Performance

Report

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| Name: | Charingfield |
| Commission ID: | 0384 |
| Address: | 282A Bronte Road, WAVERLEY, New South Wales, 2024 |
| Activity type: | Site Audit |
| Activity date: | 28 August 2024 to 30 August 2024 |
| Performance report date: | 4 October 2024 |
| Service included in this assessment: | Provider: 9208 Apollo Care Operations Pty Ltd  Service: 400 Charingfield |

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 Charingfield (**the service**) has been prepared by Katherine Richards, 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 approved provider did not submit a response to the Site Audit report.

# 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 assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Consumers and representatives confirmed consumers were treated with dignity and respect, and their identity was valued. Care planning documentation reflected the diversity, background and preferences of consumers. Policies and training were in place to ensure consumers’ diversity was respected, and care was provided in a dignifying manner.

Consumers and representatives advised the consumer’s cultural backgrounds were recognised and respected. Staff were familiar with consumers’ cultural backgrounds, and described how they delivered culturally safe care and services to consumers. Care planning documentation evidenced consumers’ cultural needs and preferences were captured.

Consumers and representatives reported consumers were supported to exercise choice and independence when making decisions regarding their care, including who should be involved, and to maintain relationships of choice. Staff described the supports provided to consumers to enable them to maintain personal relationships and to remain independent. Care planning documentation evidenced consumers’ choices regarding how their care was to be delivered, who was involved in their care, and their relationships of importance.

Consumers and representatives confirmed consumers were supported to safely take risks. Staff demonstrated an understanding of the risks associated with consumers’ choices, and the strategies in place to promote their safety. Care planning documentation demonstrated risks were identified by the use of assessments, and strategies to mitigate risks were implemented.

Consumers and representatives advised they were supported to make informed choices through printed information and verbal reminders. Staff described the various ways information was communicated to consumers, including those consumers living with cognitive or sensory impairments. A range of information, including menus, activity calendars and feedback processes were displayed on noticeboards throughout the service.

Consumers confirmed their privacy was respected, and staff knocked on their doors prior to entry. Staff described a practical understanding of how they enhanced the privacy of consumers and maintained confidentiality of information by closing doors when providing personal care, and discussing the consumer’s personal information in private. Nurses’ stations were observed to be locked when unattended, and the electronic care management system was password protected when not in use.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Care planning documentation evidenced the consideration of risks to the consumer’s well-being informed the delivery of care and services. Staff outlined the initial and ongoing assessment and planning process, and described how the information was utilised to meet the consumer’s personal and clinical care needs. Consumers and representatives confirmed they were involved in assessment and planning processes on an ongoing basis.

Staff outlined how they assessed and captured consumers’ information relating to their current needs, goals and preferences, and described how they approached conversations about end of life planning. Consumers and representatives confirmed they had discussed advance care planning during the consumer’s entry into the service, case conferences, and when the consumer’s circumstances changed. Care planning documentation reflected consumers’ current needs, goals and preferences, with a section on advance care planning.

Consumers and representatives confirmed they were involved in the assessment and planning discussions, and they could provide their feedback to ensure the consumer’s needs were met. Staff advised assessment and planning was completed in partnership with consumers, representatives, allied health professionals and specialist providers of care. Policies and procedures were in place to guide staff practice and to ensure the assessment, planning and review processes included consultation with consumers and representatives.

Consumers and representatives advised they received regular communication regarding the outcomes of assessment and planning, and they were offered a copy of the care and service plan. Staff described how they kept consumers, representatives and shared providers of care informed through telephone calls, emails and in-person conversations. Assessment and planning outcomes were noted to be documented within the electronic care management system.

Care planning documentation evidenced care and service plans were reviewed for effectiveness on a regular basis and in response to changes in the consumer’s circumstances. Consumers and representatives confirmed care and service plans were reviewed following incidents. Staff described the processes to reassess the consumer’s care and service plan during 3 monthly reviews.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives confirmed consumers received safe and effective care which met their needs and optimised their health and well-being. Staff were aware of best practice care principles in relation to the management of consumers’ clinical care needs, and were further guided by policies and procedures. Care planning documentation evidenced consumers received individualised care which was tailored to their needs.

Staff described the high impact and high prevalence risks associated with the care of consumers and outlined the risk mitigation strategies in place to promote their safety. Consumers and representatives were satisfied the interventions in place to manage the high impact risks associated with the care of consumers. Care planning documentation evidenced the risks to the consumer’s well-being were effectively managed.

Staff demonstrated an understanding of how they recognised and addressed consumers’ end of life needs and preferences to ensure their comfort was maximised and their dignity preserved. Care planning documentation for a consumer receiving palliative care evidenced goals were reviewed with referral to palliative care specialists to optimise comfort care. Staff described how they delivered end of life care to consumers by maintaining their pain, providing access to religious services and offering emotional support.

Consumers and representatives advised staff were responsive to changes in the consumer’s health and would communicate identified changes. Staff described how deterioration or changes in the consumer’s well-being were recognised, responded to and managed in partnership with allied health professionals and specialist providers of care. Policies were in place which outlined the roles of responsibilities of staff to respond to various types of clinical deterioration.

Consumers and representatives confirmed the consumer’s needs and preferences were effectively communicated between staff and external providers of care. Care planning documentation evidenced the effective sharing of the consumer’s information to facilitate the delivery of their care and services. Staff described how the consumer’s information was shared during handovers, meetings and through the electronic care management system.

Consumers and representatives advised referrals were timely and appropriate, and consumers had access to a range of external organisations and health professionals. Staff demonstrated an understanding of the referral process, and how it was utilised to supplement the delivery of care and services to ensure quality outcomes for consumers. Care planning documentation evidenced the involvement of allied health professionals and specialist providers of care.

Consumers and representatives advised they observed staff to wear personal protective equipment and practice hand hygiene. Staff were aware of antimicrobial stewardship and its application to their roles, which included awaiting pathology results prior to the administration of antibiotics. Hand sanitisation stations were located throughout the service and regularly utilised.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives advised how services and supports enabled consumers to meet their needs, goals and preferences, and optimised their quality of life. Staff described how they partnered with consumers to conduct a lifestyle assessment to understand their need and preferences, and inform the delivery of daily living supports. Care planning documentation outlined the supports provided to consumers to promote their engagement in lifestyle activities.

Consumers and representatives confirmed consumers were supported when they were feeling low, and were provided with emotional supports. Staff were familiar with consumer’s spiritual needs, and advised how they would recognise when a consumer was feeling low by monitoring their behaviours and level of engagement in activities. Care planning documentation identified the supports required for consumers to maintain their emotional, spiritual and psychological well-being.

Consumers and representatives stated consumers were supported to participate in activities within the internal and external community, maintain contact with people of importance to them, and engage in their preferred activities. The lifestyle calendar evidenced a range of activities were offered to consumers catering to their various interests. Staff described how consumers were supported to engage in activities within the community.

Consumers and representatives confirmed information regarding the consumer’s condition, needs and preferences were effectively communicated between staff and with external organisations where responsibility for care was shared. Care planning documentation provided suitable information to support safe and effective daily living supports. Staff described how information was communicated verbally and through the electronic care management system.

Consumers and representatives advised consumers received timely referrals to external organisations. Care planning documentation confirmed consumers were referred to external organisations and individuals to meet their needs. Policies and procedures guided staff practice to create referrals to relevant services and supports to meet consumer needs.

Consumers and representatives mostly provided positive feedback regarding the quality, variety and quantity of their provided meals, however a consumer advised the quality of the meat could be improved and had previously reported their concerns. In further response to this feedback, management advised they will contact the consumer to discuss the matter. Care planning documentation captured the dietary requirements and preferences of consumers. Staff reported the menu was rotated on a monthly basis, and developed in consideration with the consumer’s feedback and their documented dietary needs and preferences.

Consumers reported they had access to mobility equipment which was clean and well maintained. Staff confirmed they checked equipment prior to use to ensure its suitability, and would report any equipment which required repairs or maintenance. A range of mobility, leisure and lifestyle equipment was observed to be clean, suitable and well maintained.

# 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 assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers and representatives found the service environment to be welcoming and easy to understand. Staff described how they supported consumers to feel welcome within the service by providing consumers with an orientation and encouraging them to personalise their rooms. The service environment was observed to be welcoming, well-lit and fitted with handrails and directional signage to assist consumers to navigate.

Consumers and representatives confirmed the service environment was clean, well maintained and comfortable, and consumers could move freely through indoor and outdoor areas. Staff advised reactive maintenance requests were actioned in a timely manner. Consumers and were observed to move freely throughout the service, however consumers were required to use an intercom or to call staff when entering through the front door. Management advised all consumers were offered a key to the service, and have since spoken to all consumers residing outside of the Memory Support Unit to reconfirm whether they would like a key, and have also made spare keys available within nursing stations.

Consumers and representatives reported their equipment, furniture and fittings were safe, clean and well maintained. Maintenance staff described their roles and responsibilities to conduct monthly audits of the equipment, furniture and fittings to ensure they were well maintained for consumer use. Documentation evidenced preventative and reactive maintenance was documented and promptly completed.

# 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 assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers and representatives confirmed they understood and felt comfortable to provide their feedback and make complaints. Management advised consumers and representatives were encouraged to provide their feedback through by speaking directly with management, staff or the governing body, completing feedback forms or by raising their issues during consumer meetings. Feedback forms and lodgement boxes were available and accessible throughout the service, and allowed for anonymous submissions.

Consumers and representatives were aware they had access to advocacy and language services to raise and resolve their complaints. Information regarding translation and advocacy services, including the Commission, were observed to be displayed throughout the service. Staff described how they can engage with external advocacy and complaint services to support consumers to raise complaints regarding their care and services.

Consumers and representatives confirmed their complaints were responded to appropriately, and staff apologised and explained how this would be managed. Staff described how they would implement open disclosure practices when something goes wrong by acknowledging the issue, providing an apology and escalating when required. Policies and procedures were in place to guide staff practice in relation to documenting, investigating, resolving and evaluating feedback and complaints, and applying open disclosure procedures.

Consumers and representatives reported their feedback and complaints were utilised to improve the quality of their care and services. The feedback and complaints register evidenced feedback was reviewed, trended and analysed and utilised to inform improvement opportunities. Management were aware of feedback trends and the actions taken to improve the care and services provided to 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives advised there were sufficient staff to meet the consumer’s care and service needs. Management reported workforce planning was informed based upon the personal and clinical needs of consumers and regulatory care minute requirements. Staff confirmed there were sufficient staffing levels to meet consumers’ needs, and reported they could seek assistance from management if required.

Consumers and representatives confirmed staff were kind, caring and gentle when providing care and services. Staff were familiar with consumers’ identity and preferences, and spoke of consumers in a respectful manner. Policies and procedures were in place which outlined the organisational values and expectations of staff to deliver person-centred care and be respectful of each consumer’s identity, culture and diversity.

Consumers and representatives stated staff were competent to perform their roles and meet the consumer’s care needs. Personnel records evidenced staff had the required checks and registrations for their respective roles. Management advised the competency and capability of staff was assessed through their probationary period, performance reviews and buddy shifts.

Staff confirmed they received online and in-person training on various topics including incident reporting, open disclosure and restrictive practices. Management advised they maintained oversight of electronic training records to ensure staff had completed their mandatory training. Training records evidenced all staff had completed their annual mandatory training.

Management advised performance appraisals were completed after 3 months of employment for probationary staff, and on an annual basis thereafter. Staff confirmed they were supported by management during performance reviews, and were provided with opportunities to improve their performance and identify areas for growth. Performance appraisal documentation evidenced ratings across key competency areas and the identification of performance improvement opportunities.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives confirmed the service was well run and outlined their involvement in the development, delivery and evaluation of care and services. Management outlined their actions to form a Consumer Advisory Body, and described a variety of mechanisms available to consumers and representatives to provide their input, including through consumer meetings, feedback forms and during care and service plan reviews. Food focus meeting minutes and survey results evidenced consumers were encouraged and supported to actively be engaged in the development, delivery and evaluation of their care and services.

Management described the organisational hierarchy, and evidenced the regular communication and reporting between management and the governing body. Management outlined recent initiatives driven by the governing body to improve the delivery of safe, inclusive and quality care. The governing body was kept informed of regulatory and legislative compliance changes, audit results, feedback and complaint trends and incidents through their participation in various meetings and the receipt of reports.

Organisation wide governance systems enabled effective oversight of key areas. Staff advised the information required to perform their roles was accessible through the electronic care management system, the intranet and located within nurses’ stations. Management advised the governing body maintained oversight of feedback and complaints, and feedback was analysed to inform improvement opportunities. Management outlined they operated with an annual budget, and prepared monthly expense reports for monitoring and review by the governing body. Management confirmed legislative changes were monitored by the Compliance team, and any changes were communicated as required.

Management outlined the systems in place to monitor, manage and report high impact or high prevalence risks associated with the consumer’s care. Staff received training to ensure they were aware of their responsibilities to identity and report elder abuse and neglect. Management described how consumers were supported to live their best life by identifying the risks to their well-being and implementing strategies to promote their safety. An electronic incident management system was in place to document and manage incidents, and staff were aware of the escalation pathway.

The clinical governance framework was informed through policies, procedures, and monitoring practices. Management advised the governing body maintained oversight of infections and testing, and staff demonstrated an understanding of antimicrobial stewardship principles. Use of restrictive practices was regularly reviewed to identify opportunities to reduce use, and monitored by the governing body through review of quality indicators, incident data, and registers. Staff described open disclosure principles, and were guided by policies and training.

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)