Performance

Report

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| Name: | The Alba Care Suites |
| Commission ID: | 8236 |
| Address: | 114 Albert Road, SOUTH MELBOURNE, Victoria, 3205 |
| Activity type: | Site Audit |
| Activity date: | 5 March 2024 to 7 March 2024 |
| Performance report date: | 16 April 2024 |
| Service included in this assessment: | Provider: 2948 Australian Unity Care Services Pty Ltd  Service: 27465 The Alba Care Suites |

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 The Alba Care Suites (**the service**) has been prepared by Denise McDonald, 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.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers felt their identity was valued, and confirmed they were treated with dignity and respect. Staff were familiar with consumers’ identities, knew their preferred names and were observed treating consumers respectfully. Care documentation reflected consumers’ background, preferences and interests.

Consumers confirmed staff were aware of their cultural backgrounds and described how their cultural preferences were supported. Care documentation captured, and staff described how they supported, the specific cultural needs and practices the consumer wished to maintain.

Consumers said they were supported to make decisions about their care, communicate their preferences and to maintain relationships of their choice. Care documentation evidenced consumers’ individual care choices, relationships and community connections were known. Staff advised they provided consumers with information and support which allowed them to make informed decisions and exercise their independence.

Consumers described how they were supported to engage in activities which contained an element of risk. Staff were familiar with the risks taken by consumers and the strategies in place to promote consumer safety. Care documentation evidenced the risks, benefits of the activity and strategies to minimise harm were discussed with consumers and their representatives.

Consumers confirmed they were provided with current information through verbal and written means which enabled them to exercise choice. The activities schedule, including upcoming events, was observed to be displayed in consumers’ rooms and in communal areas. Staff described how they provided current information to consumers in alignment with their communication preferences and abilities.

Consumers felt their privacy was respected, and advised staff knocked on their doors and awaited consent prior to entering. Staff confirmed they closed doors and blinds when delivering care to consumers. Staff practice was guided by a privacy policy and staff were observed to discuss consumers’ confidential information in private and use password protected computers.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers confirmed risks to their health, including falls and blood pressure were assessed upon entry. Staff were aware of risks to individual consumers and knew what supports they required to minimise those risks. Care documentation demonstrated assessments were conducted using evidence-based assessment tools to identify risks and inform the planning of care strategies, however when 2 consumers were assessed as unable to independently release the security mechanisms at the front door, risk of inappropriate environmental restrictive practice had not been considered and the required behaviour support plan had not been completed until this deficit was raised with staff.

Consumers and representatives said the assessment and care planning process included identifying their care needs, preferences and end of life wishes. Staff demonstrated knowledge of consumers’ current needs and preferences, and advised they would refer to care documentation when they required further information. Care documentation reflected consumers’ assessed care needs and their advance care preferences were captured.

Consumers confirmed they were regularly involved in evaluations of their care plan in collaboration with their representatives and medical officers. Staff advised consumers’ choices regarding who they wished to be involved in their care was respected, and they would involve the consumer’s medical officers and allied health professionals during care plan reviews. Care documentation evidenced consultation with consumers, representatives and health professionals in the assessment and planning of consumers’ care.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them, and they were offered a copy of the care plan. Care documentation evidenced consumers and representatives were contacted during care plan evaluations, and copies of their care plans were offered.

Care documentation evidenced care plans were reviewed 3 monthly and when the consumer’s circumstances changed. Consumers confirmed they received regular care plan reviews and assessment in consultation with staff, medical officers and allied health professionals. Staff outlined the care plan review process and were guided by policies in the identification, assessment and escalation of changes in consumers’ condition.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers received care and services tailored to the consumer’s needs. Staff understood the care required by each consumer to ensure their health and wellbeing, and they were guided by policies and procedures to safe, effective personal and clinical care. Care documentation evidenced consumers generally received care in line with their needs, however, while wounds had been photographed, they had not been measured in line with best practice to monitor healing progress.

Consumers confirmed the risks to their well-being, including diabetes, medications and skin integrity were effectively managed. Staff were aware of the high impact or high prevalence risks of consumers, and the strategies in place to mitigate these risks. Care documentation evidenced consumers received effective care in accordance with medical officer directives.

Care documentation for a consumer that had recently passed away evidenced they received care in alignment with their end of life plan. Staff said the care they provide prioritises consumers to be kept pain free and comfortable. Care documentation evidenced external palliative care specialists were available to support end of life care when required.

Care documentation evidenced changes in consumers’ health was recognised and responded to in a timely manner. Staff described how they monitor consumers for signs of deterioration, and the reporting process they would follow to escalate the consumer for review. Policies and procedures guide staff practice on consumer deterioration.

Consumers and representatives said consumer’s information was consistently communicated between themselves, staff and their medical officers. Staff advised information regarding consumers’ care needs were communicated during handover, and they received ongoing updates throughout their shifts. Staff were observed to communicate changes in the consumer’s condition, needs and preferences and their upcoming appointments during handovers.

Consumers and representatives confirmed they had access to medical officers and allied health professionals when required. Care documentation evidenced referrals were made to external providers of care, and their recommendations influenced the ongoing delivery of the consumer’s care. Staff outlined the various external providers of care to support consumers’ needs.

Consumers said staff effectively management infectious outbreaks within the service, including COVID-19, and observed staff to appropriately wear personal protective equipment and practice hand hygiene. Policies and procedures were in place to guide staff practice on infection control and the appropriate use of antibiotics.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers said they received the appropriate supports to meet their needs and preferences, and enhance their quality of life. Staff advised consumers’ needs and preferences were captured upon their entry to the service. The lifestyle activities calendar included a range of activities catering to the various interests of consumers.

Consumers confirmed they had access to religious services and received emotional and psychological supports from staff when they were feeling low. Staff described how they identified consumers who were feeling low, including through observing their body language and whether they were engaging with others. Care documentation evidenced consumers’ spiritual and emotional support needs were captured.

Consumers confirmed they were supported to engage in activities that aligned with their sensory needs. Staff outlined various activities occurring both within and external to the service which promoted social interactions between consumers. Consumers were observed to participate in various group and social based activities, and receiving visits from their friends and family members.

Consumers said staff were consistently aware of their care delivery preferences. Staff advised information about consumers’ condition was shared verbally during the handover process. Care documentation outlined consumers’ needs and preferences, and included the strategies to address and meet these needs.

Staff confirmed they collaborated with external groups and individuals to supplement the activities offered to consumers. Consumers confirmed they received visits from volunteer services when required. Care documentation evidenced timely referrals were created to external services to meet consumers’ needs.

Consumers provided positive feedback regarding the quality and variety of the meals they received. Care documentation reflected consumers’ dietary needs and preferences. Staff advised a 6 weekly rotating menu was in place which was created in consultation with a dietitian and consumers.

Consumers said their mobility and lifestyle equipment was clean and well maintained. Maintenance records evidenced regular equipment checks were conducted, and reported issues were promptly addressed. Staff advised they had suitable access to lifestyle equipment that was safe and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers felt the service environment was welcoming and comfortable, and said they were encouraged to decorate their rooms. Corridors were observed to be free from clutter, with handrails installed to assist consumers to navigate the service. Staff described how they supported consumers who have recently entered the service by encouraging them to bring their personal pictures and furniture.

Consumers said the service environment was clean, well maintained and they were able to freely access the outdoor areas, however 2 consumers were unable to independently use the swipe care to exit the service without assistance. Staff described the daily cleaning schedule which included the cleaning of communal areas, high touch points and consumers’ rooms. The service environment was observed to be safe, clean and well maintained, with safe and clear pathways to aid consumers mobilising throughout the service.

Consumers provided positive feedback regarding the cleanliness of their rooms, and confirmed all furniture and fittings were in working order. Staff advised they had access to a sufficient amount of equipment to meet consumers’ needs, and said shared equipment was cleaned before and after each use.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers said they understood the complaints process and were encouraged to provide their feedback or make complaints. Staff described the various avenues available to consumers if they wished to provide a suggestion or complaint, and how they would support consumers during this process. Feedback form and lodgement boxes were observed to be available throughout the service.

Consumers confirmed they were aware of external advocacy services, however felt comfortable to raise their concerns directly with staff. Pamphlets, brochures and posters promoting access to advocacy services, including the Commission, were available throughout the service and written in multiple languages. Management advised interpreter services were available for consumers that did not speak English.

Consumers and representatives gave practical examples of prompt resolutions in response to their complaints and feedback, and confirmed open disclosure was practiced. Staff described their roles and responsibilities in relation to documenting and resolving complaints and incidents, and confirmed they provided an apology to consumers when things went wrong. The complaint register evidenced open disclosure was practiced in alignment with complaint policy and procedures.

The continuous improvement plan evidenced consumers’ complaints and feedback , including feedback given during the Site Audit on potential environmental restrictive practices was used to prompt actions to improve the quality of care and services. Consumers confirmed changes were made to the lifestyle activities offered to them as a result of their feedback. Management advised surveys were implemented in response to consumers’ feedback or when evaluating improvement actions.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers confirmed there were enough staff to meet their needs, and their calls for assistance were promptly answered. Management advised they used permanent staff as a first priority when filling shifts, and then agency staff would be utilised. Personnel records evidenced an appropriate number and mix of staff were rostered on across all shifts.

Consumers felt staff interacted with them in a kind, caring and respectful manner, and knew them well. Staff were observed to address consumers by their preferred names and used respectful body language during conversations and when providing consumers with assistance. Management advised they ensured staff were respectful through general observations and feedback from consumers, representatives and other staff.

Consumers reported staff were competent in their roles and provided them with a high standard of care. Personnel records evidenced staff had the appropriate qualifications, registrations and certifications for their respective roles. Management advised they were guided by policies and procedures to determine the competency and capability of staff during the recruitment process.

Consumers and representatives were confident staff were skilled and had the necessary training to meet consumers’ care needs. Staff confirmed they had received training on a variety of topics, including restrictive practices, incident management and infection control, and felt supported by management. Management advised staff had access to an ongoing education program through online and face-to-face trainings.

Management advised formal performance appraisals were to be completed on an annual basis, however as the service began operating in July 2023, formal appraisals have not yet been conducted. Staff described the informal performance appraisal process and said their managers discussed their current performance and how they could be supportive of their goals. An electronic system had been developed to recorded and monitor performance assessments, and managers were responsible for completing appraisals with their assigned staff members.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers confirmed they regularly participated and were engaged in the development and delivery of their care and services. Management described a variety of mechanisms in place to ensure consumers and representatives were engaged in the development and delivery of care and services, including through consumer meetings, surveys and the feedback process. Meeting minutes evidenced consumers provided their feedback and detailed improvements to their services.

Consumers and representatives felt consumers were safe and well catered for by staff. Management detailed the organisational structure which included clear lines of reciprocal reporting between the governing body and management. Committee meeting minutes evidenced a range executive staff were involved in discussions regarding the operations of the service to ensure their oversight.

Management advised policies, procedures and care information was accessible to staff through the electronic care management system. Staff demonstrated an understanding of the regulatory compliance and professional standards relevant to their roles. Management advised the service was internally audited on a monthly basis to ensure their performance was in alignment with their guidelines and procedures.

A range of policies were in place to guide the management of high impact or high prevalence risks, including falls, skin integrity and wound care. Management advised incidents were analysed, investigated and assessed to inform improvement actions. Staff described their roles and responsibilities in identifying and reporting incidents to their supervisors in alignment with policies.

Policies and procedures were in place to guide staff practice in relation to antimicrobial stewardship, restraint minimisation and open disclosure, however, clinical governance did not adequately support staff to consider if environmental restrictive practices were applied to consumers who were unable to operate the security mechanisms which provided access to outdoor areas and the community. Staff demonstrated a practical understand of open disclosure, including providing clear and timely communications and apologies to consumers when things go 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-2)