Performance

Report

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| Name of service: | Performance report date: |
| Archbold House Aged Care Facility | 15 July 2022 |
| Commission ID: | Activity type: |
| 0147 | Site audit |
| Approved provider: | Activity date: |
| KOPWA Limited | 26 April 2022 to 28 April 2022 and  07 June 2022 to 08 June 2022 |

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 Archbold House Aged Care Facility (**the service**) has been considered by Dee Kemsley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)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’s response to the assessment team’s report received 7 July 2022.
* other information and intelligence held by the Commission in relation to the service.

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1 The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018.

# 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 | | Compliant |
| 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 said they were treated with dignity and respect, were supported to maintain their identity and culture, and could make informed choices about their care and services to enable them to live the life they chose. Staff demonstrated knowledge of consumers’ personal circumstances and life journey and explained how they tailored care and services to meet individual consumer needs.

Staff explained practical ways they supported consumers’ cultural needs and preferences, to ensure care and services were delivered in a safe and inclusive manner. Staff described engaging a consumer in local support groups and encouraging them to paint artwork unique to their culture.

Consumers advised they were supported to make decisions about their own care, how it should be delivered, and who should be involved in their care. Surveys and meeting minutes evidenced consumers were supported to communicate their decisions. Care planning documentation and staff interviews demonstrated consumers were encouraged to make and maintain relationships of choice within and outside the service.

Consumers reported they were supported to undertake activities and risks of their choice, which enriched their well-being. This included independently visiting the community and going on day trips. Staff described how they assist consumers to understand risks and make decisions. Care planning documentation confirmed consumers were supported to participate in activities associated with risk through appropriate assessment and monitoring, and documentation of risk mitigation strategies.

Consumers and representatives advised information was provided to them in a timely manner that enabled them to make decisions about care and services provided to consumers. Staff feedback, and site observations, demonstrated staff respected the personal privacy of consumers; this included staff knocking on consumers’ doors and asking consent to enter. Consumers’ personal information was observed to be confidentially stored on the service’s password protected electronic system.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 consumers were involved in the on-going assessment and planning of their care and services, to optimise the consumers’ health and well-being.

Care planning documentation demonstrated assessment and planning considered risks to consumers’ health and well-being, to inform the delivery of safe, effective care and services. To guide staff in the delivery of care and services, care plans were individualised to each consumer’s current needs, goals and preferences, and evidenced regular review and monitoring of consumers’ clinical and personal risks.

Staff advised planning for advanced care and end of life planning was discussed with consumers and representatives when they entered the service. However, this topic would be revisited either during quarterly care plan reviews or at yearly case conferences, in accordance with the consumers and representatives’ preferences. Care plans confirmed that consumers’ end of life directives were considered in accordance with consumer’s wishes.

Care plans demonstrated that consumers, representatives and other providers of care, such as allied health professionals and lifestyle services, were involved in the assessment and planning process as a multidisciplinary team to best support consumers needs.

Consumers and representatives confirmed staff explained the outcomes of assessment and planning in a clear manner, and consumers and representatives knew who to contact if they had any questions or required changes. Consumers and representatives advised they either had a copy of the consumer’s care plan, or knew how to access a copy.

Staff advised consumers’ care and services were reviewed on a quarterly basis for effectiveness, or when there was a change in consumers’ needs, goals or preferences; this aligned with reviewed care plans.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 advised they received personal and clinical care that was safe, met their individual needs and aligned with their goals and preferences. Care planning documentation demonstrated consumers received individualised care that was safe, effective, and followed best practice guidance. Clinical staff explained they also sought input from medical and health professionals, and other specialist services, such as Dementia Support Australia, geriatricians, and mental health professionals.

Care plans confirmed risks associated with the care of consumers were considered in relation to consumers’ individual needs and included risk mitigation strategies being implemented. Care plans evidenced regular monitoring and evaluation of risk, including: falls management, restrictive practice, skin integrity, and pain management. Staff explained how they would report and document consumer incidents, which aligned with consumers’ care plans and the service’s incident management register.

Care plans reflected advance care and end of life directives were recorded in line with the consumer’s wishes. Staff explained how they tailored care to support the changed needs of consumers nearing end of life, to ensure their comfort and dignity was optimised. This included staff monitoring verbal and non-verbal signs of pain to ensure appropriate pain management.

Staff were guided by clinical policies and guidelines when recognising and responding to deterioration or changes in a consumer’s condition. Care planning documentation, inclusive of referrals and progress notes, showed staff followed the service’s policies, ensuring changes to a consumer’s condition were addressed in a timely and appropriate manner.

Information about consumers’ condition was shared with staff and other providers of care through case conferences, progress notes, verbal handover, referrals, and other notifications. Care plans confirmed referrals to various health professionals and medical specialists were completed in a timely way.

Staff, including the infection control lead, explained infections and clinical indicators were regularly monitored and reviewed during meetings, to inform strategies to prevent and control infections. Staff provided practical examples of how they minimise the use of antibiotics, including obtaining pathology results prior to the administration of antibiotics. Staff were observed to be following infection control practices, such as wearing correct fitting personal protective equipment, and donning and doffing stations and hand cleaning stations were noted in suitable locations.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 explained they received safe and effective services and supports that were important for their health and well-being and enabled them to do the things they wanted to do.

Consumers reflected they were supported to do the things they wanted to do, to optimise their independence and quality of life. Staff demonstrated knowledge of consumers’ needs, preferences and goals and were able to identity what was important to each consumer and what they liked to do. Staff reported the service’s lifestyle program accommodated and modified activities for individual consumer needs and preferences, and was informed by consumers direct feedback, meetings and surveys. Consumers were observed to be actively engaged in various lifestyle activities, such as sing along sessions, yoga, and pet therapy.

Consumers advised they were supported to socialise and maintain relationships and community connections. Staff said if they identified a consumer was experiencing a low mood they would engage the consumer in conversation, offer assistance, and refer the consumer to registered staff member to provide additional support. Staff explained consumers were supported with their spiritual and religious preferences through organised visits from the Christian church and other volunteer services, which aligned with the service’s activities program.

Staff explained information about consumers’ needs was communicated through verbal and documented handover processes, information recorded in the service’s electronic records management system, and through referrals.

Care planning documentation confirmed that the service worked with external organisations and services to supplement lifestyle activities at the service, meeting individual consumer needs and preferences. This included the service utilising volunteer services to provide art therapy, bus trips, and book clubs.

Consumers said that meals were of a varied, suitable quality and quantity, and could be tailored to their individual needs. Hospitality staff explained the monthly menu was informed by feedback from consumers and recommendations from the dietician, to ensure meals were appropriate to consumers’ needs and preferences. Staff advised if they noticed uneaten meals, they would report the matter to the registered nurse and the service’s chef to ensure meals were appropriate.

Site observations, staff interviews and the maintaince register confirmed equipment for lifestyle supports was suitable, regularly cleaned, and maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 explained the service environment felt welcoming, safe and comfortable and was easy to understand and navigate. The service environment was observed to be personalised with appropriate signage, and with accessible areas for consumers to use that optimised their sense of belonging, independence and interactions.

The service environment was observed to be clean and well maintained, as substantiated by the service’s cleaning schedule and maintaince registers. The service’s register confirmed preventative maintaince and faults were actioned in a timely and appropriate manner. Site observations demonstrated that additional cleaning requests were completed in a timely manner.

Consumers, including those with mobility aids, were observed to freely move within and outside the service environment, with paths being clear from obstruction and well maintained. Consumers said they enjoyed accessing different areas of the service including the dining room where they could interact with other consumers and the outdoors area where they could access fresh air and quiet areas.

Furniture, fittings, and equipment was observed to be safe, clean, well maintained and suitable for consumers. Staff confirmed they had access to suitable equipment to support the care of consumers, and that shared equipment was cleaned between use.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 advised they felt supported to provide feedback and make complaints and were engaged in processes to ensure appropriate action was taken.

Consumers and representatives confirmed they knew how to raise complaints, such as providing direct feedback to staff or submitting an anonymous complaint through the service’s locked submission boxes. Staff explained consumers, representatives and others could also provide feedback and make complaints through direct feedback to staff, consumer meetings, feedback forms, emails to management, and through advocacy and interpreter services.

Overall, consumers reflected that complaints, or when things went wrong, were addressed in a transparent and satisfactory manner by the service. Staff demonstrated an awareness of using an open disclosure approach to resolve complaints. The service’s complaints register and incident management system confirmed that the service used an open disclosure process following an adverse event, and responded in a timely and appropriate manner.

Management explained the service analysed feedback and complaints to identify improvements to be made to care and services and to implement change across the service. The organisation’s board report, meeting minutes, and the continuous improvement initiative plan validated the feedback received from management.

**Standard 7**

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| Human resources | | Compliant |
| 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 advised they received care and services from staff who were knowledgeable, capable and caring, and consumers felt confident the workforce was appropriately staffed. Staff confirmed that they had enough time to complete their daily tasks, with no reported impact to the quality of care provided for consumers. Staff were observed to interact with consumers in a respectful manner and delivered care in a way that was not rushed. Staffing documentation showed the workforce was appropriately staffed and planned to deliver safe and quality care, which aligned with feedback from consumers and staff.

Staff were observed to be familiar with each consumer and their individual requirements, and treated consumers in a kind and caring way. Consumers reflected they were treated in a respectful manner, which included consideration of their identity, culture and diversity.

Staff records and interviews with management confirmed the service had mechanisms in place to ensure staff had the right qualifications and knowledge to perform their roles. Staff said they were supported in their roles to deliver safe and effective care through on-going training and feedback from performance appraisals.

Staff reflected if they identified any training gaps, either for themselves or their colleagues, they were able to pass on feedback to management. The service’s training system confirmed staff had completed the required monthly and annual training modules, including in relation to the Aged Care Quality Standards and the Serious Incident Response Scheme reporting requirements.

The service demonstrated regular assessment, monitoring and review of staff performance was undertaken. Management explained that staff were provided feedback through a probation review conducted six months from commencement of their role, on the job feedback, and at annual reviews.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 their representatives reported the service was well run, with their input used to improve care and service delivery. Consumers also reflected they were supported through direct contact and engagement with the service’s Board and Chief Executive Officer.

Management explained, and the service and Board demonstrated, accountability for the delivery of safe and effective care was by review of feedback from consumers and representatives, and evaluation of care and services under the continuous improvement plan. The organisation’s person-centred framework, monthly reports, and meeting minutes confirmed the governing body was accountable for maintaining compliance with the Aged Care Quality Standards and delivering outcomes to support quality care and services.

Management said, and organisational documentation such as policies and reports, demonstrated the service had effective organisation wide systems relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

The service’s documented risk management framework included policies that described how high impact or high prevalence risks associated with the care of consumers should be managed, how to identify and respond to abuse and neglect of consumers, incident management and prevention, and supporting consumers to live their best life. Staff explained what the service’s policies meant to them in a practical way, relevance to their work, and how they implemented various risk minimisation strategies.

The clinical governance framework documentation, monthly audit reports, committee meeting minutes, staff and management interviews, demonstrated the service had appropriate systems to deliver safe and effective care, relating to: antimicrobial stewardship, minimising the use of restraint, and open disclosure.