identified various improvements made in response to consumer and representatives' feedback, complaints and suggestions.

# 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

Overall, consumers and representatives felt that sufficient staff was available to meet consumers' needs, and they were satisfied with the staff's overall skills, capability and knowledge. Consumers generally said their requests for assistance were responded to promptly. Consumers described staff as respectful, kind and caring, and provided care that respected individual consumers' diversity, culture and preferences. Consumers/representatives considered staff engaged with consumers respectfully, kindly, and caring, and this was confirmed through observations of staff engaging with consumers throughout the Site Audit.

Management described strategies to replace staff on planned and unplanned leave, including utilising a casual workforce and engaging agency staff. Recently the service recruited student nurses from the local university to increase the casual staff available. The service continues with ongoing staff recruitment, and since July 2022, an additional four registered nurses and one enrolled nurse have been recruited.

The service had an orientation program for new staff, which included skills and competency assessments and mandatory training modules. A documentation review demonstrates that the service maintains position descriptions for each role and monitors national criminal history checks and Australian Health Practitioner Regulation Agency qualifications. Staff performance is monitored through observations and feedback from consumers and representatives. Any issues in performance identified through these monitoring mechanisms are addressed immediately, staff are provided further education, and if required, a performance review is completed. Registered Nurses had key performance indicators monitored by clinical management fortnightly.

The service had a workforce governance and management framework that included documented policies, procedures and guidelines for staff practice about expected behaviours or conduct, including identified procedures for evaluating staff performance.

# 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 engaged in developing, delivering and evaluating care and services through regular consumer meetings, consumer surveys, care planning conversations and feedback mechanisms. Consumers said they considered the service well run, and they could provide feedback and input into care and service delivery, which management considers. Management provided examples of how consumers were engaged in decisions about changes to the service, including the service extending hours of night shift staff to assist with early morning showers from consumer feedback.

Various quality, clinical and executive committees and leaders at the service report information to the Board. The Board regularly reviews information relating to clinical and incident data, internal audits and consumer and staff feedback. As part of the organisation's recruitment and retention strategy to ensure safe and effective clinical care, the governing body was involved in developing registered nurse key performance indicators and allocating a financial reward to staff when the indicators are achieved.

The organisation has effective governance systems relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management provided examples of how the organisation demonstrates effective financial governance processes by being responsive to requests for budgetary changes to support the needs of consumers, such as investment in individual slings for all consumers requiring the assistance of a lifting machine.

The organisation has a risk management system, clinical governance framework and relevant policies. Staff demonstrated knowledge of these and described their practical application to their work. Risks are reported, escalated, reviewed, and analysed at a service and organisational level and communicated through organisational meetings.

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