Performance

Report

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| Name of service: | Performance report date: |
| Illoura - Residential Aged Care | 1 September 2022 |
| Commission ID: | Activity type: |
| 4508 | Site Audit |
| Approved provider: | Activity date: |
| Northeast Health Wangaratta | 26 July 2022 to 28 July 2022 |

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 Illoura - Residential Aged Care (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

# Services included in this assessment

# 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
* other information and intelligence held by the Commission in relation to the service.

# 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 | | Compliant |
| 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 their representatives said consumers are treated with dignity and respect and their identity and culture is valued. Staff described how they deliver care in line with consumers’ preferences and cultural needs, consistent with care planning information. Staff were observed assisting consumers in a manner that maintained dignity.

Consumers said they are supported to make choices, be independent, maintain relationships and decide who is involved in their care. Staff showed familiarity with consumers’ relationships and described how they support consumers to make choices regarding their care.

Consumers are supported to take risks of their choice. Staff described how they complete risk assessments with consumers, representatives and relevant health professionals. Information about consumers’ preferred risks is communicated amongst staff and detailed in care planning documents.

Consumers confirmed suitable information is provided to enables them to make choices regarding their care, lifestyle activities and meals. Staff described how they assist consumers who have varying communication needs, and relevant interventions are listed in care plans. Menus, activity calendars and other notices were observed.

Staff were observed respecting consumers’ privacy by seeking permission before entering rooms and closing doors when providing care. Confidential consumer documentation is secured and handover is conducted privately.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Consumers and their representatives said they are involved with assessment and planning and can access copies of care plans. Care planning is individualised to incorporate consumers’ goals and preferences, identifies risks to consumers’ health and lists mitigation strategies. Advance care and end of life planning are included.

Care plans reflect input from consumers, representatives and other providers such as medical officers and other health professionals. Care plans are available to other health professionals and updated to include recommendations or directives following review. Staff described how they support consumers to understand care planning information.

Care plans are reviewed regularly. Care documentation reflected reviews occur following incidents, changes in circumstances or consumers’ condition. The service monitors and reviews monthly clinical indicators to minimise the risk of recurring incidents and identifies strategies to identify practice improvements.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Consumers and their representatives said consumers receive care and services that are safe and tailored. Care planning documents reflected effective care is delivered, including for skin integrity and pain management. Consumers subject to restrictive practices have relevant consents, reviews and, where relevant, behaviour support plans.

Care plans reflected effective strategies are used to manage high impact or high prevalence risks for consumers. Staff described how they apply the strategies to maintain safe care.

Care plans reflected consumers’ received end of life care to maximise comfort and preserve dignity, pastoral care was provided and family were encouraged to be present. The service conducts memorial services to recognise and farewell consumers who pass away.

Care planning documents and progress notes demonstrated staff identify and respond to changes in consumers’ condition, and refer consumers to other health professionals or hospital as relevant.

Consumers said staff know their needs and preferences. Staff described how communication occurs via handover and care planning documents. Notes from other health providers are recorded in the care planning system.

Consumers and their representatives said they receive suitable referrals to other providers. Staff described how they assess urgency of referrals and act accordingly.

Staff described how they apply training and procedures to minimise infection related risks, manage outbreaks and promote appropriate use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said they are supported to pursue group and individual activities of interest to them and provided with relevant support to promote their well-being. Care plans reflected what is important to consumers and the supports needed. Staff described how activities are tailored to consumers’ needs and interests. Consumers were observed engaging in individual and group activities, including a high tea meeting with representatives.

Consumers and their representatives considered the service supports consumers’ spiritual and psychological well-being. Care documents identify consumers’ spiritual preferences. Staff said they identify consumers’ emotional needs and provide support if a consumer is feeling low, including pastoral care.

Consumers are supported to keep in contact with people who are important to them, participate in the community and maintain relationships, including friendships developed at the service. Lifestyle plans reflect consumers’ preferred activities, outings and relationships. Staff are familiar with consumers’ community connections.

Consumers and their representatives said information is effectively communicated and staff support consumers’ choices. Staff described how they maintain knowledge of consumers’ preferences through handover, reviewing care plans and communicating dietary preferences and requirements to kitchen staff.

Care planning documents reflect involvement of other providers in the provision of lifestyle supports. Staff said they use external providers to supplement lifestyle activities.

Overall consumers were satisfied with the quality and quantity of the food provided by the service, and said they can request preferred items. Care plans include nutrition and hydration assessments, and staff described how they comply with these. The kitchen environment was observed to be clean and tidy, with staff following safety protocols.

Equipment used to support consumers to engage in activities of daily living was observed to be safe, suitable, clean and well maintained. Consumers, representatives and staff said sufficient equipment is available and suitable repair and maintenance occurs.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 service environment was observed to be welcoming. Consumers said they feel at home and the service is a nice place to live. Consumers personalise their rooms with belongings and furniture. One consumer was observed patting her robotic cat.

The design of the service including signage and wide, level pathways promotes mobility independence. Outdoor areas are easy to navigate and contain shade and furniture. Consumers were observed to freely access internal and external areas of the service and consumers residing in the memory support unit had access to sensory garden area. Staff said they support consumers with limited mobility to access areas of their choice, such as the communal dining room, activity areas and gardens.

Furniture, fittings and equipment throughout the service were observed to be safe, clean and suitable. Consumers said they were satisfied with the cleanliness and safety of equipment. Shared equipment is cleaned between use, well maintained and stored appropriately. Staff described cleaning and maintenance procedures, including preventative maintenance. Maintenance logs reflected timely maintenance occurs.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 and their representatives said they are encouraged to provide feedback, are comfortable to raise any concerns with management or staff and feel supported doing this. Staff described the service’s complaints system and said they would utilise feedback forms and boxes on behalf of consumers.

Consumers and their representatives are aware of advocates, language services and other methods for raising and resolving complaints. Staff said they would assist consumers to access relevant services. Brochures for external complaints, advocacy, and language services are displayed at reception.

Consumers and their representatives said management addresses and resolve concerns. Staff described how they apply open disclosure and resolve complaints. The service’s complaint and incident register showed appropriate and timely action is taken. Feedback and complaints are discussed at consumer meetings, and actions taken by the service are evaluated. Staff described how feedback and complaints are used to inform continuous improvement.

# Standard 7

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| Human resources | | Compliant |
| 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

Consumers said staff generally respond promptly and they receive quality care and services. The service has rostering processes to support suitable deployment of staff. The service does not have a system to evaluate call bell response times, however no significant negative feedback was raised by consumers or staff.

Consumers and their representatives said staff are kind and caring, and know consumers’ needs and preferences. Staff were observed assisting consumers in a respectful and patient manner.

The service has processes to ensure staff meet qualification, experience and capability requirements detailed in position descriptions. Staff receive regular training, including mandatory topics. Staff receive regular performance monitoring through observations, feedback and annual appraisals.

# Standard 8

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| Organisational governance | | Compliant |
| 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 and their representatives said the service is well run. Consumers are engaged in development and delivery of care and services through regular monthly meetings, feedback forms and surveys.

The organisation’s governing body is accountable and promotes a culture of inclusive and quality care. A number of advisory committees are in place to consider performance data and trends, which are used to inform initiatives to support safe care.

The service demonstrated effective governance systems for information management, regulatory compliance, financial and workforce governance. An effective quality improvement program operates, incorporating consumer feedback and complaint data, to support continuous improvement action.

The service has a risk management framework and policies to report incidents, manage high impact and high prevalence risks and support consumers to live their best lives. Staff receive training regarding minimising risks. Systems are in place to report incidents, including elder abuse.

The service has a clinical governance framework, with policies implemented regarding antimicrobial stewardship, minimising the use of restrictive practices and applying open disclosure. Staff explained how they apply the policies in practice.

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-2)