Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Assisi Centre Aged Care |
| Service address: | 230 Rosanna Road ROSANNA VIC 3084 |
| Commission ID: | 3364 |
| Approved provider: | Assisi Centre Limited |
| Activity type: | Site Audit |
| Activity date: | 18 January 2023 to 20 January 2023 |
| Performance report date: | 12 March 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 Assisi Centre Aged Care (**the service**) has been prepared by G. Hope-Simpson, 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, dated 18 January 2023 to 20 January 2023; 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 and representatives said consumers’ identity, culture and diversity is valued. Staff were observed treating consumers with respect. Care planning documents included consumers’ preferred name, religious denomination, sexual identity and heritage. The service is a culturally-specific service, with many consumers being members of the Italian community.

Consumers and representatives said the service provides care and services that are culturally safe. Staff were able to provide examples of how they support consumers’ individual cultural needs. Care planning documents described consumers’ individual cultural heritage and religious denomination.

Consumers and representatives were satisfied with how they are supported to exercise choice and independence regarding their care and services. Staff described how they enabled consumers to maintain relationships. The Assessment Team sighted The Charter of Aged Care Rights on display.

Consumers and representatives said the service supports consumers to take risks. Staff demonstrated an understanding of consumers who take risks. The Assessment Team observed risk assessments were in care planning documents.

Consumers and representatives said they are provided with information which is easy to understand, accurate and timely. Consumers confirmed the service communicates through printed information, verbal reminders, consumer meetings, and email correspondence. Staff explained how they support consumers to make informed choices. The Assessment Team observed noticeboards around the service with up to date information.

Consumers and representatives said the service protects their privacy and confidentiality. Staff could describe the practical ways they respect the personal privacy of consumers at the service. The service has a privacy policy in place to ensure consumer privacy is protected.

# 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

Consumers and representatives confirmed they are involved in developing care plans. Staff were able to discuss the assessment and care planning process. Care planning documents detailed individual consumer risks and were tailored to individual needs.

Consumers and representatives said the service communicates with them about current needs, goals, and preferences, and planning for end of life (EOL). Staff described how they approach conversations with consumers and their representatives about EOL care and advance care planning and this information was included in care planning documents.

Consumers and representatives described how they have input and are involved in assessments and planning of care. Care planning documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers and representatives recalled being offered a copy of their care plan. Staff demonstrated an understanding of assessment and planning and confirmed they have access to care planning documents. The service uses an electronic care management system (ECMS) which is accessible by staff.

Consumers and representatives said care and services are reviewed regularly. Staff demonstrated an awareness of the review process and additional reviews as required. A review of sampled consumers’ care plans demonstrated care and services are regularly reviewed for effectiveness.

# 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 said consumers receive individualised care that meets their needs and preferences. Staff demonstrated they were familiar with the personal and clinical needs of consumers and described how they deliver care safely. Care planning documents evidenced care that is safe, effective, and tailored to each consumer.

Consumers and representatives said they felt consumers’ high impact and high prevalence risks are effectively managed by the service. Staff could provide examples of how they address high impact or high prevalence risks to consumers. Care planning documents had appropriate strategies in place to address high impact or high prevalence risks to consumers.

Consumers and representatives confirmed they had discussed EOL planning with the service. Staff confirmed their understanding of consumer’s goals, needs and preferences, including EOL care interventions. Sampled care plans detailed advance care planning information, including EOL preferences and reflected that palliating consumers had their needs met.

Consumers and representatives expressed satisfaction with the service’s recognition of deterioration or changes in a consumer’s condition. Staff described how they identify signs of deterioration and escalate if required. The service has registered staff on site 24-hours a day and access to a senior clinical team member and MO out of hours.

Consumers and representatives described how staff know the consumers and their care needs. Staff were aware of consumers’ care needs and described how information is shared about a consumers’ condition. Care planning documents included input from MO and allied health professionals.

Consumers said referrals are made in consultation with the consumer in a timely manner. Staff were able to describe referral processes in consultation with consumers and representatives. Care documents included referrals to various health professionals and services.

The Service was found non-compliant in Standard 3 in relation to Requirement 3(3)(g) following an Assessment Contact on 21 December 2021. The service had implemented improvements to address the non-compliance, which have been effective. These measures included:

* The introduction of twice monthly audits on infection control and prevention practices, which include general reviews of equipment and observations of the care area, a walk round in each unit to identify gaps in practice and spot checks with staff.
* Provision of rapid antigen tests (RAT) for all staff, with RAT monitoring cards to be filled out by all staff prior to attending shift and the implementation of a outside testing area for contractors and visitors to the service. Every person entering the home must demonstrate a negative RAT before entering.
* The service has initiated a ‘spotter program’ under the direction of the Infection Prevention Control Lead. The Assessment Team observed staff participating in the program, reminding visitors to sanitise their hands for safety and staff replenishing alcohol wipes and gloves at high touch points and at hand wash stations

Consumers and representatives stated they are satisfied with how the service manages COVID-19 and outbreaks at the service. Staff confirmed they had received training on infection prevention, putting on and taking off personal protective equipment (PPE) and COVID-19 management. Equipment was observed to be clean and well maintained. The Assessment Team observed infection control supplies accessible throughout the service and staff were adhering to infection control practices. The service has policies and procedures to guide staff related to antimicrobial stewardship (AMS), infection control management and COVID-19 and respiratory infection outbreak management.

# 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 said they were supported to engage in activities of interest to them. Staff said they ask consumers about their needs and preferences to inform care and services. The Assessment Team observed activity calendars on display and consumers participating in activities around the service.

Consumers and representatives said the consumers’ emotional, spiritual, and psychological wellbeing is supported. Staff were able to describe how they support the emotional and psychological wellbeing of consumers. Care planning documents included information about consumers’ individual emotional, spiritual, and psychological needs.

Consumers said they are supported by the service to participate in their community. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documents identified activities of interest to consumers.

Consumers and representatives said their preferences for services and supports are communicated amongst staff and others responsible for their care. Staff described how they effectively communicate consumer care and other needs at handovers. The service utilises an ECMS which is accessible by staff.

Consumers said they are provided with appropriate and timely referrals. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services. Care planning documents identified referrals to other organisations and services.

The majority of consumers and representatives were satisfied with the variety, quantity and quality of food offered at the service. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service has feedback mechanisms which allow consumers to provide feedback on the performance of the kitchen.

Consumers said the service provides equipment that is safe, clean, and well maintained. Staff said there were processes in place for preventative and corrective maintenance. The Assessment Team observed equipment to be clean and suitable for consumers’ needs.

# 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 said they felt comfortable living in the service and were able to personalise their rooms. The Assessment Team observed consumers and visitors using communal areas and moving independently around the service. Signage was displayed around the service to assist with navigation.

Most consumers and representatives said they were satisfied with the cleaning and maintenance of the service environment. Staff described the cleaning and maintenance practices at the service. The Assessment Team observed the service was generally clean, safe, and well maintained.

Consumers and representatives said furniture, fittings and equipment are safe, clean, and well maintained. The Assessment Team reviewed up to date preventative and reactive maintenance schedules. The Assessment Team observed the equipment in the service was clean and well maintained.

# 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

Most consumers and representatives indicated they felt comfortable raising concerns and providing feedback. Staff demonstrated an awareness of feedback and complaints processes. The service has various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Most consumers and representatives demonstrated an awareness of accessing external avenues to lodge complaints or provide feedback. The Assessment Team observed various written materials around the service which had information about external complaints mechanisms, advocacy services, and translation services.

Consumers and representatives said the service responds to their complaints promptly. Staff demonstrated an understanding of open disclosure and complaint management processes. Review of the feedback register demonstrated the service takes appropriate and timely action in response to complaints.

Feedback from consumers and representatives was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# 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

Most consumers and representatives indicated there are enough staff to meet their needs but staff were rushed at times and they needed to wait for care at times. Care staff said there are generally enough staff to ensure care and services are delivered, but at time they would need to prioritise care. A review of the roster 2 weeks preceding the Site Audit identified registered staff were allocated across a 24-hour period. However, the roster showed approximately 10% of both care staff and registered staff shifts were unfilled. Management advised they are currently recruiting new staff and utilising agency staff when required and explained the service conducts twice weekly call bell audits and follow up on long response times. No impact to consumers was identified as a result of staffing issues.

Consumers and representatives said staff are kind, caring, and considerate of their needs. Staff could provide practical examples of how they treat consumers in a kind and respectful way. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers and representatives said they felt confident that staff knew how to perform their roles. Staff could describe initial and ongoing training and they receive to perform their roles. A review of documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Most consumers and representatives said they are confident staff are trained appropriately. Staff said they received training in Quality Standards and additional training if requested. The Assessment Team reviewed mandatory staff training records which demonstrated that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards.

The service has a staff performance framework which identifies appraisals are conducted annually. Staff demonstrated awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills.

# 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 and representatives said they provide ongoing input into how their care and services are delivered. Management advised that all feedback or suggestions made by the consumers and representatives are included in the service’s PCI. Documentation review showed consumers are meaningfully engaged in evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Management discussed how the organisation supports the service in providing care and services through regular meetings with the governing body. The governing body reviews audits and other data to ensure a culture of safe, inclusive, and quality care.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Staff were able to describe how incidents are reported and documented on the service’s ECMS. The service has a wide range of frameworks, policies, and procedures to support the management of risks and incidents. The service maintains an incident register and management confirmed they analyse incidents to improve care and services.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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)