Performance

Report

**1800 951 822**

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| Name: | Auburn House |
| Commission ID: | 4491 |
| Address: | 98 Camberwell Road, HAWTHORN EAST, Victoria, 3123 |
| Activity type: | Site Audit |
| Activity date: | 9 July 2024 to 11 July 2024 |
| Performance report date: | 9 August 2024 |
| Service included in this assessment: | Provider: 3166 St Vincent's Hospital (Melbourne) Limited  Service: 3007 Auburn 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 Auburn House (**the service**) has been prepared by N Eastwood, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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 said they were supported by staff and felt safe to be themselves. Care documentation was consistent with information provided by consumers, their representatives and staff. Consumers indicated they are supported to join in activities that promote emotional wellbeing and spiritual practices. The pastoral care program is based on the Indigenous seasons calendar, with activities planned to celebrate a cultural program through gratitude services and activities that encourage sharing and participation.

Staff explained that care plans are regularly reviewed with choices and preferences updated. Staff noted the importance of flexibility as consumer preferences may change or changes in behaviour will require a different approach.

Assessments take place for clinical risks through the initial and ongoing assessment process, including falls risks, swallowing difficulties or risk of choking. The service is secure, to accommodate the complex psycho-geriatric needs of consumers. Dignity of risk documentation was evident for assessed risks.

The service has access to a range of interpreter services and uses electronic communication devices such as a translation application and cue cards. There were posters, programs and notice boards with relevant information available for consumers and staff. Consumer privacy is protected by systems and staff who understand and demonstrate an awareness of individual confidentiality.

# 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

The assessment and care planning process are prompted by a matrix of required validated assessment tools, and charting over a defined period of time. Timeframes are dependent on whether a consumer is entering for respite or permanent admission. Care documentation reflected that staff identify risks to consumer health and plan for effective care on entry to the service. This was supported by a consumer example reflecting assessments for pain, falls, nutritional risk, swallowing and pressure injury risks relevant to the consumer’s complex care needs.

Goals of care include consumer wishes for end-of-life care. Goals of care are also discussed with representatives and medical officers to set parameters for active treatment or palliative care options when consumer conditions and wellbeing changes, or deterioration is evident. Care documentation reflected communication and recommendations of others involved in consumer care. Representatives confirmed they had participated in consultation with specialists and other clinicians as part of the assessment and care planning process.

Outcomes of assessment and care planning are readily available on the electronic care document system to guide staff. Handover documentation also provides guidance and includes daily care needs. Staff contribute to a monthly consumer of the day process and quarterly care reviews. As required reviews occur when a consumer’s condition changes, an incident has occurred, or a change to medication management is required. Representatives confirmed changes are communicated effectively, and consultation sought on changes to care.

# Standard 3

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

Findings

Consumers and representatives confirmed their satisfaction with personal and clinical care. Staff understood and demonstrated knowledge of consumer care preferences. Documentation of the management of restrictive practices, pain, skin care and wound care reflected clinical oversight. Concise notes recorded progress, evaluation, and clinical rationale for changes to care where planned interventions were not effective. Management described the clinical oversight by senior staff and the effective care delivered to consumers by both registered and enrolled nurses.

There was evidence of effective wound management and monitoring of skin integrity assessments. Staff consider pain as part of the provision of care and when changes occur in consumer condition or behaviour. Regular reassessments are undertaken to understand each consumer’s pain and best practice interventions proposed. Documentation reflected dates for scheduled review of restrictive practices, and recorded psychiatrist and medical officer review of prescribed psychotropic medications, as well as consultation with the substitute decision maker.

Clinical staff described how they manage risks in relation to falls, dysphagia and changed behaviours, including for those consumers subject to restrictive practices. Management identified high impact and high prevalence risks within the consumer cohort as falls and changed behaviours. Consumer care documentation reflected assessments, interventions and strategies to guide safe practice and manage risks associated with the care of each consumer.

The spiritual care program provides support to consumers and opportunities to discuss their wishes for end-of-life care with the pastoral care team. Staff described the needs of consumers nearing end of life and explained the skills and knowledge necessary to provide palliative care. These included an understanding of anticipatory palliative medications. The service is supported by community palliative care services and the Residential-in-Reach service. Staff described how they identify, act and communicate any deterioration or changes in a consumer’s condition. The service has an established protocol to support identification, reporting and management of clinical deterioration.

Staff described how they share information about consumers within the service, and with other individuals or organisations who deliver care. Consumer care documentation reflected detailed progress notes, charting, and individualised care interventions, with assessed risks highlighted on the staff handover sheet. Staff refer consumers to internal and external services for allied health, mental health and medical specialist assessment and recommendations.

The service is supported by the organisational infection prevention and control (IPC) department, with updated outbreak management plans and plentiful personal protective equipment (PPE) available. There is an IPC lead nurse rostered at the service. The service maintains COVID-19 and seasonal influenza vaccination registers for both consumers and staff.

# 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 were satisfied consumers receive services and supports which optimise their independence, wellbeing and quality of life. Care planning documentation provided a comprehensive life story for each consumer and linked to their preferences in other areas of their care plans. Consumers and representatives said the service supports their emotional, spiritual, and psychological well-being. They outlined access to the pastoral care program, worship service, spiritual groups, and one to one time with staff.

Lifestyle staff described how they support consumers to engage with activities outside the service. Where consumers are not able to leave the service, staff provide activities such as discussing current events or arm-chair travel sessions. Consumer care documentation incorporated information from consumer life stories to enhance interventions for behaviour support, care preferences, daily activities of living and personal interests. Lifestyle and housekeeping staff said they are included in daily huddles to ensure they are updated and informed of any changes for consumers and day to day activities at a service level.

Care documentation reflected the service collaborates with the organisation’s older persons mental health team and the resident service program to support the diverse needs of consumers. Consumers have input into the ordering of meals from an external caterer, and the service purchases food items from the supermarket to meet consumer preferences. Staff involved in the service of food have appropriate food handling qualifications. Care planning documents included recommendations of either dietitian or speech therapist for modified texture meals and drinks, with the dietary requirement folder reflecting current information for all consumers.

Consumers have access to mobility equipment, comfort chairs and other equipment to support activities of daily living. Staff refer to the organisation’s allied health team for assessment of equipment needs, and equipment is ordered from reliable suppliers. The organisation’s maintenance department ensures all equipment is inspected and maintained as per the scheduled maintenance calendar.

# 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

Staff and management described how they support consumers to personalise the environment. They outlined how spaces are utilised to optimise consumers’ independence and engagement in activities they enjoy. Consumers were observed to be navigating the environment independently or with staff assistance as needed, and utilising communal spaces, garden and dining areas.

The service contains features to enable consumer independence such as pictorial signage on bathroom doors, wide automatic doors to the courtyard, and brightly coloured doors with personalised signs to consumer rooms. Wide corridors with seating allow consumers to rest or to sit near staff at reception or the nurses station.

Management and staff described their roles and responsibilities in ensuring a safe, clean, and comfortable environment. The service uses a local paper-based ‘issues log’ and an electronic reporting system to log maintenance issues. There is a schedule of preventative maintenance overseen by the maintenance manager which includes audits of fire safety systems, air conditioning, hot water, the nurse call bell systems and other building features. Staff confirmed they have access to and are trained to use equipment they need to support safe care and to provide social programs and activities.

# 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 described feeling comfortable to provide feedback or said they had not had reason to complain but management is approachable if they had a concern. Feedback can be provided in person to staff and management, at regular ‘resident and relative’ meetings, through feedback forms, or via the broader organisation’s online and phone-based ‘Patient Liaison’ service. All feedback is discussed daily at the staff morning huddle, which was observed by the Assessment Team.

Written brochures and resources related to interpreter, advocacy, and external complaints services were available at the entrance and near reception of the service. Materials were available in languages other than English. Management described how advocacy and other external consumer support services are engaged. They confirmed that advocates from the Office of the Public Advocate had previously visited the service to provide information and education.

Consumers and representatives provided positive feedback about the way the service responds to complaints and provided examples of open disclosure. Staff described the principles of open disclosure and senior management explained all feedback is documented, investigated and evaluated to ensure the complainant’s satisfaction with the response. The service utilises an electronic feedback management system which captures the type and severity of feedback. Weekly review of feedback takes place which informs monthly reporting to the broader executive management networks and quality teams. Staff and management provided recent examples of consumer and representative feedback and how these have led to improvements in care and services, or in the service environment.

# 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

Management described how workforce quantity and skill mix is planned and considered relevant to mandated nursing ratios for the public health sector, consumer acuity and service environment layout. The rosters are planned with evidence of adequate staffing and inclusion of dedicated support staff in addition to clinically qualified staff.

Consumers and representatives spoke highly of workforce interactions and of the way they are treated by the staff. Staff were described as kind, respectful and patient. Management described how they monitor and set expectations of behaviour taking any observation or report of inappropriate behaviour seriously.

Management demonstrated how they monitor staff competency. They explained the service is supported by the organisation’s human resources team, who ensure staff are appropriately qualified and registered. Face to face competencies occur for some tasks and skills such as safe manual handling or PPE donning and doffing. Management also monitors workforce competency through regular observations of staff practice.

The service’s mandatory training schedule demonstrated a high rate of completion. Management explained they receive weekly notifications of staff who have overdue modules for completion and are notified when staff training is due. The service conducts annual performance reviews for all staff and has a more frequent schedule of review for graduates. Management explained the service also monitors the performance of the workforce through audits, incident reports and feedback.

# 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

The organisation’s Quality Advisory Board, Consumer Advisory Board and Consumer Quality Committee all include consumer representation. Management and staff described how the care and services delivered to consumers align with the organisation’s mission to provide quality and inclusive care to vulnerable people. They described the provision of inclusive care to vulnerable consumers including those who experience mental illness, homelessness, or incarceration. The organisation has a multi-layered structure and the service demonstrated how information related to the safety and quality of care is communicated to the governing body.

There was evidence of effective information systems, with the organisation utilising a range of electronic systems to manage information and to ensure it is current, accessible to those who require it and kept secure. Continuous improvement activities are informed by audits, incidents and feedback, with the risk management system identifying trends or deficits for improvement. There is a dedicated finance team and clearly defined responsibilities and delegation of staff documented throughout policies and procedures, meeting agendas and position descriptions.

The organisation subscribes to regulatory updates through government and sector specific organisations. Updates are reviewed and analysed and communicated and implemented accordingly.

The service has effective risk prevention and management systems and practices. These include an electronic incident management system which captures incidents, feedback and complaints. There is a clinical governance framework with policies providing practice guidelines and approaches. These support best practice in clinical care, antimicrobial stewardship, restrictive practice and open disclosure.

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)