Performance

Report

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| Name: | Cadorna House |
| Commission ID: | 8049 |
| Address: | 91A Cormiston Road, RIVERSIDE, Tasmania, 7250 |
| Activity type: | Site Audit |
| Activity date: | 10 October 2023 to 13 October 2023 |
| Performance report date: | 22 November 2023 |
| Service included in this assessment: | Provider: 602 Cadorna House  Service: 5022 Cadorna 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 Cadorna House (**the service**) has been prepared by P.Golledge, 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 and representatives and others
* other relevant information known to the Commission

# 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 and representatives expressed satisfaction with the care and services consumers received, and considered consumers are supported to maintain their identity, make informed choices about their care and services, and live the life they choose. Consumers and representatives considered information they received is accurate, current, timely and to enable them to make informed choices, including what they want to eat, what activities they want to attend and when they want to retire for the day.

Consumers and representatives described various ways staff respects the consumers personal privacy, including staff knocking on consumer’s doors prior to entering and closing doors when attending to personal or clinical care.

Consumers and representatives said consumers are supported to take risks and engage in activities of choice, providing examples such use of motorised equipment to support independence. The service had processes to support consumer choice, including those where risk is identified; to provide the opportunity for choice and informed decision-making related to the consumer’s care and services.

Staff know consumers as individuals and deliver care and services in a culturally safe manner. Staff described how individual consumer’s culture and preferences influenced the delivery of their care and services. Care documentation provides guidance to staff in relation to consumers individual preferences and things of importance to the consumer.

The service provided information to support consumers in making informed decisions, such as menu selections and choices regarding activities of interest and day to day preferences. Staff described various ways in which they provided information to consumers, including consumers with cognitive impairment.

The organisation has documented policies and procedures to guide staff practice including in relation to consumer choice and decision making, cultural inclusion and a dignity of risk policy which is utilised in discussions with consumers and representatives in relation to consumers choice to take risks.

# 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

Consumers and representatives considered they are partners in the ongoing assessment and planning of consumers care and services, including consideration of consumer preferences and wishes for care at end of life and how other providers of care are involved in the consumers’ care. Consumers and representatives are informed about the outcomes of assessment and care planning and had access to the consumers care documentation if requested.

Staff demonstrated an understanding of the service’s assessment and care planning processes and how they review assessments, care and services documentation including progress notes to identify any emerging concerns and communication with consumers and representatives to ensure consumer needs have been addressed.

The service utilises an electronic care management system (ECMS) and organisational policies, procedures and guidelines are available to guide staff in their practice, including a care and service delivery policy detailing consumers assessments, consideration of individual risk and when care plans are completed.

Consumer care documentation identified assessment and planning included the consideration of risk and reflected the consumer’s current needs, goals and preferences, including advance care planning and consideration of individual consumers’ risks. Consumers’ care and services were reviewed for effectiveness every 3 months, during the Resident of the Day (ROD) process and including when circumstances changed or when incidents occurred.

# 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 considered that consumers received personal care and clinical care that is safe, right for them and in accordance with the consumers’ individual needs and preferences. Consumers and representatives said they had access to a Medical Officer (MO) and other health professionals as needed; and reported staff recognise and respond to changes in the consumers health and wellbeing in a timely manner.

Consumers and representatives expressed satisfaction that consumers’ needs, and preferences were effectively communicated between staff.

Staff demonstrated an understanding of consumer’s individual needs and preferences and how they ensure these are met; including consideration of individual consumers risks. Staff said the communication of changes in consumers’ needs and preferences is communicated at shift handover and via the service’s electronic care documentation system.

Consumer care documentation informs the provision of safe and effective personal and clinical care, and the sharing and communication of information to support consumers’ health and well-being and demonstrated appropriate referrals are made in a timely manner. Recommendations from specialist and other health care services are implemented and followed by staff in the delivery of consumers’ care and services.

Staff have access to policies, procedures, and guidelines to support the delivery of personal and clinical care including in relation to restrictive practice, falls management, promoting skin integrity, wound management, behaviour management, chronic and complex wound management, and pain management.

The organisation had a risk management framework that guided how risk is identified, assessed, managed, and recorded. Clinical incidents are recorded on the service’s risk management system and contribute to the monthly clinical indicators report.

The service has implemented policies and procedures to guide staff related to antimicrobial stewardship and infection control management.

# 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 reported consumers were supported to do the things they like to do to optimise their independence, health, wellbeing, and quality of life.

Consumers and representatives described ways that staff at the service provide emotional, psychological, and spiritual support to consumers. The service demonstrated activities are facilitated within and outside of the service, consumers are supported to undertake lifestyle activities of interest to them and supported to maintain personal and social connections.

Consumers’ condition, needs and preferences was communicated within the organisation and where care was shared, timely and appropriate referrals were made for consumers to other organisations and providers of other care and services. Staff described how they work with external organisations to help supplement the lifestyle activities offered within the service.

Consumers expressed satisfaction in relation to the food service and reported having input into the menu. Consumers said they have a variety of menu choices for all meals and meals are served at an adequate temperature. Care documentation reflected consumers’ individual dietary needs and preferences.

The Service has policies and procedures to guide staff practise in relation to staff handover and for making referrals to individuals and providers outside the service.

Equipment provided by the Service to support lifestyle services and to assist consumers with their independence was suitable, clean, well maintained and fit for purpose and meets the needs of consumers.

# 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

Consumers reported feeling at home in the service and felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment and advised the service is safe, clean and well maintained; and consumers are able to move freely within the service both indoors and outdoors.

The service environment was observed to be welcoming, and easy to move around, both inside and outside. Consumers were observed to move freely around communal and courtyard areas of the service; and consumer rooms were personalised and decorated to reflect their individuality.

Staff described the maintenance and cleaning schedules undertaken at the service and review of documentation reflected regular and appropriate cleaning and maintenance of the service environment.

Maintenance staff ensured the environment was safe and well maintained through scheduled preventative maintenance and reactive maintenance. Maintenance issues were reported and actioned promptly.

# 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 advised they were aware of avenues available for providing feedback and raising complaints, including through advocacy services. They advised they felt comfortable providing feedback and those that had made a complaint expressed satisfaction that their feedback was acknowledged, and changes implemented by the service.

Management described the different ways consumers are encouraged and supported to provide feedback or make a complaint, and how consumers are involved in the implementation and evaluation process once an improvement is made.

Staff demonstrated an understanding of the services complaint’s management processes and described how they would support consumers/representatives raising a concern.

The service had a suite of policies including feedback and complaint management and open disclosure which guided staff in documenting, investigating, resolving, and evaluating feedback and complaints made by consumers and/or representatives and applying an open disclosure process where appropriate.

Review of the services plan for continuous improvement identifies improvement actions taken by the service following consumer and representative feedback and complaints.

Information about how to provide internal and external complaints mechanisms and how to access advocacy services is included in the consumer handbook and is displayed on noticeboards within the service. Feedback mechanisms are located within the service and consumer meetings are used as a forum for receiving feedback.

Complaints and consumer feedback records demonstrated an open disclosure process is used when things go wrong, and an apology is provided. Complaints data is reported through quality meetings to the governing body and is used to improve the performance of the service and the organisation.

# 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

Overall consumers consider they received quality care and services when they need them from people who were knowledgeable, capable, and caring. Consumers reported staff were kind, caring and respectful of their identity, culture, and diversity.

Interactions between management, staff, and consumers and representatives were observed to demonstrate a kind, caring and respectful approach.

Management described how the workforce are recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. The service has a training program which includes mandatory training for all staff, and specific training for staff related to their specific role. Staff expressed satisfaction with the service’s training program.

Management described how they determine whether staff are competent and capable in their role, which included orientation on commencement of employment, mandatory training programs and performance reviews. Staff confirmed they had completed mandatory training, competency assessments and additional training as requested, including dementia specific training. Systems were in place to identify training needs, provide education to staff and to monitor staff performance. Training records demonstrated staff have completed mandatory and other training modules; and professional registrations and national criminal history checks are all current.

# 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

Consumers and representatives considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives reported they were involved and had opportunities to provide feedback and be involved in the development of care and services through consumer meetings, surveys, and feedback forms.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and was accountable for their delivery. The organisational frameworks, including the quality management and clinical governance frameworks identifies a leadership structure which outlines the roles and responsibilities of the governing body. These frameworks outline a shared responsibility and accountability for maintaining compliance with the Quality Standards, with the governing body having overall accountability for consumer safety, quality care delivery and organisation-wide governance.

The organisation’s documented clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restrictive practices, complaints management and open disclosure were applied by staff in the delivery of clinical care. Staff had received training in relation to the framework and policies and provided examples of how they were applied to their practice.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious incident response scheme. Policies and procedures were available to all staff and guidelines and resources were available to support effective risk management systems and practices.

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)