Performance

Report

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| Name of service: | The Richardson West Perth |
| Service address: | 32 Richardson Street WEST PERTH WA 6005 |
| Commission ID: | 7467 |
| Approved provider: | Oryx Communities AP Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 7 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 The Richardson West Perth (**the service**) has been prepared by M. Frost, 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 this 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 and their representatives said consumers were treated with care and their dignity was respected. Staff demonstrated they understood consumers’ backgrounds, needs, and preferences. Staff described the values of the service, such as the importance of treating consumers with dignity and respect, which aligned with training documentation.

Care planning documents included information about things and people most important to consumers. Staff described consumers’ backgrounds, cultures, relationships, who and what was important to consumers. Events and services were inclusive of consumers’ cultural background, with activity calendars demonstrating events were planned to meet diverse cultures and belief systems.

Consumers’ feedback reflected they were supported to make and communicate decisions, and maintain social and personal connections, including for married consumers. Staff reviewed care planning documents and spoke to consumers and representatives to get to know consumers and ways to support them.

Staff provided examples of how they worked with consumers to identify the things they wanted to do to help them live their best lives, such as meal preferences. Staff discussed the benefits and possible harm relating to risky activities. Documentation evidenced risks were explained and understood by consumers and representatives, with actions in place to reduce risk.

Consumers and their representatives said the service provided timely and relevant information. Information was displayed across the service environment for consumers, and was tailored to meet consumers’ communication needs.

Staff were observed to maintain consumer privacy, such as knocking on a consumer’s door before entering and closing doors when providing care. The service’s electronic records management system was password protected to maintain confidentiality, and consumers’ information was stored securely.

# 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 their representatives said they were involved in care planning processes. Validated risk assessment tools, and information from consumers and representatives were used to inform consumer assessments, conducted by clinical staff, allied health professionals, medical officers, and specialists. Documentation demonstrated risks such as falls, pain, pressure injury, and challenging behaviours were addressed in consumer care plans.

Advance care planning was a part of the service admission process, and end of life planning was discussed later. Consumers and their representatives confirmed end of life wishes were discussed.

Input from consumers and their representatives, medical officers, and other providers of care and services were documented and used to inform care plans.

Consumers and their representatives confirmed outcomes of assessment and planning were communicated to them, and they can obtain a copy of the care plan. Care plan updates were shared through staff handover processes and case conferences.

Staff said care plans were reviewed every 3 months, or when consumers’ circumstances changed. Care documents showed reviews and risk assessments were completed following incidents, such as falls.

# 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

Consumers and their representatives considered consumers received quality care. Care planning documents reflected consumers receive care tailored to their needs and preferences. Policies and procedures guided staff on the delivery of best practice care. Staff described consumers’ personal and clinical care needs, and were observed delivering care in line with information in care planning documents. Consumers subject to restrictive practices were receiving care in line with legislative requirements.

High impact and high prevalence risks relevant to consumers were recorded, analysed, and discussed with staff and other providers of care. Overall documented care delivery was aligned with directives from medical officers and strategies from other health professionals.

Staff explained how they provided care in a dignified and comfortable manner for consumers nearing end of life, such as hygiene care, repositioning, and medication. Documentation demonstrated end of life care was delivered in line with consumers’ wishes and medical officer directives.

The service used different avenues to identify changes to consumers’ needs and condition, such as scheduled reviews, analysis of clinical indicators, handovers, care planning documents, incident reports, and feedback. Care planning documents demonstrated consumers were frequently monitored and deterioration was suitably responded to.

Care planning documentation confirmed timely and appropriate referrals were completed for clinical services, such as to medical officer and allied health professionals. Information was shared between staff and with other providers of care and services.

The service implemented infection control principles and practices to promote appropriate antibiotic prescribing through training staff in policies and procedures. Staff demonstrated knowledge of ways to minimise infection related risks and were overall compliant with infection control practices.

# 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 supported to maintain their independence and quality of life. Staff were familiar with consumers’ preferences and encouraged consumers to participate in activities. Consumers were observed participating in outings.

Consumers and their representatives provided examples of how the service supported consumers’ well-being, such as recognising the importance of their faith. Staff were knowledgeable of consumers needs and ways to support well-being, including monitoring consumers’ moods.

Consumers confirmed they were supported to be independent and maintain social connections. Staff explained how they assisted consumers to do things of interest, including utilising other services and organisations to supplement the lifestyle calendar. Consumers and their representatives confirmed consumers accessed suitable referrals when relevant.

Staff explained how they communicated information about consumers’ needs and preferences, including through handover processes. Documentation confirmed information was communicated with those involved in care and services.

Consumers and their representatives considered meals were of a varied, suitable quality and quantity. Consumers provided feedback about meals and the dining experience through feedback forms, surveys, and speaking to staff. Consumers were observed to be assisted with their meals as required, and making requests for alternative meals.

Maintenance documentation evidenced appropriate systems were in place to maintain the safety and cleanliness of equipment. Staff confirmed additional equipment can be requested. Equipment was observed to be clean and in good condition.

# 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 at home and safe at the service, and used different areas of the service independently or with staff assistance. Consumers personalised their rooms, and couples resided together. Consumers were observed having meals, socialising together, and participating in activities in communal areas.

The service environment was observed to be safe, clean, and well maintained. General areas and consumers’ rooms appeared clean and well maintained. Consumers provided feedback reflecting they were comfortable in the service, found it to be clean, and were able to go where they chose including outdoors.

Documentation and staff feedback demonstrated there were appropriate systems in place to monitor and respond to maintenance requests, and preventative maintenance occurred. Staff were observed checking, cleaning, and repairing equipment used by consumers.

# 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 and their representatives said they were supported to provide feedback and make complaints. Staff described how consumers and representatives could make a complaint or provide feedback, and how staff would support them. Feedback forms and collection boxes were easily accessible for consumers and representatives, whilst ensuring anonymity. Observations and meeting minutes confirmed consumers were supported to provide feedback.

Consumers and their representatives said they are aware of other avenues for raising a complaint and advocacy services. Staff demonstrated knowledge of internal and external mechanisms available to assist consumers with feedback and complaints. Staff explained how they assisted consumers with difficulty communicating to raise a complaint or provide feedback, such as using visual aids or interpreters.

Consumer and their representatives daid complaints and incidents were responded to in an appropriate manner, with staff providing an apology and offering solutions.

Consumers and their representatives stated they saw improvements to care and services arising from feedback and complaints. The service demonstrated feedback and complaints were analysed to improve care and services, as evidenced in the service’s continuous improvement plan. For example, the service implemented actions to improve the appearance and temperature of meals, and increased the font size for the activity calendar, based on feedback.

# 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

Consumers, representatives, and staff reflected at times there were staff shortages due to unplanned leave, however, there was no impact to consumer care. The service had workforce planning strategies in place to cover shifts. The service’s roster confirmed all shifts were filled, with vacancies replaced by extending shifts, and utilising other permanent or agency staff. Call bell data demonstrated staff responded to consumers’ requests for assistance in a timely manner.

Consumers and their representatives said staff interacted with consumers in a kind and caring manner. Staff demonstrated understanding of consumers’ identity and culture, and were observed engaging with consumers and their visitors in a respectful and personable manner.

Staff competency, knowledge and qualifications were evaluated. Position descriptions specified the competencies and capabilities required for each role. Staff had the appropriate qualifications, registrations and credential checks.

Staff were required to undertake mandatory training, and records confirmed most training was completed as scheduled. Staff said they access additional training as needed and felt supported.

Staff explained their performance was monitored through competency checks and annual performance reviews, and confirmed these occur on schedule. Documentation and management feedback confirmed staff performance was regularly reviewed, including mechanisms in place to manage underperformance.

# 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 their representatives considered the service was well run, and had input into care and service delivery. Meeting minutes demonstrated consumers were involved in discussions about service improvements and proposed actions.

Management described how the governing body promoted a culture of safe, inclusive, quality care and services. Operational reports were discussed and submitted to the governing board to review matters relevant to the Quality Standards, such as incident trends, infection outbreaks, and quality improvements.

The service had effective organisation wide governance systems to share information and promote continuous improvement, manage finances and the workforce. Regular audits are completed to ensure regulatory compliance, and information is received about changes to legislation and communicated to staff.

Consumers and their representatives said consumers were supported to live the best life they can. Staff explained how they referred to policies, procedures, and practices to minimise risks to consumers, identify abuse and neglect and manage incidents.

Clinical care practice was governed by policies. Staff received training, and provided examples relevant to their work to minimise infection related risks and use of restrictive practices

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)