Performance

Report

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| Name: | Ananda Aged Care Findon |
| Commission ID: | 6861 |
| Address: | 2 Malken Way, FINDON, South Australia, 5023 |
| Activity type: | Site Audit |
| Activity date: | 2 September 2024 to 4 September 2024 |
| Performance report date: | 1 October 2024 |
| Service included in this assessment: | Provider: 1280 K N H Nominees Pty Ltd  Service: 4287 Ananda Aged Care Findon |

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 Ananda Aged Care Findon (**the service**) has been prepared by J Wilson, 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.

# Material relied on

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

* the assessment team’s report for 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; and
* the provider’s response to the assessment team’s report received 17 September 2024. The response indicates they accept the assessment team’s findings and additional commentary was included of actions implemented following the site audit.

# 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 expressed feeling safe and supported with their identity, culture and diversity valued and respected. Consumers confirmed staff know them well and are kind and respectful in their interactions. Consumers described being consulted on choice and opportunities to maintain their independence, which care documentation and staff confirmed, and described how the service provides accurate and timely information in relation to their services and supports. Consumers and representatives expressed satisfaction with how the service maintains confidentiality of their information and described how staff maintain their privacy during service delivery.

Care documentation included information consistent with consumers’ cultural needs and preferences and provides guidance to staff in providing culturally safe care, which staff were knowledgeable about and described how they provide culturally safe care consistent with care documentation. Staff described, and observations confirmed, how they deliver care and services in a respectful manner and communicate with consumers effectively. Staff and management confirmed policies and procedures in place in relation to supporting consumers to undertake risks, choice, and decision-making.

Management described how they promote positive interactions between staff, consumers and representatives and ensure care is delivered in a way that maintains dignity, conveys respect and values consumers’ identity, culture and diversity. Management confirmed staff are provided with ongoing education, training, and support in identifying disrespectful care and service provision, including elder abuse and serious incident response scheme (SIRS).

Service documentation, including consumer meeting minutes and newsletters, included a range of information, such as continuous improvement initiatives, lifestyle activities and events, menu reviews and regulatory updates. Observations of the service environment included posers, pamphlets and visual or written information displayed in key locations and is available in multiple languages. Policies, procedures and training modules are in place to guide staff practices in relation to privacy and are included in staff orientation and induction processes.

Based on the assessment teams report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore the Standard is compliant.

# 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 expressed satisfaction with assessment and planning processes, confirming the service undertakes a comprehensive assessment process on admission inclusive of assessing the current needs, goals and preferences of the consumer, end of life wishes, and risks associated with their health and well-being. Consumers and representatives expressed confidence in staff’s understanding of consumers’ needs, goals and preferences and would identify and respond to changes in their condition. Consumers and representatives described being partners in care and confirmed the involvement of other health professionals where indicated. Consumers described being informed of changes or outcomes to their care and are provided with a copy of their care plan and representatives described being involved in ongoing review of the consumer’s assessments where required.

Clinical staff and management demonstrated knowledge of the service’s assessment and planning processes, including the assessment of risks, needs, goals and preferences, and end of life wishes. Additionally, staff were able to describe how they have undertaken reviews of consumers’ assessments and care planning documentation in partnership with the consumer and their representatives. Staff confirmed communication processes are effective, and care plans and consumer information are current with adequate information to enable them to provide safe and effective care and services. Management indicated processes in place to consult with other professionals and health services when undertaking assessment and planning processes, including commencing end of life care.

Care documentation was current and consistent with consumer and staff interviews. Assessments undertaken included validated risk assessment tools, and assessment of the current needs, goals and preferences of consumers. Service documentation included handover and communication documents to communicate information to staff, allied health professionals and medical practitioners. Assessments are updated in line with service processes, and included reviews following identified changes to consumers’ need, goals and preferences or following incidents.

The service has policies, procedures and training modules to guide and support staff practices in relation to assessment and planning, inclusive of end-of-life care, partnering with consumers and dignity of risk.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore the Standard is compliant.

# 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 expressed satisfaction the personal and clinical care provided, confirming care delivery meets their needs, optimises their health and wellbeing, is tailored to their preferences, and manages risks. Consumers and representatives felt staff know consumers well and are confident staff would recognise and respond to changes or deterioration in a timely manner. Representatives of consumers who had recently passed, expressed satisfaction with end of life care provided, confirming consumers are kept comfortable and are treated them with dignity and respect while providing care. Consumers and representatives are confident in staff practices in relation to infection prevention and control and staff promote vaccinations by providing access to clinics on site. Consumers and representatives are comfortable with referral processes and are kept informed of changes or recommendations of reviews.

Staff were familiar with the risks, needs, goals and preferences of consumers and could describe how they tailor the care delivered to each consumer, including the strategies in place to mitigate risks. Staff could describe processes to recognise and respond to changes in a consumer’s condition, and processes to monitor and deliver of end of life care to maintain the consumer’s comfort and dignity. Management, staff and external providers of care and services confirmed referral and communication processes. Management confirmed antimicrobial principles and infection control processes.

Observations showed staff practices consistent with policies and procedures in relation to infection prevention and control and recognising and responding to deterioration. Infection control measures were observed, and included entry screening, hand hygiene and personal protective equipment stations and informative posters.

Care documentation is reflective of consumers’ personal and clinical care, and demonstrated care is provided in line with medical directives. Assessment tools are utilised during end of life care and included in consumers’ documentation, with escalation pathways followed in a timely manner. Care documentation included correspondence and assessments undertaken by allied health and external providers of care and services, with recommendations incorporated into care delivery.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore the Standard is compliant.

# 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 expressed satisfaction with the services and supports for daily living provided to consumers, confirming services and supports optimise their independence, health and wellbeing, and quality of life. Consumers described how they are supported to do things of interest to them and maintain relationships and connections with both the internal and external community. Services and supports include services which maintain and optimise consumers’ emotional, spiritual and psychological wellbeing through the provision of church and counselling services. Consumers and representatives expressed satisfaction with the equipment available and felt safe while using equipment, and observations confirmed equipment was clean, well-maintained and suitable for use.

Consumers expressed satisfaction with the meals provided, confirming there is a variety of meals offered, of good quality and quantity. Documentation included a rotating menu with options for consumers, and care documentation was consistent with consumers’ dietary needs and preferences. Additionally, staff could describe supporting consumers with their nutritional intake in line with their needs, which was confirmed through observations, and could described processes to communicate changes to the kitchen where needed.

Staff described how they support consumers with activities of daily living to support their physical and emotional well-being and demonstrated familiarity with consumers’ needs, preferences, life story and interests. Staff confirmed they could identify and respond to changes in a consumers’ emotional or psychological condition, with escalation processes in place.

Consumers were observed participating in group activities, meeting in communal areas and engaging in activities of interest to them. Additionally, consumers were observed to be entering and exiting the service to attend external appointments or to meet with friends and family.

Processes are in place to effectively communicate information about a consumer’s current condition, needs, goals and preferences both within and outside of the service environment, which was confirmed by staff and consumers, who said they do not have to repeat information as staff know them well. Referral processes in place ensure timely and appropriate referrals are initiated to support consumers’ needs, which staff and care documentation demonstrated, evidencing referrals to external service providers being undertaken.

The provider submitted a response to the assessment team’s report to provide additional information on named consumers in the report. The provider’s response outlined additional actions taken by the service to clarify and consult with 2 consumers named in the report in relation to their needs, and preferences for services and supports of daily living, and implemented the identified changes required to their services.

Based on the assessment team’s report and provider’s response, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore the Standard is compliant.

# 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 felt safe and comfortable and expressed satisfaction with the environment, confirming they can personalise their surroundings. Consumers and representatives expressed feeling welcome, said they can find their way around easily with signage displayed. Consumers described feeling safe when using the furniture, fittings and equipment and equipment and the service environment is clean and well-maintained, with issues addressed promptly.

Environmental audits are undertaken monthly, and a preventative maintenance schedule and cleaning schedule is in place, which includes ongoing maintenance and cleaning of the service environment, furniture, fittings and equipment. Reactive maintenance processes are in place with staff, consumers and representatives aware of reporting mechanisms.

Staff described undertaking training in using equipment correctly and demonstrated knowledge of cleaning processes, including the implementation of additional cleaning during outbreaks of infections. Maintenance described preventative maintenance being undertaken, including those by external contractors such as fire safety systems.

Consumers were observed to be moving within and outside the service freely and easily, including consumers who reside in the memory support unit, with pathfinding signage observed in multiple languages to assist consumers with literacy issues. The service environment, furniture and fittings appeared to be clean and well-maintained.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Standard is compliant.

# 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 are satisfied with feedback and complaints mechanisms and feel supported and comfortable to provide feedback and complaints. Consumers and representatives confirmed management are responsive to feedback and complaints and are open and transparent when things go wrong. Consumers and representatives were aware of advocacy and language groups available, and described how feedback is used to improve care and services.

Staff demonstrated knowledge of feedback mechanisms and described supporting consumers to provide feedback or complaints, which was confirmed by management. Additionally, management and staff described open disclosure principles and their use when things go wrong. Management described processes for continuous improvement driven by consumer feedback and complaints, which was confirmed through the plan for continuous improvement.

Complaint and feedback information was observed to be on notice boards and was included in consumer and representative newsletters and the consumer handbook. Additionally, information on advocacy groups is displayed in various languages and is provided to consumers on admission. A feedback register confirmed feedback and complaints are recorded, and actioned appropriately, with open disclosure used where required. The organisation has policies and procedures in relation to feedback, complaints and open disclosure to guide staff and management in responding to and actioning feedback and complaints.

The provider included additional information in relation to requirement (3)(c) within their response. The provider confirmed processes to guide staff in relation to open disclosure, confirming an open disclosure policy is in place and has been included in the home’s staff blog as an education update for staff.

Based on the assessment team’s report and additional information included in the provider’s response, I find all requirements in Standard 6 Feedback and complaints compliant, therefore the Standard is compliant.

# 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 expressed confidence in staff skill, competence, qualifications and knowledge in undertaking their roles, and described staff as kind, respectful and understand what is important to them, which was confirmed through observations. Consumers confirmed staff deliver care in line with their preferences and are always available to attend to their needs in a timely manner.

Systems and processes to determine staff levels and allocation are in place, and include review of occupancy, incident and feedback data and call bell reviews. Management described recruitment processes to include pre-screening of the skills, qualifications, registration and clearances of potential employees, and once employed demonstrated ongoing monitoring to ensure compliance.

Induction and onboarding processes were confirmed through staff and management interviews and included mandatory training modules and buddy shifts to ensure staff have the skills and knowledge to undertake their roles. Staff performance is monitored through annual performance appraisals, incident data, consumer and representative feedback and audits, with systems and processes in place to manage and provide additional support to staff where performance related issues are identified.

Service documentation, such as position descriptions, outlines expectations of staff conduct when delivering care and services. Training records show training is available to staff through various methods and tailored to their roles, with records showing 100% compliance for mandatory training modules.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore the Standard is compliant.

# 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 described how the service engages them in the delivery and development of care and services, and confirmed they are encouraged and supported to provide suggestions and feedback through various methods. The consumer advisory group and quality advisory board include consumer and representative participation, with service level consumer meetings which encourage and capture feedback in relation to care and services.

The organisation’s governing body is comprised of executive and non-executive members and receive appropriate and quality information to allow them to make informed decisions about the care and services provided. Organisational documentation includes overarching values and mission statement, and policies and procedures which describe responsibilities, accountabilities and organisational expectations to promote safe and quality care and services.

Organisation wide governance systems include a governance framework, monitoring systems, assigned delegations and accountabilities, and policies and procedures. Systems and processes are in place to ensure staff have access to accurate and up-to-date information relevant to their roles, with processes to support workforce management, ensuring staff are skilled, supported and monitored. Financial reporting and auditing processes include delegations and budgeting for expected and unexpected expenditure. The organisation maintains subscriptions to peak bodies to identify and implement changes in legislation and is compliant with mandatory reporting obligations. Systems and processes are in place to record, respond and escalate feedback and complaints which is then used to inform continuous improvement.

Risk management processes are in place to support staff in delivering safe and quality care and services and includes tools and processes for monitoring and reporting risks and improving the quality of care and services. Policies and procedures support staff practice in managing high-impact and high-prevalence risks, while the organisation collects, analyses and trends data on risks which is reported through to the governing body through the organisation’s incident management system. Staff and management described awareness of recognising and responding to neglect and SIRS, which forms modules within the organisation’s mandatory training program. Staff demonstrated understanding of supporting consumers to undertake risks and are supported through policies and procedures.

The organisation has a clinical governance framework underpinned by policies and procedures, reporting and monitoring processes. Organisational documentation showed how the governing body maintains oversight of clinical care, antimicrobial stewardship and restrictive practices through monthly reporting processes inclusive of infections, antimicrobial usage, psychotropic and restrictive practices. The organisation has an open disclosure policy with associated training modules to support staff practice, with open disclosure principles evidenced through documentation and staff interviews.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Standard is compliant.

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)