Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Andrews House |
| Commission ID: | 3387 |
| Address: | 42 School Road, TRAFALGAR, Victoria, 3824 |
| Activity type: | Site Audit |
| Activity date: | 21 February 2024 to 23 February 2024 |
| Performance report date: | 2 April 2024 |
| Service included in this assessment: | Provider: 574 West Gippsland Healthcare Group  Service: 2145 Andrews House |

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 Andrews House (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 confirmed their identity was valued and staff treated them with dignity and respect. Care documentation reflected consumers’ background, identity and diversity. Staff described how they delivered dignifying and respectful care to consumers by considering their life stories and backgrounds.

Consumers confirmed their cultural background was recognised and respected, and described how their culture was supported by staff. Care documentation captured the specific cultural needs and practices the consumer wished to maintain. Staff confirmed they were aware of consumers’ individual cultures and demonstrated knowledge of their unique needs.

Consumers advised their choices to maintain relationships of significance were supported. Care documentation evidenced consumers’ care decisions including who was involved in their care. Staff described how consumers were supported to make decisions independently, and were familiar with their decisions.

Consumers confirmed they were supported to engage in their chosen activities which contained an element of risk, including mobilising independently without supervision. Care documentation evidenced risk assessments were conducted, and risk mitigation strategies were in place. Staff were aware of the risks taken by consumers, and the supports required to minimise harm.

Consumers confirmed they were provided with information which enable them to make choices. Activity schedules, menus and newsletters were observed to be displayed within communal areas. Staff advised they verbally informed consumers of upcoming events, and information was displayed on noticeboards.

Consumers felt their personal privacy was respected, and staff knocked on their doors prior to entry. Staff explained how they ensured the personal privacy of consumers by closing doors and blinds when providing personal care in their rooms. Nurses’ stations were observed to be locked, and computers were kept password protected when not in use.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Care documentation evidenced effective assessment and care planning with consideration of risks to consumers’ health and well-being. Staff described the initial and ongoing assessment process and how it informed the development of the care plan.

Consumers said staff were knowledgeable of their care needs and advance care wishes. Care documentation evidenced consumers’ needs, goals and preferences, inclusive of end of life wishes were captured. Staff said consumers’ end of life wishes were documented during entry processes.

Representatives confirmed they were involved in the assessment, planning and review of consumers’ care and services. Care documentation evidenced input from a range of external providers, including allied health professionals. Staff advised the assessment and planning process occurred in partnership with consumers and their representatives, medical officers and allied health professionals.

Consumers and representatives confirmed they were informed of assessment outcomes, and would be notified of any care planning changes. Staff described their roles and responsibilities to ensure outcomes of reviews and assessments were communicated to consumers and representatives. Summary care plans were available to consumers and representatives who wished to obtain a copy.

Care documentation evidenced care plans were reviewed on a regular basis and when the consumer’s circumstances changed. Staff advised care plans were reviewed on a 3 monthly basis, and consumers and representatives were informed of any changes. Representatives confirmed a care plan review was conducted following falls, and mitigation strategies were implemented.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives confirmed consumers received care that was safe and effective, and optimised their well-being. Care documentation evidenced representatives provided informed consent for the use of restrictive practices, and reviews of the restrictive practices were conducted by medical officers. Staff demonstrated an understanding of consumers’ needs and preferences, and described how they provided safe and tailored care.

Care documentation evidenced high impact and high prevalence risks to consumers were considered, and risk mitigation strategies were implemented. Staff were aware of the key risks to consumers, including falls, and the strategies in place to manage these risks. Management identified falls and medication errors were the most prevalent risk to consumers, and demonstrated incidents were trended and analysed.

Care documentation for a consumer who recently passed away evidenced the consumer’s family members in the re-assessment of the consumer’s end of life care to ensure their needs were met. Representatives gave positive feedback regarding the end of life care provided to the consumer. Staff described how end of life care was provided to consumers by maximising their comfort, administering appropriate pain relief and providing access to religious and spiritual services.

Consumers and representatives confirmed staff were responsive to any changes in the consumer’s care needs. Care documentation evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Staff advised they worked in partnership with allied health professionals and medical officers to ensure any deterioration to the consumer’s condition was appropriately managed.

Consumers and representatives said consumer’s information was regularly and consistently communicated between staff and external providers of care. Staff described how information was shared through huddles, handover and electronically. Staff were observed to discuss changes and updates to consumers’ conditions during handover.

Care documentation evidenced prompt and timely referrals were made to allied health professionals in response to changes to the consumer’s condition. Management described how external providers of care and services were used to supplement the care delivered to consumers. Policies and procedures were in place to guide staff practice create referrals following incidents.

Consumers and representatives expressed satisfaction with the management of infection related risks. Management and staff demonstrated an understanding of infection control prevention and the steps taken to ensure the appropriate use of antibiotics. Hand washing stations were observed to be readily accessible and staff were regularly using them.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 supports provided for them to engage in daily living activities. The lifestyle activities calendar included a range of activities catering to the various interests of consumers. Staff described how the activities schedule was based upon consumers’ lifestyle assessments and their ongoing feedback.

Consumers and representatives confirmed staff supported consumers with emotional reassurance and assisted consumers to attend religious services. Staff described the supports provided to consumers to promote their psychological well-being, including by encouraging consumers to engage in activities they enjoyed, or by engaging in conversations with the consumer.

Consumers confirmed they were supported to independently engage in the external community. Staff described how consumers were supported to maintain relationships of importance, through facilitating phone and video calls with consumers’ friends and families. Consumers were observed to receive visits from their friends and family members, and spend time with them in communal areas and their rooms.

Consumers and representatives felt information regarding consumers’ condition, needs and preferences effectively communicated across the workforce. Staff said information about consumer’s condition was shared during the handover process, and documented via the electronic care management system and communications book. Information relating to the consumer’s condition was observed to be shared during handovers.

Consumers were confident they would be referred to external services when required. Care documentation evidenced referrals were made to external providers of services. Staff described how they worked with external services, including entertainers, to enhance the lifestyle activities offered to consumers.

Consumers and representatives mostly expressed positive feedback regarding the meals consumers received, however a representative said the meat was tough. Care documentation captured consumers’ dietary needs and preferences. Staff advised consumers with allergies received plates with colour coated lids to ensure they received their correct meals.

Consumers confirmed they had access to mobility equipment to assist them with their daily living activities, and staff regularly cleaned their equipment. A range of lifestyle and leisure equipment was observed to be clean, well maintained and suitable for use. Staff said they regularly cleaned and maintained consumers’ personal mobility equipment.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 felt at home as the service environment was welcoming and easy to understand. Management advised consumers were encouraged to personalise their rooms with photographs and furniture to optimise their sense of belonging. The service environment was observed to be well-lit and contained directional signage and handrails to assist consumers to mobilise.

Consumers said they were able to move around freely, both indoors and outdoors and the service environment was clean. Staff advised the service environment was cleaned daily, and described the cleaning schedule for consumers’ rooms and communal areas. Consumers were observed to access internal and external areas, and staff were observed to clean communal areas on a daily basis.

Consumers and representatives confirmed consumers’ equipment, furniture and fittings were safe, clean and well maintained. The preventative maintenance schedule evidenced maintenance checks were up to date and equipment was routinely maintained. Staff described their roles and responsibilities to ensure equipment was clean and suitable for consumers.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 felt comfortable and understood how to provide their feedback and complaints. Management described the avenues available to consumers and representatives to provide feedback, including through feedback forms, participating in meetings and surveys or by directly raising their issues with staff. Feedback forms and boxes were observed to be readily available and accessible.

Consumers confirmed they were made aware of translation and advocacy services. Posters and pamphlets regarding the Commission and other external advocacy bodies were observed to be displayed. Management and staff advised information regarding advocacy and external complaint mechanisms was contained within the consumer handbook.

Consumers gave practical examples of actions taken in response to their complaints and confirmed open disclosure had been applied. Policies and procedures guided staff on open disclosure principles and complaint management. Management and staff described the open disclosure processes in place to ensure complaints and feedback were appropriately responded to.

The continuous improvement plan evidenced a detailed record of improvements made in response to trends in complaints data and issues identified by management. Consumers and representatives said improvements had been made from their feedback and complaints. Management advised feedback and complaints were trended and analysed on a monthly basis to inform continuous improvement actions.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 confirmed there were enough staff to meet consumers’ needs, and their requests for assistance were answered in a timely manner. Management said the master roster was created in consideration with care minute requirements and the number of consumers and their care needs. Staff advised there were sufficient staffing levels to attend to consumers’ care, however one staff member advised there are instances of short staffing due to unplanned leave.

Consumers confirmed staff were kind, caring and gentle when providing care. Staff interactions with consumers were observed to be respectful, and staff were actively supporting consumers during mealtimes, and engaged consumers in conversations and activities. Policies were in place which outlined the organisational values and expectations for staff to deliver person-centred care that was respectful of consumers’ identity, culture and diversity.

Consumers and representatives confirmed staff were competent and knowledgeable to perform their roles. Position descriptions contained the necessary knowledge, experience and qualifications required for each role. Management advised staff were required to complete annual medication competencies to ensure they could appropriately provide consumers with their medication.

Staff felt supported with sufficient and appropriate training to ensure they could deliver quality care and services to consumers, and were comfortable to request additional training. Management advised of the mandatory trainings provided to staff during the orientation process and on an annual basis.

Staff outlined the annual performance appraisal process which involved a self-assessment and discussion with their manager. The appraisal register evidenced all staff had undergone an appraisal within the last 12 months. Management described the performance of staff was regularly monitored through observations and staff feedback.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 provided positive feedback regarding the management of the service, and confirmed they were able to provide feedback into the delivery of their care and services. Consumer meeting minutes evidenced consumers were encouraged and supported to be involved in the development of their care and services.

Management advised they regularly attended meetings with the governing body and various subcommittees to ensure the accountability of the Board. Management confirmed regular reporting of clinical indicator data, including weight loss, infections and pressure injures were provided to the governing body to ensure effective oversight.

Management advised continuous improvement opportunities were identified through audits, clinical indicator analysis, surveys and general observations. Staff advised information relevant to their roles was accessible through the electronic care management system and online platforms. Management confirmed all feedback and complaints were electronically logged, and the governing body had oversight.

Policies and procedures were in place to guide staff practice in relation to the management and reporting of risks and incidents to consumers. Staff demonstrated an understanding of the high impact or high prevalence risks to consumers, and explained how policies were implemented in alignment with best practice. Management confirmed incident data was collected and analysed to identify trends and inform risk mitigation strategies.

Policies and procedures were in place to guide staff practice in relation to antimicrobial stewardship, restraining minimisation and open disclosure. Staff were aware of these policies and how they were applied in practice. Management advised restrictive practices were monitored, and they ensured non-pharmacological strategies were trialled before the use of chemical restrictive practices.

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)