Performance

Report

**1800 951 822**

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| Name: | Clarence Estate Residential Health and Aged Care |
| Commission ID: | 7256 |
| Address: | 55 Hardie Road, ALBANY, Western Australia, 6330 |
| Activity type: | Site Audit |
| Activity date: | 12 February 2024 to 15 February 2024 |
| Performance report date: | 8 March 2024 |
| Service included in this assessment: | Provider: 8848 Great Southern Care Company Pty Ltd  Service: 5278 Clarence Estate Residential Health and Aged Care |

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 Clarence Estate Residential Health and Aged Care (**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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, 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 assessed as compliant.

Consumers and representatives described how staff built relationships with consumers, valuing culture and diversity whilst treating them with dignity and respect. Staff demonstrated knowledge of consumers’ backgrounds, aligning to care planning documentation, and explained how care was adapted to the individual. Organisational policies and procedures ensure staff interacted with consumers in a dignified and respectful manner whilst acknowledging unique identities, and staff said they received related.

Consumers said the staff recognised, acknowledged, and respected their cultural identity and background. Care documentation reflected consumers' cultural needs, preferences, and life journey. Staff demonstrated knowledge of the practice of cultural safety in the delivery of care and services, emphasising recognition of the backgrounds and beliefs of consumers. Policies, procedures, and training informed staff in cultural awareness, diversity, and inclusion.

Staff detailed how they actively assisted consumers retain independence in decision making and communicating decisions and demonstrated familiarity with relationships of importance. Consumers explained how they were supported by family and staff to make and communicate decisions about care and services, needs, and preferences, relationships and who should be involved with their care. Care planning documentation detailed consumer choices and preferences.

Consumers said management and staff supported them to take risks to enhance well-being, with assessment of risk and agreement on mitigating measures. Care planning documentation contained assessments for risk taking with management strategies and ongoing review. Staff were aware of consumers’ right to take risks and gave examples for consumers demonstrating understanding of mitigating strategies used.

Consumers and representatives said they received sufficient information to keep them well informed. Staff explained how they adapted communication style to meet consumer needs. Written information, such as activities calendars and newsletters, was available in electronic and printed forms, regular and large font versions, and clear and easy to understand.

Consumers explained measures taken by staff to uphold consumer privacy during care, such as knocking and seeking permission to enter rooms, closing doors and curtains when attending to care, and said they checked with consumers about privacy preferences at other times. All staff had individual logins to access confidential information within the electronic care management system, with permissions appropriate to their role. Staff were observed complying with privacy practices, such as locking computers and securing files 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 assessed as compliant.

Care planning documentation demonstrated validated assessment tools were used to identify needs and risk and develop management strategies to inform care. Management advised they reviewed care planning documentation to ensure completion of assessments in a timely manner, and risks have appropriate interventions to guide staff. Staff receive education on assessment and planning processes to develop person-centred care. Representatives confirmed assessment and planning processes considered consumers’ risks and staff explained to them how information was used to inform safe and effective care.

Representatives said assessment and planning identifies consumers’ needs, goals, and preferences, and this was verified within care planning documentation. Clinical staff explained goals and preferences are discussed with representatives, and consultation on advance care directives is considered upon entering the service, during annual reviews, and following deterioration of health. Care planning documentation outlined end of life care preferences where specified by consumers or their substitute decision maker.

Consumers and representatives outlined their involvement in assessment and planning through consultation. Staff detailed how they engaged consumers and representatives through care conferences, as well as other health professionals and specialist services. Care planning documentation demonstrated assessment and planning was undertaken in partnership with consumers, representatives, and other health providers.

Consumers and representatives said they were informed of assessment and planning outcomes and can ask for a copy of the care plan if they wish. Management said they communicate changes of health or condition with consumers, representatives, and others involved in provision of care and services. Staff said they can access sufficient information within the care and services planned, available in the electronic care management system, to meet consumer needs and preferences.

Consumer sand representatives said care and services are frequently reviewed, including following incident or change in needs, and outcomes shared. Management explained the schedule for routine reviews and interim monitoring to identify emerging risks, and care planning documentation demonstrated adherence with additional review and update following incident, referral, or change in needs, and progress notes and care plans were reviewed to ensure timely review undertaken to ensure effective strategies informed care. Staff said policies and procedures guide the review process.

# 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 assessed as compliant.

Staff said their practice was informed by consumer preferences and schedules, and training is provided on policies and procedures to ensure best practice is followed. Care and services plans were personalised for each consumer. Care planning documentation relating to sampled areas of care demonstrated tailored strategies to meet consumer needs, involvement of specialists to ensure best practice care, and monitoring for effectiveness of interventions.

Care planning documentation demonstrated high impact or high prevalence risks were identified with management strategies implemented and monitored. Staff described key risks for consumers and applied strategies, with new consumers monitored and discussed in meetings to ensure effective identification and management of risks. Management explained staff receive training in key risk areas, such as falls prevention, and incident management pathways include monitoring and evaluation.

Staff described how they identified consumers nearing end-of-life, and provided care to ensure comfort and preserve dignity, such as through monitoring and managing pain and other symptoms. Staff said when deterioration is identified, they revisit end-of-life wishes with consumers and representatives to ensure they are correct. Care planning documentation demonstrated care and services were implemented to meet physical, spiritual, and cultural needs. A palliative care policy and procedure is available, supported through training and availability of a Medical officer specialising in palliative care.

Consumers and representatives said changes in consumer condition or well-being were quickly recognised and responded to. Management explained staff were rostered consistently to the same consumers, so could recognise changes, and processes including reviewing progress notes, charting, and incidents, ensured deterioration was detected and responded to in a timely manner. Training is provided to staff to recognise and manage deterioration, with monitoring undertaken for early identification, and policies and procedures to ensure appropriate response.

Representatives said information about consumer condition is sufficiently communicated. Staff explained how they shared information within care planning documentation, handover processes, and case conferences, with verbal updates of changes through the day. The electronic care management system also sends alerts when clinical monitoring outcomes are not within set parameters.

Staff outlined referral pathways and processes to ensure consumer needs were met, reflected within care planning documentation. Allied health staff said they receive appropriate and timely referrals when consumer needs change.

Consumers and representatives explained actions they had observed staff taking to avoid infection and minimise or manage infectious outbreaks, such as washing hands or using personal protective equipment. Staff said they completed regular training on infection control practices including minimisation of infection transmission. Policies, procedures, screening processes, vaccination programs, and a pandemic plan supported minimisation of infection related risks.

# 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 assessed as compliant.

Staff described how consumers’ needs, goals and preferences were captured through assessment and planning processes and used to determine how these were safely and effectively met through available services and supports. Care planning documentation detailed individualised services and supports that align with consumers’ needs, goals, and preferences to aid in maintaining independence. For example, the service has recently formed a support group for consumers living with Parkinson’s disease, with request for sessions to include exercises and education to better understand the physical and emotional demands of the condition, with request to include representatives and staff.

Consumers said services and supports meet their emotional, spiritual, and psychological needs for well-being. Staff described actions taken when they identify consumers’ low moods, such as spending one-on-one time, coordinating a pastoral care visit, or referring for psychological supports. The service had policies for wellbeing which detailed and directed staff in capturing spiritual and psychological well-being, evidenced in the lifestyle section of the consumers’ care and services plans. The activities calendar included religious services, and development of a support group for consumers living with Parkinson’s disease.

Consumers felt supported to participate in the service and community to do things of interest and maintain personal and social relationships. Care planning documentation demonstrated participation in activities in the external community, and consumers were observed returning from outings and interacting with visitors and other consumers. Group and independent activities had been developed to support consumer interests and interactions.

Consumers and staff said information about consumer condition, needs, and preferences was effectively communicated. For example, channels were available to inform kitchen staff of dietary or dining changes, and changes of consumer condition or needs was shared between National Disability Insurance Scheme carers, staff, and representatives. Staff outlined sharing of information through documentation and handover processes.

Management described relationships with eternal providers, such as psychological services, and advocacy services to assist consumers without other supports, although currently referrals for volunteer support are unable to be met by local services. Consumers explained management continue to network to find available services for referral to meet their needs. Care planning documentation demonstrated timely identification of consumer needs and related referrals made.

Consumers said meals were enjoyable, and of suitable quality, quantity, and variety. The rotating seasonal menu was formed with consumer input and Dietitian review, and offers a choice of meals and available alternates, such as sandwiches and salads, with access to food also available outside mealtimes. Staff were observed serving meals, explaining what was on the plate and offering alternatives if the consumer had changed their minds.

Consumers and representatives reported provided equipment was safe, clean, and suitable for consumer use, and concerns could be raised through staff. Staff explained cleaning processes, including for shared and personal equipment. Equipment and tools were observed to be well maintained and suitable to consumer needs.

# 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 assessed as compliant.

Representatives said staff members greeted and interacted with them during visits, and consumers felt as though they belonged, and interacted with others when they chose to and maintained independence. Consumers said they felt at home, with ability to personalise rooms with furniture, photos, and reminders. Management provided audit schedules, undertaken to ensure the service maintains a safe and comfortable environment and used to improve the environment for consumers, with current renovations undertaken to develop double rooms. Indoor and outdoor communal areas were observed to be well used for personal and shared activities.

Consumers and representatives described the service as safe, well-maintained, clean, and comfortable, with outdoor areas accessible, in the form of gardens and courtyards. Staff explained cleaning specifications and schedules, and maintenance processes, all of which were logged with work items completed in a timely manner.

Consumers said equipment, furniture, and fittings were clean and well-maintained, in line with observations. Scheduled services for equipment had been undertaken as recommended, and preventative maintenance schedules demonstrated comprehensive processes were adhered to.

# 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 assessed as compliant.

Consumers said they felt encouraged and supported to provide feedback or make complaints and were familiar with verbal and written pathways. Management and staff explained their role in supporting consumers to provide complaints or feedback. Suggestion boxes with feedback forms were observed throughout the environment and were emptied daily and acted upon, and meeting minutes demonstrated feedback and complaints were discussed and documented.

Consumers and representatives were aware of advocates and language services, if required. Staff were familiar with available supports and how to access for consumers, with management outlining arrangements with organisations to aid with communication. The local advocacy service attended annually to explain services to consumers, however, the visit scheduled for February 2024 had to be postponed due to an outbreak. Pamphlets and posters were displayed outlining available advocacy, language, and complaint support organisations.

Staff demonstrated awareness of the complaint management process, including use of open disclosure practices. Consumers and representatives confirmed appropriate was taken to resolve issues, keeping them informed of progress until resolved. Documentation on complaints and incidents demonstrated application of open disclosure steps and ensuring issues are resolved to everyone’s satisfaction. Policies, procedures, and training inform effective management and resolution of complaints in an open and transparent manner.

Management explained every complaint or feedback item is reviewed, addressed, evaluated, and used to identify and develop continuous improvement activities. Representatives gave examples of how improvements were made in response to their feedback.

# 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 assessed as compliant.

Consumers and representatives said there are enough staff to meet consumer needs, and staff said they are offered extra shifts if there is a potential shortfall due to unplanned leave. Management described the recruitment and retention strategies and sampled rosters demonstrated all shifts were filled. The service exceeds their legislated responsibilities for clinical and care minutes.

Consumers and representatives described staff as kind, caring, and respectful. Policies, procedures, and mandatory education was provided to staff on dignity, choice, diversity, inclusion and privacy, and the Aged Care Code of Conduct, and management said this ensures staff were aware of obligations to be kind, caring, and respectful.

Staff said training and education is ongoing and available to ensure they have the skills, qualifications, and knowledge to perform their roles. Management described recruitment and monitoring processes to ensure staff registrations, visas, criminal history and police checks, qualifications, and competency assessments to perform roles outlined in documented position descriptions. Monitoring processes ensure staff are not rostered unless compliant with all requirements.

Staff said they have access to sufficient training through a range of delivery options and can ask for more if they wish. Management described processes available to support staff to develop or upskill and advance their careers. Mandatory training, policies, procedures, and decision-making workflows ensured staff had sufficient knowledge to deliver outcomes required within the Quality Standards.

Management described processes, such as competency assessments and appraisals, used to regularly assess, monitor, and review the performance of every member of the workforce. Staff described review processes in line with policies and procedures, and said additional training is arranged if areas for improvement are identified in audits, complaints, incidents, or documentation. Formal and informal monitoring processes were evidenced within documentation.

# 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 assessed as compliant.

Consumers and representatives said they were engaged and supported to be involved in the running of the service through feedback and complaints, meetings, surveys, and audits. Management explained the development of the Consumer Advisory Body, with consumers aware the outcomes of each meeting would be communicated directly to the Board. Consumer-focused, organisation-wide policies, procedures and schedules were available to ensure the engagement of consumers in the development and evaluation of care and services.

The Executive Manager is informed through staff, clinical and work health, and safety meetings at the service where issues are discussed, and consumer information and care needs updated, which is reported through regional leadership to the Board. The Board monitored, reviewed, and analysed data relating to the performance of the service, such as consumer experience, incidents, and clinical indicators. Results benchmarked across the organisation to identify and address wider trends and inform change, communicated to staff through emails, meetings, and training.

The organisation wide governance framework included policies and procedures to guide staff practice. Senior management monitored and reviewed routine reporting and analysis of data related to complaints, continuous improvement, financial budgets, workforce requirements and changes in regulation and compliance. The Board uses this information to ensure systems and processes are in place to provide safeguards and deliver the right care in accordance with the Quality Standards.

Risks were identified, reported, escalated, and reviewed by management at the service level and again at the organisation level by the executive team and Board. Staff completed incident reports through the electronic incident reporting system, which were analysed for issues and trends and reported through the governance structure to the Board. Training was provided to staff on identification of elder abuse and neglect and reporting responsibilities, and documentation was audited to ensure appropriate and timely actions. The risk framework supported consumers to take risks to enable them to live the best life possible.

The clinical governance framework incorporated systems to ensure the quality and safety of provided clinical care. The framework consisted of policies, procedures, and education, with monitoring and analysis to ensure effective processes. Staff demonstrated awareness of obligations for antimicrobial stewardship, minimising restrictive practices, and application of open disclosure in line with documentation.

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)