Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Seaforth Gardens Senior Citizens' Residence |
| Commission ID: | 7148 |
| Address: | 2542 Albany Highway, GOSNELLS, Western Australia, 6110 |
| Activity type: | Site Audit |
| Activity date: | 9 September 2024 to 11 September 2024 |
| Performance report date: | 17 October 2024 |
| Service included in this assessment: | Provider: 318 The Salvation Army (Western Australia) Property Trust  Service: 4676 Seaforth Gardens Senior Citizens' Residence |

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 Seaforth Gardens Senior Citizens' Residence (**the service**) has been prepared by James Howard, 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 conducted from 9 September 2024 to 11 September 2024. 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 relevant information on the service and Approved Provider held by the Commission.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant, as the service was assessed as Compliant with all six of the six specific requirements.

Consumers said staff are kind and caring, treated consumers with dignity and respect and made them feel valued. Staff used consumers’ preferred names when interacting. Consumers’ care plans included information about what was important to them, such as their religious, spiritual, cultural and personal preferences. Consumers confirmed they received culturally safe care and services and staff understood how individuals’ culture and background influenced the delivery of care. Consumers were supported to exercise choice and independence in the way their care was delivered and to maintain relationships of choice. Consumers’ care plans included information about their care choices, who was involved in their care and how the service supported them to maintain relationships with people of importance to them.

Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, the benefits and possible harms were discussed before a risk assessment was completed and documented in their care plans. Consumers confirmed they were provided with information that was accurate, clear, easy to understand and enabled them to exercise choice. For example, information was disseminated via resident and relative meetings, an activities calendar, newsletters, menus and on noticeboards throughout the service which promoted other events happening at the service. Consumers confirmed staff provided care and services in a way which respected their privacy. Staff were observed knocking on consumers’ doors prior to entering, keeping doors closed when providing care, and personal information was kept confidential in a password-protected electronic care management system.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant, as the service was assessed as Compliant with all five of the five specific requirements.

The service considered risks to consumers’ health and well-being during the needs assessment and care planning process. Consumers confirmed they were involved in the care planning process and subsequently received the care and services needed. Staff identified risks to consumers by using assessment tools and monitoring charts. Consumers confirmed their needs assessments included end of life planning where they wished.

When assessing, planning and reviewing care needs, the service partnered with consumers, their representatives, medical officers, wound specialists, dementia, mental health and palliative care services, and allied health professionals including occupational therapists, physiotherapists, speech pathologists, podiatrists and dietitians. Consumers’ care plans detailed the external specialists involved in their care, along with the associated clinical instructions. Consumers confirmed the outcomes of assessment and planning were communicated to them and they were offered a copy of their care plan. Consumers confirmed their care and services were reviewed regularly for effectiveness or when unexpected incidents occurred. A review of consumers’ care plans showed their care and services were reassessed quarterly or when circumstances occurred which impacted their needs.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant, as the service was assessed as Compliant with all seven of the seven specific requirements.

Consumers confirmed they received personal and clinical care which was tailored to their needs and which optimised their health and well-being. Staff understood consumers’ care requirements and were guided by their individual preferences when providing care. A review of consumers’ care plans showed individualised care assessments were conducted, with a focus on the use of validated assessment tools to ensure care is safe and effective. Staff were trained in how to manage high-impact risks to consumers such as pain, falls, pressure injuries and complex health needs. High-impact and high-prevalence risks to consumers were monitored, reported and analysed via the service’s incident management system.

A review of consumers’ care plans showed staff discussed end-of-life preferences with them. Staff who provided palliative care described how care delivery changed during the end-of-life process, such as ensuring consumers were comfortable with their dignity preserved through pain management and providing comfort care. Further, staff had access to internal clinical consultants and palliative care services to ensure consumers’ needs, goals and preferences were captured and met during the end-of-life phase.

Staff responded quickly to changes in consumers’ conditions, which was confirmed by a review of care plans. The service had a deterioration procedure and a suite of clinical pathways to guide staff practice. Consumers were satisfied with how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions was communicated in care plans, clinical charting, an electronic care management system and shared during shift handovers. Consumers confirmed referrals to other providers of care and services were timely, appropriate and occurred when required. Care documentation and progress notes showed referrals for optometry, dietitian, dental, geriatrician, dementia support, mental health specialists and palliative care. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant, as the service was assessed as Compliant with all seven of the seven specific requirements.

Consumers received safe and effective services and supports that met their needs, goals, preferences and optimised their independence and quality of life. Staff understood what was important to consumers and what they enjoyed doing, which aligned with consumer interviews and choices. Consumers confirmed they received the emotional, spiritual, religious and psychological supports needed to maintain their psychological well-being, such as attending services in the chapel and spending one-on-one time with staff who provided mental health support. Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. Staff said the activities calendar was tailored to consumers’ interests and a review of the calendar confirmed a wide variety of choices were available.

Consumers were supported to maintain relationships with their loved ones, both within and outside the service. Consumers were satisfied with the quality, quantity and variety of food provided by the service. The service encouraged feedback on the quality of food and this was a catalyst for menu changes. Consumers were offered a rotating menu, developed in consultation with the Approved Provider’s hospitality manager and consumers, which included vegetarian choices and hot and cold options. Consumers were offered alternative meal options if the daily menu was not to their liking. A review of consumers’ care plans included information about their dietary needs and preferences. Where the service provided equipment, consumers said it was clean and well maintained. Staff said shared equipment was cleaned before and after each use and maintained as part of the maintenance program.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 Quality Standard is assessed as Compliant as the service was assessed as Compliant with all three of the three specific requirements.

The service environment was welcoming, easy to understand and promoted a sense of belonging, independence, interaction and function. Consumers felt at home within the service, particularly as they personalised their rooms with possessions of their choosing. The service environment was clean, well maintained, comfortable and consumers moved freely within and outside of the building. Throughout the site audit, doors were observed to be unlocked and consumers were able to move around the service as they wished. Where external doors had PIN codes, consumers either knew the codes or simply asked staff to let them out. The service environment was maintained under a preventative maintenance schedule which was up to date at the time of the site audit.

The Assessment Team noted furniture, fittings and equipment were safe, clean, well maintained and suitable for the use of consumers. A review of the electronic maintenance log showed reactive maintenance issues were completed in a timely manner.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as the service was assessed as Compliant with all four of the four specific requirements.

Consumers and representatives confirmed they were comfortable providing feedback and raising concerns with staff and management. Staff understood their role in the feedback and complaints process, which included supporting consumers to raise issues. Feedback and complaints could be made via consumer and representative meetings, speaking directly with staff or management or the use of a feedback form. Management said the service has an open-door policy and explained that most consumers speak directly to the staff or management with their concerns. Information about how to make an internal or external complaint, provide feedback and access advocacy and interpreter services was available in a resident information booklet, on posters and on noticeboards throughout the service.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which consumers and representatives confirmed. Consumers and representatives said their concerns were actively addressed and resolved in a timely manner. Complaints and feedback were reviewed and used to improve the quality of care and services. Staff said feedback and complaints were discussed at staff meetings and continuous improvement actions were planned accordingly. For example, consumers provided feedback about the quality and variety of food and management took steps to improve the quality and variety of food provided.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as the service was assessed as Compliant with all five of the five specific requirements.

Consumers said there were enough staff to deliver care and services and they felt care was always prioritised. Management stated they can and do provide additional support where required. Management stated, and rosters demonstrated, registered nurses were allocated across shifts 24-hours, 7 days a week and strategies to replace staff for planned and unplanned leave included extension of hours and discussions with existing staff for additional shifts. Consumers said staff were gentle and treated them with kindness, care and were respectful of their culture and diversity when providing care. The Assessment Team observed interactions were respectful, both between staff and consumers and staff and their co-workers.

The service’s workforce was competent and had the qualifications and knowledge to effectively perform their roles, which was reflected in positive consumer feedback. Consumers said staff were competent and capable in meeting their care needs. Management were responsible for ensuring staff met minimum qualifications required for their roles, had professional registrations and current police checks, and were not on the Commission’s banning orders register. New staff participated in an induction program which included mandatory training and an onboarding package which contained position descriptions, qualification requirements and policies for safe care. Staff were guided in their roles by position descriptions and said they received regular training. Management determined staff competencies through informal and formal performance reviews.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as the service was assessed as Compliant with all five of the five specific requirements.

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Input was provided via individual discussions, consumer and representative meetings, by speaking directly with management, surveys and through the feedback and complaints system. Management advised consumer feedback was used when planning activities, programs and continuous improvement projects.

The organisation’s board of directors (the board) promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The board maintained visibility of the service’s performance through monthly reports which addressed clinical indicators, operational updates, routine audits, feedback and complaints. Management said they have a series of daily, weekly, and monthly leadership, staff, and clinical governance meetings at the service where issues are discussed, and consumer information and care needs updated. The service had a clinical governance committee which held meetings every 2 months, and reported to the Board about feedback and complaints, incident trends, serious incidents and quality improvements at the service level, to ensure safe and quality care were being delivered.

The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had a risk management system, policies and procedures to monitor and evaluate high-impact or high-prevalence risks associated with the care of consumers. Risks were identified, reported, escalated and reviewed by service management and the clinical governance and quality improvement team. The reporting system allowed issues to be analysed, trended and given to the board and various committees for consideration.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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