

**Performance Report**

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| Name: | Craigcare Albany |
| Commission ID: | 7891 |
| Address: | 19-21 Beaufort Road, Yakamia, ALBANY, Western Australia, 6330 |
| Activity type: | Site Audit |
| Activity date: | 18 November 2024 to 20 November 2024 |
| Performance report date: | 12 December 2024 |
| Service included in this assessment: | Provider: 1213 Glenn-Craig Villages Pty Ltd Service: 4897 Craigcare Albany |

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 Craigcare Albany (**the service**) has been prepared by M Glenn, 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.

# 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; and
* an email from the provider received 3 December 2024 stating they do not have any feedback in response to the Assessment Team’s 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

Consumers and representatives interviewed said staff know consumers well, treat them with dignity and respect and understand what is important to them. They also said care is safe and consumers’ preferences, culture and identities are respected. Care files include a detailed life history and background of consumers, as well as likes, dislikes, and what is important to them, including religious beliefs. Staff are aware of the importance of consumers’ cultural and social backgrounds, and knowledgeable of the consumers they care for.

Consumers and representatives said consumers are supported to make their own decisions, the service is “very supportive” of their choices and decisions they make are respected. Care files include information relating to consumers’ choice of whom they wish to represent them, and family meeting/conferences are held regarding consumer choices and care wishes. Consumers receive information through newsletters, resident/family handbooks, meetings, menus, activity planners, information posters and noticeboards. Consumers and representatives said information is provided in a timely manner and they are made aware of meetings and encouraged to attend and provide feedback. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Where consumers are identified as partaking in activities which include an element of risk, dignity of risk forms are completed in consultation with consumers or representatives, including discussions about risks and mitigation strategies to enable informed decision making. Consumers interviewed said they consider they live the best life they can and where they undertake an activity which involves risk, staff support them, which provides them with a sense of independence and choice in what they do.

Based on the Assessment Team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# 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

Initial and ongoing assessments, including use of validated risk assessment tools, assist to identify risks to consumers’ health and wellbeing, as well as advance health care directives or goals of medical treatment. Information gathered through assessments and consultation with consumers is used to develop a comprehensive, individualised care plan which includes consumers’ preferences for care, strategies to mitigate risks, and preferences for advance care and end of life care. Consumers and representatives are satisfied staff identify risk and use information to plan the care consumers receive.

Care files sampled evidence ongoing partnership with consumers and others they wish involved in their care, including representatives, general practitioners, specialist services and allied health professionals. Clinical staff communicate with consumers and representatives and provide updates following general practitioner visits and when external referrals are required or completed. Consumers and representatives feel involved in assessment and planning processes, with consumers stating they can choose who is involved in these processes.

Staff said they have access to care plans, and consumers and representatives said they are aware of care plans. Discussions relating to care and services occur with consumers or representatives on entry and on an ongoing basis, including when changes to care and services are implemented. Care files show consumers or representatives are involved in developing and reviewing care plans through a post admission care evaluation and care plan consultation process. Care plans are reviewed 3 monthly, and in response to incidents or when clinically indicated.

Based on the Assessment Team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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

Care files show effective, tailored care provision relating to pain, specialised nursing care needs, personal hygiene, and wounds. There are processes to identify, assess, plan for and manage high impact or high prevalence risks relating to consumers’ care, with care files demonstrating effective management of risks relating to pressure injuries, unplanned weight loss, and falls. Care files also demonstrate involvement of general practitioners and allied health professionals in consumers’ care, as required.

There are processes to ensure the needs, goals and preference of consumers nearing end of life are recognised and addressed. Staff described how they support consumers during the end of life phase, including by ensuring their pain is effectively managed with input from the general practitioner and external specialist organisations. For one consumer, the representative is happy with the way the consumer’s pain is managed, regular review by the general practitioner and external palliative care team occur, and staff keep them informed of the consumer’s status. Consumers and representatives feel confident that when consumers require end of life care, staff will support them to be pain free and will follow their preferences.

Consumers and representatives are confident staff know consumers well and will recognise changes in their condition. Care files show deterioration or change in a consumer’s condition is recognised and responded to in a timely manner, including appropriate referrals initiated as required. Staff described signs and symptoms of clinical deterioration and said they report any observed changes in consumer’s health to clinical staff. Care staff are informed about consumer care needs through handover processes and access to an electronic care system, and consumers and representatives said the service knows consumers and what their needs and preferences are.

There are processes to minimise the risk of infection, standard precautions are used to prevent and control infections, and an infection prevention and control lead is in place. Infections are monitored and antimicrobials prescribed are reviewed to ensure appropriate prescribing occurs. Care staff described practices to minimise the risk of infection, and clinical staff described processes to reduce the risk of increasing resistance to antibiotics. Consumers and representatives are satisfied with the current measures in place to minimise the spread of COVID-19 and other infections.

Based on the Assessment Team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# 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 interviewed are satisfied with the support staff provide to assist consumers to maintain their independence and quality of life, and to maintain their emotional, spiritual and psychological wellbeing. The service has access to a range of specialist and allied health services to ensure each consumer’s needs, goals and preferences are met, and their independence, wellbeing and quality of life is optimised. Care files include information relating to each consumer’s spiritual beliefs, what is important to them and what makes them happy. Where identified, appropriate and timely referrals for further supports are initiated. There are processes to ensure information about consumers’ condition, needs and preferences is communicated within the organisation and to others with shared responsibility.

Consumers are supported to participate in the community within in and outside the service environment and to maintain relationships of importance to them. The lifestyle program is created on a monthly calendar and activities are evaluated and surveys undertaken to provide activities consumers want to attend. There are processes to ensure Indigenous consumers are supported to remain connected to community and land. Consumers and representatives said the service has a good range of activities, including bus trips and shopping, and they are supported to attend events and external services.

Meals provided are varied and of suitable quality and quantity. Staff refer to dietary requirements sheets to ensure correct textured diets are served. Consumers and representatives said consumers like the food, meals are varied, they have options as to what they would like and they can get something to eat between meals when they request.

Equipment provided is safe, suitable, clean and well maintained. Routine and preventative maintenance processes are in place, and staff described how they report equipment requiring repair.

Based on the Assessment Team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# 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 and representatives said the service environment is welcoming and there are opportunities for bedroom spaces to be individualised, creating a sense of belonging. The service is divided into 3 sections, with an external courtyard accessible to consumers. The service is well lit, has clear, easy to read signage to assist with navigation, handrails to assist consumers with mobility impairment and coloured doors to assist consumers with cognitive impairment.

Consumers and representatives said the service environment is safe, clean and comfortable, and consumers were observed moving freely throughout the service environment. Furniture and equipment is clean, safe, and well maintained, and staff said they have suitable equipment to support delivery of care which is cleaned in between consumer use. Cleaning of consumer and common areas is undertaken in line with a cleaning schedule, and routine and preventative maintenance processes, supported by contracted services, are in place. Staff described their role in keeping consumers safe, including reporting hazards, and how they assist consumers with limited mobility to move about the service when needed or requested. Staff are familiar with emergency procedures, including fire safety procedures, and documentation and staff interviews confirm staff attend mandatory fire safety training.

Based on the Assessment Team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# 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 are provided information relating to advocates, language services and other method for raising and resolving complaints on entry and related information is displayed throughout the service. Consumers and representatives said staff and management are open to feedback, and staff always listen when they have something to say. Consumers and others are supported and encouraged to provide feedback and make complaints through various avenues, including meeting forums, directly to staff and management, feedback forms, surveys and management’s open door policy. Staff described how they assist consumers to raise feedback, including assisting them to complete feedback forms and reporting concerns to the clinical team or management.

Documentation sampled shows feedback is received and appropriately dealt with, including an apology, in line with the service’s policy and procedures. Feedback received is investigated, with feedback, including resolution provided to the complainant. Feedback and complaints are reviewed, analysed and used to improve the quality of care and services. Consumers said there are always changes happening and they are confident the service listens and will consider and review any feedback which improves their care and services.

Based on the Assessment Team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# 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

A roster is maintained and considers staff levels based on service occupancy and care minutes. Registered nurses are available on site 24 hours a day, with 2 regularly on shift. There are processes to manage planned and unplanned staff leave. Staff confirm they have sufficient time to undertake their duties, and consumers and representatives confirm there are enough staff to deliver care and services.

The Assessment Team observed, and consumers said staff are kind, caring and respectful. Staff interviewed understand each consumer’s identity, culture and diversity and described how they consider this in practice. Staff are employed and advised of the code of conduct expectations and sign an employment agreement stating they will abide them.

There are systems to ensure staff have the right skills, qualifications, knowledge and competencies, with any gaps identified addressed. Each staff role has a job description and duty statement which clearly describe responsibilities and reporting lines. There are processes to ensure staff have the required qualifications to perform their role, including reference checks. Records evidence staff completion of various training topics, including mandatory training. Staff said they attend regular training to improve their knowledge and to enable them to effectively perform their duties. Consumers and representatives are satisfied with staff skills and knowledge and feel staff know what they are doing.

Regular assessment and review of each staff’s performance is undertaken. New employees complete a probationary review process, with annual performance reviews conducted thereafter. Performance management processes are initiated where poor performance is identified. Staff said they participate in regular performance reviews and are provided informal appraisals in between through general conversations.

Based on the Assessment Team’s report, I find all requirements in Standard 7 Human resources compliant.

# 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 are engaged and supported in the development, delivery and evaluation of care and services through various avenues, including feedback and complaints processes, audits, surveys and meeting forums. Records of meetings, surveys and consultation with consumers and representatives at a service level shows issues important to consumers are discussed, such as the lifestyle program, quality of meals and the service environment. A consumer advisory body has been established with quarterly meetings conducted. All quality initiative improvements from the meetings are captured in the service’s plan for continuous improvement.

An organisational structure includes delegation of roles, responsibilities, and accountabilities. The organisation is governed by a board of management which is responsible for governance, the organisation’s strategic direction and policies for delivering care to meet the Quality Standards. There are a range of reporting mechanisms to ensure the board and executive management team are aware of and accountable for the delivery of care and services. The service analyses and discusses all clinical indicators, with the information used for continuous improvement and staff training.

A governance structure is in place to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can; and managing and preventing incidents, including use of an incident management system. A clinical governance framework, supported by policies, procedures and training, encompasses, but is not limited to, antimicrobial stewardship, minimising use of restraint and open disclosure. Awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the Assessment Team’s report, I find all requirements in Standard 8 Organisational governance complaint.

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)