Illawarra Diggers

Performance Report

8 Blundell Parade   
CORRIMAL NSW 2518  
Phone number: 02 4225 4700

**Commission ID:** 0049

**Provider name:** Illawarra Diggers Aged and Community Care Limited

**Site Audit date:** 4 April 2022 to 7 April 2022

**Date of Performance Report:** 9 May 2022

# Performance report prepared by

Gill Jones, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this 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 provider’s response to the Site Audit report received 28 April 2022.
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers interviewed said staff treat them with respect and dignity, they can maintain their identity and make informed choices about their care and services. Staff spoke of consumers in a way that demonstrated respect and an understanding of their personal circumstances. Staff were observed to be interacting with consumers respectfully.

Consumers interviewed gave examples of how staff respect their cultural values and needs. Staff interviewed could explain how each consumer’s culture influences the delivery of care and services. Care documentation included information on consumer’s cultural and spiritual needs and preferences. The service’s diversity action plan outlines what it means to provide care in an inclusive person-centred approach in a culturally safe way.

Consumers said they are supported to maintain their independence and communicate their decisions. Consumers described how the service supports spend time with people who are important to them. The service has comprehensive policies and producers around consumers making decisions and maintaining relationships including intimate relationships.

Care documents reflect that staff complete risk assessments, involving discussions with consumers and their representatives, to support consumers to take risks. Consumers said staff had discussed individual risks with them and they felt staff respect their choices to engage in activities involving risk. Staff described strategies implemented to support consumers’ choices and mitigate risk.

Consumers confirmed they receive accurate information that helps them make decisions about their care and services. The service provides them with information that is clear and easy to understand, and this helps them exercise choice.

Consumers and representatives confirmed consumers’ personal privacy is respected. Consumers said staff always close the door prior to assisting them with their activities of daily living. The Assessment Team observed confidential information is returned to secure areas after use, staff do not speak about consumers confidential information in public spaces and computers in the nurse’s stations were logged off when not in use.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and their representatives stated they are involved in assessment and care planning process.

Care planning documents reviewed were individualised and identified risks to consumers’ health and wellbeing. Staff described how assessment and planning informs the delivery of safe and effective care to consumers.

Care planning documents identified and addressed consumers’ current needs, goals and preferences, including for advance care and end of life care. Staff spoke about the establishment of consumers’ needs, goals and preferences through case conferences or meetings. Staff had access to resources in relation to advance care planning and end of life planning when required.

Care planning documents reflected input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals. Consumers and their representatives confirmed they know about the outcomes of assessment and planning and know how to access their care plans if they wish. Care plans are accessible to all staff providing care through the electronic care system.

Care documentation showed care and services are reviewed regularly, in response to incidents and changes to consumer’s condition, needs and preferences. Staff described care plans are reviewed three-monthly and as required after any changes. Consumers and representatives said they are regularly informed of changes to consumers’ condition.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and their representatives said consumers receive personal and clinical care that is safe, effective and tailored to their needs. Staff practices relating to the monitoring and observation of falls, nutrition and hydration, behaviours, and specialised nursing care are consistent with the service’s guidelines and is best practice. The service tracks, reviews and monitors the use of restrictive practices. Skin integrity and pain management are suitably addressed for consumers.

Care documentation showed high impact and high prevalence risks associated with the care of consumers were identified, documented and managed effectively. Analysis of clinical indicators data and incident reports helps identify high impact and high prevalence risks for consumers.

Whilst no consumers were receiving end of life care at the service, review of a consumer who may need an end of life care and a consumer who recently died at the service showed they are cared for according to their needs and preferences. Staff provided examples of how they alter the care of consumers’ when they are nearing end of life and the support they provide.   
  
Review of care documents of consumers who experienced deterioration showed that processes for the escalation and response to deterioration have been identified or recognised in a timely manner. Consumers were satisfied with how staff manage changes to their condition. The service has procedures for supporting staff to recognise and respond to deterioration.

The service demonstrated that information about consumer’s condition, needs and preferences is communicated effectively. Staff have access to consumer care plans, care documentation and progress notes which supports appropriate information sharing between staff. Timely and appropriate referrals occurred for consumers to other individuals, external allied health providers or organisations including dieticians, speech pathologists, physiotherapists and other health providers.

Staff interviewed demonstrated an understanding of infection prevention and control practices, and the steps they take to minimise the use of antibiotics. The service has a designated infection prevention and control lead. Staff were observed to be following adequate infection prevention and control practices.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and their representatives said staff support consumers to participate in activities that are of interest to them, and the service provides supports to enable consumers to optimise their independence and well-being. Care planning documents reflect consumers’ goals and preferences. Staff described how the activities program is tailored to varying consumers’ interests and levels of functional ability, and how they seek feedback to enhance consumers’ enjoyment and quality of life. Consumers were observed participating in individual and group activities.

Consumers provided positive feedback about feeling well supported at the service. Staff were able to provide feedback on how they support consumers’ emotional, spiritual and psychological well-being. A review of care files for sampled consumers also noted relevant information was recorded to guide staff in assisting these consumers to maintain their sense of well-being.

The service supports those consumers who wish to continue to participate in activities within the local community as well as enabling consumers to maintain social and personal relationships. Consumers advised they are able to maintain links with family and friends via telephone calls or have family members visit them at the service.

Staff described how they are kept informed of consumers’ needs and preferences through handover meetings and review of care documentation. Consumer feedback, observations and documents reviewed confirmedinformation about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Care planning documentation reviewed demonstrated evidence of consumers being referred to and engaging with external services for the provision of lifestyle services and support services.

Consumers and representatives interviewed confirmed meals are varied and of suitable quality and quantity. Menus reviewed confirmed there is a variety of choices for meals. While the service only serves one hot meal at a time based on the kitchen size, meals are adjusted based on individual preferences and diet requirements. Interviews with catering staff confirmed the menus are reviewed annually by a dietician to ensure nutritional requirements are met.

The service provides equipment to cater for the needs of consumers and has processes in place to ensure it is safe, suitable, clean and well-maintained. Staff said they have sufficient and appropriate equipment to provide for the care and lifestyle needs of consumers.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers said they feel safe, at home and welcomed at the service. The service environment was observed to be safe, clear of hazards and have signage to support consumers to navigate around the building. The hallways and communal areas are pleasantly decorated and observed to have appropriate lighting. The building design supports consumers independence.

Consumers interviewed said they have access to the outdoors and were observed moving freely throughout the service. Consumers and their visitors have spaces where they can interact in privacy and for quiet reflection. Appropriate furnishings were observed in the dining, lounge areas and communal activities rooms. Consumers personalise their rooms with photos, mementoes, artwork and some consumers have their own furniture.

Consumers expressed their satisfaction with the furniture, fittings and equipment at the service. The service has an established preventative maintenance program in place and systems to cater for hazards and reactive maintenance where appropriate.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives said they are supported to give feedback or to make complaints, that a response is given, and action is taken regarding the issues raised. Staff provided information on how consumers can provide feedback and make complaints, using a number of formats including verbally, in writing, and during case conferences and meetings. The service provides written materials to consumers about how to make complaints.

Consumers and representatives were aware of and have access to advocate services and external complaint mechanisms to raise concerns. Staff described the advocacy and language services available to consumers, and how consumers with communication difficulties or cognitive impairment are aided to provide feedback or make complaints. Information on external complaint mechanisms, translation and advocacy services is made available to consumers through brochures, handbooks, and agreement documentation.   
  
Review of the complaints register and discussion with consumers and representatives who have raised complaints, demonstrates appropriate action is taken in response to complaints. Staff practice open disclosure when responding to complaints or issues. Complaints are reviewed at meetings throughout the service to drive improvements. The electronic documentation system also gives prompts to generate continuous improvement activity through the complaints data.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers said they receive quality care and services, and that staff provide care in a kind, caring and respectful manner. Most consumers expressed their satisfaction with the sufficiency of staff to meet their needs. The service has processes in place to address vacant shifts when unplanned staff leave occurs. Call bells are monitored daily.

The service has a comprehensive recruitment and orientation processes in place to recruit, orient and train suitable staff. The service also has core competencies and capabilities documented for different roles at the service. Staff qualifications, training and competencies are monitored regularly.

The service delivers formal and periodic training to support staff in delivering appropriate care. Additional staff training needs are identified through feedback from consumers, clinical indicators, incidents and performance reviews. Consumers said staff are adequately trained and equipped to perform their roles. Staff undertake mandatory role-specific training. All staff had completed mandatory training at the time of the audit.

The service demonstrated that the performance of the workforce is regularly assessed, monitored and reviewed. The service has a performance review framework, and performance reviews were completed for staff within the required timeframes.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers said they are involved in the development, delivery and evaluation of care and services. Consumers are engaged in discussions about improvement initiatives through consumer meetings, feedback forms, surveys, and discussions with management.

The organisation’s governing body promotes and is accountable for the delivery of safe, quality care and services. The governing body is updated in relation to any incidents, consumer feedback, and clinical indicators. The governing body has endorsed improvements to the service, such as implementation of a more advanced call bell system and replacement of curtains with shutters.

The organisation has effective governance systems in place. Staff are able to easily access relevant information through the service’s information management systems. Opportunities for continuous improvement are identified and actioned. Financial and workforce governance systems are suitably addressed. The service monitors regulatory compliance and communicates legislative changes to staff. There are effective systems in place for feedback and complaints management.

The service has risk management systems in the areas of high impact high prevalence risk, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can. Staff demonstrated they are able to apply the framework in their day-to-day practice.

The organisation has a clinical governance framework that includes policies relating to antimicrobial stewardship, open disclosure and the minimisation of restrictive practices. The service’s management team described how the clinical governance framework is applied at the service.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.