Performance

Report

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| Name of service: | Imlay House |
| Service address: | 3 Merigan Street PAMBULA NSW 2549 |
| Commission ID: | 2740 |
| Approved provider: | Sapphire Coast Community Aged Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 16 March 2023 |
| Performance report date: | 20 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 Imlay House (**the service**) has been prepared by Stewart Brumm, 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.
* 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 | |  |
| 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 said they felt safe and comfortable and that their cultural practices and identity were respected, they were treated with dignity and staff valued their identity, culture and diversity. Staff demonstrated their knowledge of the individual identities of consumers and explained how they treat consumers with respect. Staff could identify consumer’s cultural backgrounds and described care requirements that aligned with the consumers’ care plans. Care planning documents included information about consumers’ preferred names, backgrounds, work histories, important associations, and religious affiliations. The Assessment Team observed staff interactions with consumers to be kind, caring, friendly and respectful.

Consumers said they were able to make decisions and exercise choice and independence about the way care and services were delivered. Staff described how they support consumers to exercise choice and independence in line with care planning documents. Care planning documents identified the consumers’ individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Staff demonstrated they were aware of risks taken by consumers and said they support the consumer’s wishes to take risks. Consumers confirmed that they were aware of the risks they were taking to live the life they choose. The Assessment Team viewed signed dignity of risk forms and care documentation sighting risk mitigation strategies.

Consumers and representatives reported that they were kept updated by staff when changes occur. Staff described various modes by which information is communicated to consumers and representatives including newsletters, emails, phone and verbally. The Assessment Team observed information available in many locations around the service including menu boards, activity boards, notices, flyers pamphlets and newsletters.

Consumers said their privacy is respected by staff. Staff described how they protect consumer’s personal information and show respect for their privacy. The Assessment Team observed staff to be adhering to privacy practices when providing personal care and ensuring confidential data was stored appropriately.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, staff knowledge of the systems and processes, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all six Requirements 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

Consumers and representatives said they receive the care and services they need and they were partners in the care planning process. Staff described the care planning process, and how it informs the delivery of care and services. Care files showed assessments had been carried out, assessment tools had been used and comprehensive assessments were in place.

Consumers and representatives said assessment and planning address the consumer’s needs, goals and preferences. Staff described what is important to consumers in terms of how their care is delivered. The Assessment Team noted that care plans were individualised, and they reflect the consumers’ individual needs and preferences, including end of life care which included advanced care directives.

Consumers and representatives said they were involved in the assessment, planning and review of their care and services and that staff regularly communicate with them. They reported allied health were regularly involved in care planning. Staff described the processes in place to ensure that the service partners with consumers to assess, plan and review care and services. Care documentation reviewed demonstrated integrated and coordinated assessment and planning involving relevant organisations, individuals, and service providers.

Consumers said staff have explained their care plan to them and they consider that it meets their needs, goals and preferences. Staff described processes for documenting the outcomes of assessment and planning in the care and services plan. Staff said that the care and services plans were accurate and reflect the outcomes of the most up-to-date assessments.

Consumers and representatives said they were notified when circumstances change or when incidents occur. Clinical and care staff said they report and record incidents as per the services policies. Care documentation reviewed showed care plans were updated by relevantly qualified staff according to their scope of practice.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all five Requirements 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

All consumers and representatives said they were satisfied the care meets their needs and optimises their health and well-being. Staff demonstrated that they were familiar with the personal and clinical needs of consumers in relation to skin integrity, restrictive practices and pain. Care planning documents confirmed safe and effective care was being delivered.

Consumers and representatives were satisfied that high impact or high prevalence risks were effectively managed. Staff described consumer’s high impact risks which included falls, risks, restraints weight loss and pain. Care planning documentation contained effective identification of risk, and strategies to manage these were recorded in assessment tools, care plans and progress notes.

Consumers and representatives interviewed said that they were aware of advance care planning, and this is discussed during reviews. Most consumer files identified personal choices and preferences and had advanced care plan in place. Care and services plans reflect changes in care and services, in line with the consumer’s end of life care needs, goals and preferences. Staff described what was important in delivering end of life care including supporting family members in this process. The service has support from a palliative care clinical nurse specialist.

Consumers and representatives said they were satisfied with the delivery of care, including the recognition of deterioration or changes in their condition. Staff said when deterioration or change in a consumer’s condition was recognised and responded to in a timely manner. Care planning documents, progress notes and charting demonstrate deterioration in a consumer’s health, capacity and function were recognised and responded to.

Consumers and representatives were satisfied with the delivery of care, including the communication of changes to consumers’ conditions. Staff described how changes in consumers’ care and services communicated. Access to the electronic care management system is available to attending medical officers and visiting allied were health professionals.

Consumers and representatives said they were satisfied with the delivery of care, including referral processes. Registered staff were able to describe the process for referring consumers to health professionals and allied health services. Care planning included input from other providers of care such as allied health.

Consumers and representatives said they see staff using personal protective equipment and practising safe hand hygiene techniques like hand washing and sanitising. Staff demonstrated an understanding of precautions required to prevent and control infection and the steps they could take to minimise the need for antibiotics.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, staff knowledge of the systems and processes, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all seven Requirements 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 were satisfied that services and supports for daily living meet their needs, goals, and preferences. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care planning identified consumers’ choices and provided information about the services and supports consumers needed to do the things they want to do.

Consumers connected and engaged in meaningful activities that were satisfying to them. Staff provided examples of supporting consumers for their emotional, spiritual and psychological well-being. Care planning documentation recorded consumers’ individual emotional support strategies and how these were implemented.

Consumers felt supported to participate in activities within the service and outside in the community as they choose. Staff reported services and supports being adapted to a consumer’s needs when their situation changed. Care planning documentation identified the people important to individual consumers and the activities of interest to the consumer.

Consumers said staff were aware of their needs and preferences and they don’t need to repeat their preferences to multiple staff members. Representatives said they receive regular and timely updates when consumer conditions change. Staff advised that information about consumer care and needs is shared regularly between staff members and during handover. Progress notes in the electronic records system recorded both routine services and changing conditions and support needs.

Consumers said they were supported to attend appointments either with other providers visiting the service or by attending them in the community. Staff provided and documentation showed examples of consumers being referred to other providers of care and services. Consumers care planning showed the service collaborates with external providers to support the diverse needs of consumers.

Consumers said they like the food and that there were choices available to them. Staff described various ways they meet consumers’ dietary needs and preferences. The Approved Provider has processes and systems in place for consumers to provide feedback on the quantity and quality of food, as well as if they request an alternative that is not on the menu.

Consumers felt safe when using the equipment and said the equipment was easily accessible and suitable for their needs. Staff said they ensure mobility equipment is safe, suitable, and well maintained by either onsite or external contractors. Equipment used for activities for daily living was observed to be safe, suitable, clean, and well-maintained.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, staff knowledge of the systems and processes, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all six Requirements 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 said they felt the service environment was welcoming to visitors and that they felt comfortable and safe. Consumer’s rooms were observed to be personalised. The service environment appeared friendly and welcoming, with seating areas available in the lounge rooms and outdoor areas.

The Assessment Team observed consumers move around freely both indoors and outdoors. Cleaning staff were observed cleaning consumer rooms, communal areas, staff rooms and high touch points areas, and referring to different cleaning schedules.

Consumers reported that furniture and equipment such as exercise equipment and lifestyle equipment was in working order and suited their needs. Staff described the process for reporting maintenance issues in the electronic system and that maintenance issues were addressed promptly. The Assessment Team observed furniture, fittings and care equipment to be clean and in good repair.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, staff knowledge of the systems and processes, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all three Requirements 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 said they were encouraged and supported to make complaints and provide feedback and said they would have no issues talking with staff or management should they have a concern. Staff interviewed said that management ensures that all staff were aware of feedback and improvement processes and that they were also encouraged to do so. The Approved Provider has multiple methods for consumers to make complaints and provide feedback.

Consumers and representatives said that although they were aware of other avenues for raising a complaint, they were comfortable raising concerns with management and staff and will escalate their complaint accordingly if it is not resolved to their satisfaction. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues and advocacy and translation services available for consumers and representatives.

Consumers and representatives said management promptly addressed and resolved their concerns following the making of a complaint and staff provide an apology upon the making of a complaint or when things go wrong. Staff and management were able to describe the process that is followed when feedback or a complaint is received and had awareness of open disclosure.

Consumers report that complaints and feedback were used to improve how care and services were provided. Management demonstrated all feedback and complaints were reviewed and used to improve the quality of care and services and were linked to the continuous improvement plan. A review of the complaints register showed feedback and complaints were actioned and consumers were happy with the outcome.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, staff knowledge of the systems and processes, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all four Requirements 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

Most consumers interviewed provided feedback they generally felt the service had enough staff to meet their care needs. Staff confirmed they felt supported by management and said they were aware that management is committed to recruiting more staff suitable to the needs of consumers at the service. The roster reviewed showed at least one registered nurse is allocated on all shifts.

Consumers and representatives said staff engaged with consumers in a respectful, kind, and caring manner, and that they were gentle when providing care. Staff interviewed demonstrated an understanding of the consumers, including their needs and preferences. The Assessment Team observed staff interacting with consumers and representatives during the Site Audit in a kind and respectful manner.

Consumers and representatives felt confident staff were sufficiently skilled to meet their care needs. Staff said they felt competent to provide the care the consumers needed at the service. The Assessment Team sighted registrations and police checks were tracked and monitored.

Consumers and representatives said staff know what they were doing, and they were well trained. Management described the organisation’s training program and relevant processes for identifying staff training needs. Staff said they received training during their orientation and induction and regularly throughout the year.

Staff demonstrated an awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills and knowledge. A review of documentation identified performance appraisals, mandatory training and competency assessments were scheduled and conducted every year.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, staff knowledge of the systems and processes, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all five Requirements 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 and representatives said they provide ongoing input into how to care and services were delivered. They confirmed that the service has sought their input in a variety of ways such as resident meetings, regular surveys, and face to face discussions. Management explained they engage consumers in case conferences to evaluate their care and services and include consumer and representative feedback on service delivery and care.

The service was able to demonstrate that the organisation’s governing body promotes a culture of safe and inclusive care. The governing body uses information from consolidated reports to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance and monitor care and service delivery. Reports to the governing body include clinical governance and quality review summaries. Management said that the service strives to improve its quality of care by being responsive to information from their data.

Management and staff described organisation-wide governance systems concerning areas, including but not limited to, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Consumers and representatives provided feedback that they felt the service encourages feedback and complaints and uses this information for continuous improvement. The Approved Provider has policies and procedures that detail processes around each governance system to guide staff practice.

Management and staff were able to describe how incidents were identified, responded to and reported in accordance with legislation, including serious incident reporting. The service has risk management systems implemented to monitor and assess high impact or high prevalence risks associated with the care of consumers, including identifying and responding to the abuse and neglect of consumers and supporting consumers to live the best life they can. Risks are reported, escalated, and reviewed by management at the service level and the organisation’s executive management, including the governing body, using an incident management system.

The Approved Provider demonstrated a clinical governance framework, including policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these concepts and gave practical examples to demonstrate how the principles applied to their work.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, management and staff knowledge of the systems and processes, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all five Requirements Compliant.

1. The preparation of the performance report is in accordance with section 40A the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)