Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Glendale Aged Care |
| **RACS ID:** | 3130 |
| **Name of approved provider:** | Allity Pty Ltd |
| **Address details:** | 265 Heaths Road WERRIBEE VIC 3030 |
| **Date of site audit:** | 17 September 2019 to 19 September 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 28 October 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 29 November 2019 to 29 November 2021 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Not Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Not Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Not Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 28 January 2020 | |
| **Revised plan for continuous improvement due:** | By 11 November 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Glendale Aged Care (the Service) conducted from 17 September 2019 to 19 September 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 25 |
| Representatives | 9 |
| ACFI Coordinator | 1 |
| Care coordinator | 5 |
| Care staff | 11 |
| Endorsed enrolled nurse | 2 |
| General manager | 1 |
| General practitioner | 1 |
| Hospitality manager | 1 |
| Hospitality staff | 4 |
| Lifestyle staff | 3 |
| Maintenance officer | 1 |
| Occupational therapist | 1 |
| Operations manager | 1 |
| Registered nurse | 5 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation has met all six requirements under Standard one.

Of consumers and representatives randomly sampled 88% confirmed they are treated with respect always or most of the time. One of the consumers or representatives interviewed felt that the consumers are not observed enough and spend a lot of time in their room.  The majority of consumers provided examples about ways that the staff value their identity, culture and diversity.

The service demonstrated that consumers are treated with dignity and respect, and the service promotes cultural awareness as part of service delivery. Staff were observed to interact with consumers respectfully and could generally identify consumer’s individual preferences and interests. Consumers described the ways their social and intimate relationships are supported both inside and outside the service. The service promotes the value of culture and diversity through staff training and in the range of activities it offers for consumers with diverse backgrounds and preferences.

Staff could provide examples of how they assist consumers to make choices, including giving consumers clear and accurate information and options to inform their choices.

Consumers report that they are confident that the service protects their privacy and confidentiality. Staff were observed to provide care in a manner that was respectful to consumer’s privacy. Staff gave examples and the Assessment Team observed staff maintaining consumers dignity while attending to personal care needs. The service demonstrated how personal information is generally stored securely when not in use, consistent with documented policies and procedures.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

2. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found the organisation has met four of five requirements under Standard two.

Consumer experience interviews show that 88% of consumers and representative randomly interviewed are satisfied they have a say in their daily activities most of the time or always.

The service demonstrated that it undertakes care assessment and planning including the consideration of risks for consumers to ensure safe and effective care, however could not effectively demonstrate that assessment and planning identifies and addresses the current needs goals and preferences of each consumer.

Staff were able to outline how they receive, document and share care information about and with consumers and their representatives. Staff were observed interacting with consumers and asking their preferences at the time of care delivery.

Consumer file review demonstrated that although staff were generally aware of consumers individual needs, documentation was not always completed to reflect these needs. A number of care plans, while completed did not have personalised information to clearly outline the individual consumers’ needs, goals and preferences.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Not Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Not Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

2. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being

#### Summary of Assessment of Standard 3:

The Assessment Team found that the service met four of seven requirements under standard three.

Consumer experience interviews show that 94% of consumers and representative randomly interviewed are satisfied they receive the care they need most of the time or always. However, the Assessment Team was provided with feedback in various ways that the care and services provided do not always meet the clinical and personal needs of some consumers.

The service did not demonstrate that each consumer is receiving safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. The service did not effectively demonstrate that high impact or high prevalence risks, including falls management, pain management and physical restraint are managed.

The service did not effectively demonstrate the identification of a respiratory outbreak within the service and strategies to ensure monitoring of consumers presenting with influenza like symptoms for early identification and management of an outbreak.

The service demonstrated that consumers nearing end of life are recognised and addressed with their comfort preserved. Deterioration of consumers is generally identified and referrals are made to a number of allied health support services to meet consumers’ care needs.

#### Requirements:

##### Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Not Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Not Met

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

#### Organisation statement:

2. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found that the service met seven of seven requirements under standard four.

The majority of consumers and representatives expressed satisfaction in various ways with the supports for daily living they receive.

Of consumers and representatives randomly sampled, 88% said they like the food here most of the time or always while 12% of respondents answering some of the time and commented on lack of variety or repetition in the menu.

Consumers, representatives and staff provided various examples about how the service promotes emotional, spiritual and psychological wellbeing. The service provides an activities program for consumers to participate in and seeks information from consumers about additional individual activities in which they would like to partake. Staff described how they identify and provide one to one engagement for consumers who prefer to stay in their room. The service has a centrally located café providing beverages and light refreshments for the enjoyment of consumers and visitors.

The service demonstrated that it generally makes timely referrals to other community organisations and allied health services.

The service provides safe, suitable and well-maintained equipment and that staff are appropriately trained to use.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

2. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found that the service met three of three requirements under standard five.

Of consumers and representatives randomly sampled, 88% said they feel at home here most or all the time. Two consumers or representatives choose the answer some of the time saying that they do not feel this is their home but did not clearly elaborate. Consumers and representative feedback included that:

* The service was clean, well maintained and welcoming.
* They have access to a range of equipment and furnishings and felt safe using them.
* They can personalise their private rooms with furniture, memorabilia and photographs
* The layout of the service enables consumers to move around freely within the service, with suitable furniture and fittings available.
* External areas are available and generally freely accessible for consumer use.

Of consumers and representatives randomly sampled, 94% said they feel safe always or most all of the time. One consumer or representative said they never felt safe in the service due to feeling scared over the night shift. Management said they are aware of a consumer who has previously expressed concerns with night shift and would follow up with them to ensure they felt safe.

Management confirmed preventative maintenance and cleaning occur as per schedule. Staff could describe maintenance processes and how they report any issues they identify. Cleaning staff were observed to be carrying out their duties within the service. Management advised living environment’ audits and consumer surveys are undertaken to monitor the environment.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

2. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the service met four of four requirements under standard six.

The service demonstrated that consumers are encouraged and supported to provide feedback and make complaints. Action is taken in response to consumer complaints and feedback and complaints are reviewed and used to improve services.

Of consumers and representatives interviewed 88% said staff follow up when they raise things most of the time or always. 12% of those interviewed said follow up of issues occurs only some of the time and they have to re- raise issues. Consumers and representatives interviewed expressed in different ways they had access to feedback and complaint processes.

Staff interviewed provided examples of ways to assist consumers who chose to complain by seeking a resolution if possible, providing forms or immediately escalating the matter to a supervisor or management as appropriate.

Information on internal and external feedback and complaint processes are displayed on throughout the service. Consumers and representatives may raise complaints through verbal and written feedback, consumer meetings and the newly implemented consumer surveys. The service invites feedback and complaints which has improved its complaint management policy and plans to develop an open disclosure framework.  
  
Management advised they analyse feedback information for trends which are discussed at ‘resident and relative’ meetings and identify improvements which are then placed on the improvement register.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found that the service met four of five requirements under standard seven.

Ten consumers and representatives said in various ways they were not satisfied that members of the workforce have the time to deliver quality care and services and / or with the continuity of staff delivering care. Twelve staff provided feedback in various ways that they did not feel there was enough staff rostered at the service to meet the needs of consumers.

The service did not effectively demonstrate that the workforce is planned, and the number of staff is available to supports safe and quality care and service. Management said they plan to increase the casual care staff numbers and that an additional floating night staff member has been recently implemented.

The service demonstrated that workforce interactions with consumers are kind, caring and generally respectful of each consumer’s identity, culture and diversity. Staff were observed engaging with consumers in a kind and caring way. The service demonstrated that the workforce is generally competent, and the members of the workforce have the qualifications to meet the requirement of their roles.

Staff have access to position descriptions, policies, work instructions and other guidance material to support them in providing care and services. Education and training are provided for staff on a range of topics, including mandatory topics. Attendance is monitored.

The service demonstrated they monitor and manage staff qualifications and compliance requirements to meet the organisations expectations. Recruitment process has been improved to incorporate consumer involvement in staff selection through the newly implemented ‘recruitment circle’ where consumers engage with potential staff and provide feedback to management prior to appointment. The service monitors staff performance and performance reviews are currently being undertaken.

#### Requirements:

##### Standard 7 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

2. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation has met five of five requirements under Standard 8.

Consumer experience interviews show that 94% of consumers and representatives said the place is well run most of the time or always with one consumer answering some of the time due to concerns they have with their care management. Consumers and representatives provided feedback in various ways they are generally involved in the development, delivery and evaluation of care and services.

The service has a continuous improvement plan that is developed from a range of sources including feedback forms, meeting minutes, audits and observations. Information is provided to consumers through a range of formats including newsletters and emails. Consumer information from meetings, surveys, incidents and complaints is reported to senior management for monitoring.

The governing body meets regularly and reviews risk from an organisational and consumer perspective. There are organisation wide governance systems to support effective information management, the workforce and compliance with regulation. A clinical governance system is in place and clinical incidents are monitored and reported to senior management.

The Assessment Team identified failings in Standard 3 Personal care and clinical care in relation to the management of some risks, particularly falls and influenza management. The organisation has commenced a new role to specifically monitor and review falls following identifying this as an opportunity to improve.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure