Performance

Report

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| Name of service: | Avondale House |
| Service address: | 10 Central Road COORANBONG NSW 2265 |
| Commission ID: | 2411 |
| Approved provider: | Seventh-day Adventist Aged Care (North New South Wales) Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 11 October 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 Avondale House (**the service**) has been prepared by E Woodley, 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.
* the provider’s response to the assessment team’s report received 6 October 2022.

# 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

This Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

Overall, consumers and representatives interviewed said they are treated with dignity and respect. Staff interviewed demonstrated a good knowledge of consumer’s background and preferences to provide culturally safe care. Consumer care documentation reviewed reflected consumer’s individual needs and preferences with tailored support strategies to deliver personalised and culturally safe care.

The service demonstrated that each consumer is supported to exercise choice and maintain their independence by making decisions according to their preferences around care and services. Consumers are supported to make their own decisions about the way care and services are delivered and identify who they would like to be involved in their care and services.

The service demonstrated consumers are supported to take risks to enable them to live the best life they can. Consumer risk assessments have been completed to support consumers to undertake risks related to food, mobility, medication and restrictive practices. The service demonstrated information provided to each consumer is current, accurate and timely, and communication is clear, easy to understand and enables consumers to exercise choice.

Consumers and representatives interviewed said their privacy is respected and felt their personal information was kept confidential. Staff demonstrated they respect consumer’s privacy and maintained confidentiality of consumer’s personal information. The service is guided by organisational privacy policies and procedures.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Documentation reviewed by the Assessment Team demonstrated that consideration of risks to consumer’s health and well-being informs the delivery of safe and effective care and services. Interviews with sampled consumers and representatives and care planning documentation reviewed demonstrated consumer’s current needs, goals and preferences, including advance care planning are identified on entry to the service and reviewed regularly. The organisation has policies and procedures to guide staff practice regarding assessment and care planning for consumers.

Consumers and representatives interviewed confirmed they are involved in the assessment, planning and review of consumer’s care and services. Although most consumers and representatives interviewed said they did not have a copy of the consumer’s care plan, they are aware they can access this information if they wish. The service demonstrated registered nursing staff partner with consumers and representatives to assess, plan and review care and services, including case conferences with the clinical team, medical officer and allied health professionals when required. The outcomes of assessment and planning are documented, and staff advised they have access to care plans for consumers they are providing care for through the electronic management system and handover records.

The service has a three-monthly regular care plan review process. Care planning documentation reviewed demonstrated assessments, care, services and consents are reviewed in a timely manner when required. Staff interviewed said they are aware of the incident reporting processes and how these incidents may trigger a reassessment or review of consumer 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

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

The service demonstrated consumers generally receive care that is best practice, tailored to their needs and optimises their health and well-being. The service demonstrated timely identification, effective assessment, management and evaluation of consumer’s restrictive practices, skin integrity, wounds, and pain. The Assessment Team identified some gaps in the documentation and evaluation of chemical restrictive practices, however this was addressed during the Site Audit. The approved provider’s response to the Site Audit report identifies further continuous improvement actions implemented since the Site Audit to ensure chemical restraint and psychotropic medication is managed appropriately.

Care planning documentation identifies risks for consumers including falls, infections, unplanned weight loss, diabetes and changed behaviours. Documentation reviewed by the Assessment Team demonstrated the service was effectively managing high impact and high prevalence risks.

Consumer care plans reviewed reflected their end of life needs and wishes, and staff interviewed demonstrated an understanding of processes to support the needs, goals and preferences of consumers nearing the end of their life. Documentation reviewed for a consumer who had recently passed away at the service demonstrated an end of life pathway which was reflective of their needs and preferences guided staff practice during the end of the consumer’s life.

For consumers sampled, care planning documents reflected the identification of, and response to, deterioration or changes in condition. Staff have access to clinical information to guide them in recognising and responding to deterioration or change in a consumer’s condition.

Consumers and representatives interviewed said the consumer’s needs and preferences are effectively communicated between staff and they receive the care they need. Staff interviewed described how changes in consumer’s care and services are documented in progress notes and discussed at handover for each shift. For consumers sampled, care planning documents demonstrated input from other health services, and staff interviewed described how the input of other health professionals informs care and services.

The service has documented policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak. Staff interviewed provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment, and obtaining pathology results prior to commencing antibiotics.

# 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

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team expressed that the service supports their independence and encourages them to participate in activities which reflect their interests and lifestyle needs. Care documentation reviewed identified the interests and activities that were important to consumers, and provided information to support individual choice, daily living, well-being, and service delivery. The service demonstrated services and supports enable consumers to participate in the community within and outside the service environment, and maintain relationships of choice. Consumers described the services and activities provided by the service to support their emotional, spiritual and psychological wellbeing. Care documentation reviewed reflected the spiritual and psychological needs of consumers which are reviewed regularly by the spiritual care team, along with the preferred level of engagement and subsequent need for encouragement by staff.

Consumers interviewed said staff providing care were aware of their needs and preferences regarding daily living and were confident their information was being provided to external agencies engaged in shared care and responsibility. The service demonstrated timely and appropriate referrals to other individuals, organisations or providers and how they collaborate to meet the diverse needs of consumers regarding daily living.

Overall, consumers interviewed said the meals provided at the service met their preferences and aligned with their dietary requirements. They said meals were varied and of suitable quantity and quality. Consumers were provided with a choice of meals for each main meal and alternatives were available if neither option was desired. Care staff explained the electronic management system is used to record consumer’s changing needs and preferences and to monitor and support the nutritional, dietary and hydration needs of consumers.

The Assessment Team observed all equipment used in common and dining areas, lifestyle areas, and personal rooms to be clean and maintained. When asked, staff demonstrated or outlined the processes of identifying and reporting equipment decline, failure, periodic servicing, and process for ongoing maintenance.

# 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

This Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

The Assessment Team found the service is welcoming and bright with wide corridors and a café where consumers can meet with friends and family. There are plenty of quiet and private areas allocated throughout the service. The service has a library, hairdressing facility, several outdoor balconies and garden areas and a large communal Chapel. Consumers have personalised rooms, decorated with furnishings and personal items that reflect individual styles. The service was safe, clean, well maintained, and inviting to consumers. The service grounds were well landscaped, professionally maintained and include internal and external garden areas that are accessible to consumers.

Cleaning and preventative maintenance are scheduled and monitored on a regular basis. If a cleaning or maintenance matter is identified and if immediate action is required, management will prioritise to ensure no impact to the consumer occurs. Scheduled site assessments are conducted by the maintenance team to determine if preventative and reactive maintenance is required, including painting and general cleaning of outdoor high reach areas such as gutters and external windows and pest extermination.

Most consumers interviewed by the Assessment Team were satisfied with the service environment, and the furniture and equipment.

# 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

This Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

Overall, consumers and representatives interviewed by the Assessment Team said they have not had concerns regarding their care and services, but would feel comfortable to make a complaint or provide feedback to the service if needed. Consumers and representatives interviewed indicated appropriate action is taken in response to complaints and feedback. Staff demonstrated they were aware of open disclosure principles in relation to their responsibilities.

Information about advocates, language services and other methods for raising and resolving complaints is available for consumers via promotional material displayed throughout the service, discussion at consumer meetings, and in the consumer handbook.

Management demonstrated processes in place to support the review of feedback and complaints and how this information is used to improve the quality of care and services for consumers.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

The service demonstrated staffing allocations meet consumer needs and ensure the delivery of safe and quality care and services. Most consumers interviewed felt they are well cared for by the staff and had no complaints about the care they received. Consumers and representatives said staff are generally available when needed and attend quickly in response to call bells. Some consumers and staff interviewed acknowledged that staff are busy at times, however indicated despite this, they felt they are well cared for. Management have a procedure in place to replace staff when required and rosters are reviewed to ensure staff allocations are adequately meeting changing consumer needs and preferences.

All consumers and representatives interviewed spoke about the kindness and caring attitude of the staff who care for consumers. The Assessment Team observed staff assisting consumers, exercising patience and speaking to consumers in a kind and caring manner.

Consumers and representatives interviewed felt the workforce is competent and staff have the knowledge to deliver care and services which meets their needs and preferences. Staff competencies are monitored on an annual basis and are determined depending on the staff member’s role. Staff undertake competency assessments earlier than planned if performance issues are identified or upon staff requests. The service demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Staff complete training on a regular basis and the organisation has processes to ensure staff complete mandatory training.

Management said staff performance is informed by consumer and representative feedback, and monitored by peer staff and registered nursing staff, with management oversight. The service demonstrated performance reviews are undertaken annually or as required, and reviews are up to date.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

The service demonstrated it supports consumers and representatives to be involved in the development, delivery and evaluation of care and services. Consumers have been engaged in the design of infrastructure refurbishments and offered attendance at executive meetings. The service demonstrated its governing body promotes a culture of safe, inclusive and quality care and services. The organisation has systems to monitor the performance of the service and to provide regular reports to the Board. Monitoring systems include a range of reports and data for incident management, feedback and complaints, quality audits, satisfaction surveys, hazards and workplace safety. The governing body meets regularly to review this information and implement any improvement initiatives.

The service has implemented effective organisation wide governance systems. Management and staff were able to describe processes and mechanisms in place for effective organisation wide governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Due to gaps previously identified in reporting of incidents to the serious incident response scheme (SIRS), changes were made to the oversight of incidents, a system review was implemented, new documentation developed, and the service is currently transitioning to new software to assist in SIRS management.

The service has implemented the organisation’s documented risk management framework, including policies describing how high impact or high prevalence risks are managed, incidents are managed and prevented, the abuse and neglect of consumers is identified and responded to, and consumers are supported to live the best life they can. Management and staff could provide examples of the systems and processes which help to identify, assess and manage risks to consumers.

The organisation provided a documented clinical governance framework which outlines the core elements of effective clinical governance, and a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restrictive practices and an open disclosure policy.

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)