Performance

Report

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| Name of service: | Eileen Armstrong House |
| Service address: | 20 Alice Street WOONONA NSW 2517 |
| Commission ID: | 2093 |
| Approved provider: | Anglican Community Services |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 19 April 2023 |

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 Eileen Armstrong House (**the service**) has been prepared by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.

# 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

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team said that consumers are treated with respect and dignity, and their identity, culture and diversity is valued. The Assessment Team observed staff speaking about consumers respectfully and interacting with consumers in a respectful manner throughout the Site Audit. The service demonstrated it provides culturally safe care and services. Information about consumer’s life history including their cultural and spiritual needs is captured in care planning documentation. Staff interviewed described how they deliver care and services that are culturally safe and in ways that consider consumer’s preferences and needs in relation to their background and culture.

Consumers and representatives interviewed described how consumers are supported to exercise choice and independence in relation to their care and services, and maintain relationships that are important to them. The service demonstrated consumers are supported to take risks to enable them to live the best life they can. Dignity of risk assessments used to support consumers who undertake activities that may involve some risk. For example, use of electric wheelchairs, and to make choices regarding repositioning and mobility requirements. The service provides information to each consumer in a range of ways. Information is generally clear, easy to understand and generally enables consumers to exercise choice.

Overall, the Assessment Team found consumer’s privacy is respected, and personal information is kept confidential. Staff interviewed were able to describe the practical ways they respect the personal privacy of consumers, including knocking and waiting for a response before entering their rooms and following organisational policies on protection of personal information. Staff were observed by the Assessment Team to deliver care and services in a manner respectful of consumer’s privacy. While there was some information on display in the service was not considerate of consumer’s privacy, consumers and representatives did not raise any concerns regarding this and the service had already identified the issue and responded proactively to the Assessment Team’s observations.

# 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Documentation reviewed by the Assessment Team demonstrated consideration of risks to consumer’s health and well-being to inform the delivery of safe and effective care and services. For consumers sampled, this included risks associated with pain, diabetes, wounds, cognitive decline, and falls. Nursing staff interviewed demonstrated knowledge of assessment and care plan review processes that identify risks to the consumer’s health, safety and well-being. The service demonstrated assessment and planning is effective to identify and address consumer’s needs, goals and preferences, including advance care planning and end of life planning. The service demonstrated consumer’s care and services are reviewed regularly through three-monthly evaluations, annual updates and weekly clinical review meetings. Care planning documentation for consumers sampled identified adjustments made after changes in clinical management. For example, care and services were reviewed for sampled consumers following changes in assistance required for meals, identification of infection, and increased pain.

Consumers and representatives interviewed expressed satisfaction with the care assessment and planning process. Consumers and representatives felt they are partners in assessment and planning, and are well informed about the outcomes of assessment and planning. Clinical documentation reviewed by the Assessment Team showed evidence of care conferences, and the involvement of a diverse range of external providers and services in the assessment and planning of consumer care. Care conferences are documented and include discussion of care, services and care plans. Care plan availability is discussed at resident meetings and is identified in the resident handbook.

# 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Overall, consumers and representatives interviewed by the Assessment Team provided positive feedback about the personal and clinical care they receive, including that it is safe and right for them. The service demonstrated consumers receive safe and effective personal and clinical care that is tailored to their needs and preferences and is best practice. This includes in relation to minimisation of restrictive practices, behaviour management, personal hygiene care, maintenance of skin integrity, diabetes management and pain management. The service demonstrated effective management of the high impact and high prevalence risks for consumers, and processes for oversight and governance of these risks.

The Assessment Team found end of life care plans are developed for consumers nearing the end of their life that reflect their wishes and direct their care. Staff interviewed demonstrated an understanding of processes to support the needs, goals and preferences of consumers nearing the end of their life, and representatives interviewed indicated satisfaction with the end of life care provided at the service. During the Site Audit consumers were receiving palliative and comfort care including oral care and repositioning, personal hygiene, continence care, pain assessment, and breakthrough pain medication.

Clinical documentation reviewed and staff interviewed demonstrated the identification of, and response to, deterioration or changes in the condition of consumers at the service. For consumers sampled, timely identification and response to mental health concerns, infection, and deterioration of condition was demonstrated. Care planning documentation contained adequate information to support effective and safe sharing of the consumer’s information in providing care, and staff confirmed they receive up to date information about consumers at handover. The Assessment Team found the service refers consumers to appropriate organisations and other providers of care and services in a timely manner.

The organisation has processes in place to monitor infections and antibiotic use. Staff knowledge and practices within the service minimise infection related risks and promote the principles of antimicrobial stewardship, including preparedness for an outbreak.

# 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Most consumers interviewed said staff support their independence, health, well-being and quality of life. Positive feedback was received regarding the cleaning and laundry services, engagement in activities of daily living, support to promote emotional, spiritual, and psychological well-being, and opportunities to participate in activities within and outside the service. While one consumer interviewed said they were bored at times and another consumer’s leisure and lifestyle engagement was not always meaningful or regular, the service demonstrated they are actively addressing these issues. The Assessment Team found care staff, lifestyle staff, a chaplain and pastoral care team provide ongoing support for consumers and are available at times of need such as settling into the service, end of life, bereavement, or trauma. Religious services are conducted regularly and representatives from local churches also visit.

Processes are in place to document and share information about consumer’s needs and preferences regarding services and support for daily living, both within the organisation and with others when required. Consumers interviewed said staff know their needs and preferences regarding services and supports for daily living. The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers. For example, to the hairdresser, volunteers, and dementia support services.

Consumers and representatives interviewed were generally satisfied with the meals provided at the service. They confirmed consumers are given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they are given plenty to eat. Care planning documents reflected the individual dietary needs and preferences of the consumers sampled.

Consumers and representatives interviewed, and Assessment Team observations, indicated equipment to support consumer lifestyle provision is safe, suitable, clean 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

The Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team confirmed the service environment is welcoming and they feel at home at the service. Consumers and representatives consider the service environment to be generally safe, well maintained, comfortable and that consumers can move freely indoors and in the outdoor courtyards of the general areas of the service.

The Assessment Team observed consumers had personalised their rooms with photos and belongings. The service is decorated with paintings, pictures and ornaments to create a home-like environment, and there is signage to assist with way-finding. The Assessment Team observed the service to be well lit and maintained at a comfortable temperature with air conditioning. Doors to the outdoors were unlocked and consumers could freely access the gardens independently. While there was some equipment stored in the corridors of the service, this had been identified as an issue prior to the Site Audit and plans were in place to rectify this.

The Assessment Team observed the furniture, fittings and equipment to be safe, clean, well maintained and suitable for consumers. Consumers interviewed were satisfied with the furniture, fittings and equipment. Management and staff demonstrated effective systems in place for the cleaning and regular maintenance of the furniture, fittings and equipment.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

Consumers and representatives interviewed confirmed they are encouraged and supported to provide feedback and make complaints. They described the different ways they can provide feedback and said they feel comfortable raising matters with staff and management. Consumers and representatives interviewed stated management are responsive to any matters they raise, and confirmed they are aware of advocacy and language services, and other methods for raising and resolving complaints.

The service demonstrated they make consumers aware of advocates, languages services and external complaints mechanisms through inviting advocacy services to present at resident meetings, and brochures and notices around the service. The service provided an example where they had engaged an interpreter to assist with initial assessment and planning for a new consumer.

The organisation has policies and procedures for managing feedback and complaints, and for open disclosure. Feedback and complaints are recorded along with any action taken in response to the matters raised. The process is overseen by management to ensure appropriate action is taken in response to complaints and that a process of open disclosure is used when things go wrong. The service demonstrated feedback and complaints are trended and analysed, and improvements are made at the service in response to feedback and complaints.

# 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team confirmed they are satisfied that the staffing at the service is sufficient to meet their care needs, and call bells are answered in a reasonable time. The service demonstrated they monitor the care needs of consumers to determine the number and mix of staff to deliver the care required, and have implemented effective processes to fill shifts at the service, including for unplanned leave. Consumers and representatives interviewed stated the staff are kind and caring and they are treated with respect, and the Assessment Team observed staff interactions with consumers to be caring and respectful.

Consumers and representatives interviewed were satisfied that staff are trained and competent to deliver the care and services consumers require. The service has position descriptions that set out the responsibilities and necessary qualifications and skills for each role, and these are used to inform recruitment. The service monitors the qualifications, registrations and competencies of staff and those sampled by the Assessment Team were current. The service provides an ongoing training program for staff which includes annual mandatory training, additional training in response to identified needs, training by external educators, and on the job training.

Management demonstrated they regularly monitor and review the performance of staff. There is a formal process for performance review, and staff performance is reviewed using consumer and staff feedback, investigation of incidents, review of clinical data, staff meetings, and observations by management.

# 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

The service demonstrated they encourage and support consumers and representatives to participate in the development, delivery and evaluation of care and services. The organisation has a consumer representative group which has regular meetings to discuss changes at the organisation and the needs of consumers. The Assessment Team found the governing body of the organisation promotes a culture of safe, inclusive and quality care and services. The board’s commitment to a culture of safe, inclusive and quality care is captured in the organisation’s vision, mission and values and reflected in policies and procedures. The orientation program, and mandatory training for staff ensure that these principles are familiar to staff and upheld. The board satisfies itself that the Quality Standards are being met within the service through reporting structures that include key performance indicators, clinical data, complaints, incidents, high impact and high prevalence risks, recruitment, staffing, continuous improvements, clinical indicators, auditing/benchmarking results, and education.

The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The organisation demonstrated it has a documented risk management framework which underpins its risk management strategies, sets out responsibilities, and includes policies and procedures. The risk management system is monitored at a local level by the management team through clinical assessment, daily review and ongoing monitoring, collection and analysis of clinical data, and internal and external audits. Oversight at an organisational level is by the quality and compliance team. A review of incidents and the serious incident response scheme register showed that incidents are escalated and reported within the legislative timeframes and appropriate actions taken in response to incidents.

The organisation has a clinical governance framework which includes policies and procedures, responsibilities, planning, monitoring and improvement mechanisms that are implemented to support safe and quality clinical care. This includes quality care in relation to antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. Clinical governance is overseen by the executive and organisational management teams. There are reporting mechanisms and processes in place for the collection and reporting of data relating to clinical indicators, incidents, complaints, surveys and audits. This information is analysed, and actions are taken as necessary to ensure quality clinical care at the service.

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)