Performance

Report

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| Name of service: | Amaroo Village Buckley Caring Centre |
| Service address: | 60 Stalker Road GOSNELLS WA 6110 |
| Commission ID: | 7093 |
| Approved provider: | Amaroo Care Services Inc |
| Activity type: | Site Audit |
| Activity date: | 25 July 2023 to 28 July 2023 |
| Performance report date: | 04 September 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 Village Buckley Caring Centre (**the service**) has been prepared by K. Richards, 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 provider submitted an email on 10 August 2023 advising they had accepted the Assessment Team’s findings.

# 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 advised they were treated with dignity and respect, and were valued as individuals. Staff consistently spoke of consumers in a respectful manner, and demonstrated their understanding of consumers’ diversity and culture. Care planning documentation reflected matters of importance to consumers to maintain their identity.

Consumers and representatives were satisfied the service provided care and services that were culturally safe. Staff identified consumers with diverse cultural backgrounds, and explained how they delivered culturally safe care and services. Care planning documentation captured information regarding consumers’ cultural needs and preferences.

Consumers felt supported to make and communicate choices regarding their care and when family and friends should be involved in their care. Care planning documentation identified consumers’ individual choices around when care was delivered, who was involved in their care and how the service supported them in maintaining relationships. Staff described how consumers were supported to maintain relationships in line with the service’s policies, including those guiding on dignity of choice, and sexuality and intimacy.

Staff outlined the supports provided to consumers who chose to engage in activities that included an element of risk, and how consumers were supported to understand the benefits and potential harm when making decisions about taking risks. Care planning documentation included risk assessments, conducted to ensure consumers and representatives could make informed decisions regarding engaging in activities that contained risk. Consumers and representatives explained how staff provided them with supports to take risks and live their best life possible.

The Assessment Team noted the service demonstrated information provided to consumers and representatives was current, accurate, and timely, and provided in a manner that was easy to understand, enabling consumers to exercise choice. Consumers and representatives confirmed they were kept updated by management regarding the service’s activities and menu options, and other changes were shared through the service’s newsletter and via email correspondence. Staff described several ways information was delivered to consumers, including those with communication barriers, to enable them to exercise choice.

Consumers and representatives were satisfied their personal information was kept confidential, and provided examples how their privacy was respected by staff. The Assessment Team noted the service had a privacy policy to guide staff practice in relation to ensuring the confidentiality of personal information. Staff described how they maintained consumers’ privacy when providing care, and confirmed all consumers’ personal information was kept confidential and not discussed in front of others.

# Standard 2

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

Findings

Consumers and representatives confirmed they were involved in the assessment and planning process, and risks were considered and documented to inform the delivery of care and services. Staff demonstrated an understanding of the assessment and planning process to relevant risks to the health and well-being of each consumer and could detail these in line with care planning documentation. Policies and procedures are in place to ensure care planning assessments are carried out methodically to capture all risks and ensure mitigation strategies are put in place.

Consumers confirmed their needs, goals and preferences, inclusive of advance care and end of life planning was regularly discussed with them and documented within their care plan. Staff could describe the current needs, goals and preferences of consumers, which aligned with consumer and representative feedback and care planning documentation. Advance care directives and end of life planning for consumers was included in care planning documentation, with printed copies also available in the relevant nurses’ station.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from other health professionals. Consumers considered they were partnered in the planning, review and development of their care and services. The service had policies and procedures regarding partnership and collaboration to ensure best practice for the assessment and planning of consumers’ care and services.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and could access consumer care plans. Care planning documentation reflected outcomes of assessment and planning and record of communication with consumers and/or representatives. Staff demonstrated an understanding of the outcomes of assessments and planning and knew how to locate the most up-to-date consumer information.

Consumers and representatives advised the service regularly reviews care and services for effectiveness, and following change of condition or incident. Care planning documentation demonstrated care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. Staff described, and provided examples of how they reviewed and monitored the effectiveness of care and services, including routine care planning review and case conferences, monthly monitoring processes and following change or incident. Care planning documentation demonstrated the review process occurred in line with the service’s policies and procedures.

# 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 were satisfied consumers received tailored and effective personal and clinical care which optimised their health and well-being. Staff demonstrated an understanding of the personal and clinical care needs of consumers, and described how they provided care in accordance with their care plans, demonstrating best practice through following organisation’s policies and procedures and understanding of consumer needs. Care planning documentation demonstrated consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being.

Consumers and representatives described high impact or high prevalence risks as being effectively managed by the service. Staff demonstrated an understanding of the high impact or high prevalence risks to related to consumers' care, and the strategies in place to manage these risks. Care planning documentation noted high impact or high prevalence risks were identified, monitored, and effectively managed by the service.

Consumers and representatives confirmed the service raised end of life care preferences and advance care planning discussions with them. Staff outlined the way care delivery changed for consumers nearing end of life, and the practical ways in which consumers’ comfort and dignity was maximised and preserved. Care planning documentation demonstrated identification of consumers entering end-of-life care, and actions taken to manage pain, comfort, and dignity.

Management and staff described the process for monitoring, identifying and reporting changes and deterioration in a consumer’s condition. Consumers and representatives indicated the service was responsive to their needs, and would promptly manage any identified deterioration in the consumer’s condition, health or ability. Care planning documentation evidenced that deterioration or changes in consumers’ health was recognised and responded to in a timely manner.

Consumers and representatives stated the consumer's care needs and preferences was effectively communicated between staff and they received the care they needed. Staff reported information relating to consumers’ conditions, needs and preferences was documented in the service’s electronic care management system and communicated via the shift handover process. Shift handover process were observed to include effective communication of consumers’ health changes, and visiting health professionals recorded information directly within consumer care files.

Consumers and representatives advised timely and appropriate referrals were made, and they had access to relevant health supports and services. Staff outlined the process for referring consumers to health professionals, allied health providers, and specialist services. Care planning documentation demonstrated timely referrals to medical officers, allied health therapists, and other providers of care and services.

Consumers and representatives were satisfied staff performed standard and transmission-based precautions to prevent control and infections. Staff demonstrated an understanding of the precautions to prevent and control infections within the service, and the process they would follow to ensure the appropriate use of antibiotics. The service has documented policies and procedures to guide staff practice in relation to antimicrobial stewardship, infection control and the management of a COVID-19 outbreak. During the Site Audit several consumers were reported with respiratory symptoms, and where possible, isolated with screening undertaken for COVID-19.

# 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 provided positive feedback regarding the service’s activities, and felt supported by the service to engage in activities of interest. Staff, including ancillary staff, identified how services and supports were tailored to consumer needs and preferences. Lifestyle staff outlined how they partnered with consumers to conduct a lifestyle assessment upon admission, which identified the consumer’s needs and preferences.

Consumers and representatives advised their spiritual, emotional, and psychological wellbeing was supported by the service. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and described how staff could assist them. Lifestyle and pastoral care staff members outlined how they supported the emotional, psychological and spiritual well-being of consumers.

Consumers indicated they were supported to engage in activities that occurred within, and outside of the service, building friendships with other consumers. Staff described how they supported consumers to engage in the community, maintain social and personal connections of importance, and engage in activities of interest. Consumers were observed participating in individual and group activities of interest to them.

Staff of differing roles within the service outlined the ways in which information was shared, and the ways they were kept informed of the changing health conditions, needs and preferences of each consumer. Consumers advised that information about their condition was effectively communicated, and staff understood their needs. Care planning documentation evidenced consumers’ dietary requirements were shared with catering staff.

Consumers indicated they were referred to the appropriate services they required in a timely and appropriate manner. Care planning documentation identified the involvement of other organisations and providers of care and services. Staff detailed referral processes for external services, including the community visitors scheme.

Consumers and representatives expressed satisfaction with the food provided at the service, and indicated the meals were varied and of suitable quality and quantity. Staff demonstrated a shared understanding of consumers’ preferences for meals and beverages. Snacks were available between meals, with consumers able to access sandwiches or salads at any time.

Consumers and representatives stated the equipment provided was safe, suitable, clean and well maintained, although at times there would be benefit in more equipment to aid transfers. Management advised in response to consumer feedback, they would review to ensure the equipment was available when required, and purchase more if needed. Equipment used to support consumers to engage in activities of daily living and lifestyle activities was observed to be safe, suitable, clean and well maintained. Staff described cleaning schedules and the processes for identifying and reporting equipment that required maintenance.

# 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 indicated the service environment was open and welcoming, and they felt at home within the service. Consumer rooms were decorated with personal belongings and memorabilia. The environment was well lit, maintained at a comfortable temperature and had signage displayed to assist consumers navigate the service.

Consumers advised the service environment was safe, clean, and well maintained and allowed them to move freely, both indoors and outdoors. Maintenance staff provided evidence of the service’s preventative and corrective maintenance schedules, and outlined how external contractors and repairs were managed. The Assessment Team observed the service environment to be clean and tidy, with clear walkways that were free of obstructions.

Consumers indicated the service's furniture and equipment was safe, clean, well maintained and suitable for use. The service has a schedule for preventative maintenance, identifying when items were to be inspected, and a process for logging corrective maintenance requests. Staff described how they maintained the service’s furniture, fittings and equipment.

# 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

Consumers and representatives confirmed the service encouraged them to provide feedback and make complaints. Staff were aware of the avenues available to consumers and representatives to provide feedback and described the ways they supported consumers to raise their issues in line with policies and procedures. Suggestion boxes and feedback forms were displayed and accessible throughout the service, and feedback was encouraged within newsletters and meetings.

Consumers and representatives confirmed they were made aware of, and had access to advocates, language services and other methods of raising and resolving complaints. Management explained staff receiving training on the availability of external advocates and language services to assist consumers if required, and are reminded within staff meetings. Information regarding advocacy and language services displayed throughout the service, and minutes referenced attendance by a community advocate in the June 2023 consumer meeting.

Consumers and representatives stated when feedback was provided, the service responded in an appropriate and timely manner. Staff were aware of the open disclosure principles and described how open disclosure was incorporated into their daily practice. Management advised they acknowledged and actioned all complaints immediately, and worked with consumers and representatives to address the raised concerns. Feedback records included evidence of responsive and timely actions.

The service’s continuous improvement plan demonstrated the service utilised the review of feedback to improve the quality of care and services. Consumers and representatives were satisfied the service used feedback and complaints to improve care and services. Management described how complaints data was reviewed, trended, and analysed, and consultation processes to ensure changes are effective.

# Standard 7

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

Findings

Consumers and representatives were satisfied the service had an adequate mix and quantity of staff to meet the needs of consumers. A review of the service’s staffing roster and care minutes for each consumer confirmed the service had enough staff to provide care and services and meet consumer needs. Staff outlined there was enough staff, and the appropriate combination of staff to deliver quality care.

Staff demonstrated understanding of the organisation’s values of kindness and respectful care, and were observed to be attentive and respectful in their interactions with consumers. Consumers confirmed they were treated kindly and respectfully by staff. Organisational documentation demonstrated a culture of kind and respectful care was promoted and monitored.

Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet consumer care needs. Management advised how staff qualifications and checks were verified within the recruitment process through the service’s human resources division. Staff indicated the onboarding process was comprehensive, with competency training and assessment, and they were confident they were suitable and qualified to perform their roles.

Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff confirmed they received mandatory and ongoing training via an effective online training system, regular face-to-face toolbox sessions, and other on-site training programs, including specialty care to meet needs of the current consumers. The service has policies and procedures in place which supported the management of training at the service.

Staff advised that annual performance appraisals were conducted in recent years, and this led to effective improvements in their professional practice. Policies and procedures are available to guide and support the management of staff performance, including actions taken in response to misconduct. Management outlined the performance appraisal process and indicated it included improvements, with measures to review past performance and to identify future training opportunities.

# 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 considered the organisation was well run and confirmed they were aware of opportunities to participate in the development, delivery, and evaluation of services. Minutes for consumer meetings demonstrated consumers and representatives were actively involved in the provision of feedback regarding care and services. Management provided examples of changes that were made in response to consumer feedback. A Consumer engagement statement describes the organisation’s position to engage and partner with consumers.

Consumers expressed feeling safe in the service and advised the service was inclusive. Monitoring systems and processes informed the Board of the performance of the service. The Board has supported purchase of toolbox resources mapped to the Quality Standard to promote safe, inclusive, and quality care. An internal and third party audit program supports provision of safe and quality care, with areas assessed in line with the Quality Standards. The policy and process framework includes information on consumer rights to cultural safety and inclusivity, special needs, and equity and access outcomes.

Management outlined how the Board maintained effective oversight through a structured organisational reporting framework. The Assessment Team advised the service had effective organisation wide governance systems in place to guide staff practice and support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. For example, financial management systems inform budgets and spending, with pathways for requesting budgetary changes or extraordinary spending to support consumer care and services.

The service has policies and procedures in place to guide staff practice in relation to the management of high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff outlined the reportable incident system and demonstrated an understanding of their reporting responsibilities. Management evidenced the employee induction process included training on elder abuse.

Staff reported receiving training on the systems supporting clinical governance. Policies and procedures guide staff practice and address clinical care, including antimicrobial stewardship, the minimisation of restraints, and open disclosure practices. Management described how they monitored psychotropic medication usage and the processes in place to manage and review restrictive practices. A clinical governance committee meets quarterly and monitors the provision of clinical care.

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)