Accreditation Decision and Report

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | John Curtin Aged Care |
| **RACS ID:** | 3310 |
| **Name of approved provider:** | John Curtin Aged Care Inc |
| **Address details:** | 6 Cushing Avenue CRESWICK VIC 3363 |
| **Date of site audit:** | 30 July 2019 to 01 August 2019 |

**Summary of decision**

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| **Decision made on:** | 05 September 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:** | 11 October 2019 to 11 October 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Standard 6 Feedback and complaints | | Met |
| Standard 7 Human resources | | Met |
| Standard 8 Organisational governance | | Met |

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

## Introduction

**This is the report of an assessment of John Curtin Aged Care (the Service) conducted from 30 July 2019 to 01 August 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 Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

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

For a ‘Not met’ finding, the Assessment Team has provided information about why the Requirement was Not 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** |
| --- | --- |
| Board chairperson | 1 |
| Care staff | 3 |
| Chief executive officer | 1 |
| Clinical care coordinator | 1 |
| Consumers and representatives | 18 |
| Domestic staff | 2 |
| Enrolled endorsed nurse | 2 |
| Finance manager | 1 |
| Lifestyle staff | 2 |
| Operations manager (in transition) | 1 |

## 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:

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:

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 service has met the six requirements under Standard 1.

Of consumers and representatives randomly sampled, 93% said staff treat them with respect most of the time or always. A small proportion of consumers and representatives interviewed made other comments regarding respect to consumers. The service informally monitors though feedback mechanisms that consumers are satisfied that staff treat them with respect and support them to maintain their identity and live the life they choose.

The service demonstrated that consumers are treated with dignity and respect, and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully, staff greeted consumers as to their preferred language and could readily identify consumer’s individual preferences and interests. Consumers described the ways their social and personal relationships are supported both inside and outside the service. The service discusses with staff the value of culture and diversity and encourages a range of activities for consumers with diverse backgrounds and preferences and in delivery of care that is tailored to the person.

Staff could provide meaningful examples of how they help consumers make choices, including where consumers change their mind more frequently. Consumers described how the meaning of independence is different to all of them and expressed satisfaction in maintaining their expectation of independence.

Consumers report that the service protects their privacy and confidentiality of their information, and that they are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy. Management and staff were able to demonstrate practices as to privacy, dignity and confidentiality and staff referred to recent education attended.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

The organisation demonstrates that 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.

##### Standard 1 Requirement (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 (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 (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:

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:

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 service has met the four of five requirements under Standard 2.

Of consumers and representatives randomly sampled, 86% said they have a say in their daily activities, most of the time and always.14% said they have a say in their daily activities some of the time. Consumers and representatives provided various examples of what this meant for them for example: I always have a say in all my daily care and activities; I have my say, such as when I prefer my shower. However, 64 % of consumers and representatives randomly and purposely sampled, described in various ways that they are not engaged (or included in discussions) in the planning, development and ongoing evaluation of their care needs and have not seen their care plan.

Staff described how care and services are regularly reviewed and/or when there is a change to a consumer’s health or wellbeing. Each of the consumers care plans reviewed by the Assessment Team evidenced initial assessments and plans are developed and reviewed. However, there is not always evidence of partnership with the consumer and/or their representative in the planning, development and ongoing evaluation of their needs.

Staff described how consumers and others who contribute to the consumer’s care (including medical practitioners, allied health professionals, carers and family) work together to ensure assessment and planning has a focus on optimising health and wellbeing in accordance with the consumer’s needs, goals and preferences.

The Assessment Team were satisfied that advance care planning and end of life planning formed part of the care planning. This was evidenced by the documentation for a consumer who is currently receiving palliative care in the service.

#### Requirements:

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

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.

##### Standard 2 Requirement (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 (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 Met

#### Consumer outcome:

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

#### Organisation statement:

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 the service has met the seven requirements under Standard 3.

Of consumers and representatives randomly sampled, 100% said they get the care they need always or most of the time and 100% said they feel safe always or most of the time. Consumers and representatives provided various examples of what this meant for them. Consumers overall reported feeling safe and confident that they are receiving personal and clinical care that is right for them.

Each of the ‘care plans’ reviewed by the Assessment Team demonstrated information is collected on moving into the service and an interim care plan developed. Assessments and risk tools are used to develop consumer’s care plans which include needs, goals and strategies and care plans are reviewed on a regular basis including end of life care, pain management, wound, diabetes, and other specialised clinical management strategies. The organisation has overarching policies and procedural statements to guide practice. Staff demonstrate a good working understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

Management and staff could describe how best practice informs clinical care, how information is shared within the organisation and with others outside the organisation and could identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice. Staff generally recognise and respond to change or deterioration in consumers health and wellbeing.

#### Requirements:

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

The organisation demonstrates that 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.

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

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

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

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

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

The organisation demonstrates that 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.

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

#### Consumer outcome:

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:

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 the service has met the seven requirements under Standard 4.

Of consumers and representatives randomly sampled, 100% said they that they are encouraged to do as much as possible for themselves most of the time or always. One hundred percent said they like the food here most of the time or always. Consumers reported overall services and supports for daily living are safe and effective and meals provided are varied and of suitable quality and quantity.

Consumers, representatives and staff provided various examples about how the service promotes emotional, spiritual and psychological wellbeing and what this means for them: I am independent and do as much as I can such as go off walking around town and dress myself. One consumer described the joy it brings him that his wife can stay all day and share a meal with him at the table and said the service even arranged a special dinner for our wedding anniversary. Another consumer described how they have developed a number of friendships at the service and they meet up daily. Staff described how they identify and provide one to one engagement for consumers who prefer to stay in their room.

The service demonstrated that is makes timely referrals to other organisations and provides safe, suitable and well-maintained equipment and that staff are appropriately trained to use equipment. This was also observed by the Assessment Team.

#### Requirements:

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

The organisation demonstrates that 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.

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

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

Standard 4 Requirement (f) Met

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

##### Standard 4 Requirement (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:

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

#### Organisation statement:

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 the service has met the three requirements under Standard 5.

Of consumers and representatives randomly sampled, 86% said they feel at home here most of the time or always while 14% said some of the time. Consumers described in various ways they feel comfortable. The service was observed to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items and is clean and well maintained. The layout of the service supports consumers to move around freely, with suitable furniture, fittings and signage to help consumers navigate the service. There are two dining areas to support consumers individual dining needs and preferences and multiple spaces to relax and meet privately with visitors including a cafe and multipurpose area. Consumers are supported and encouraged to access these and outdoor areas.

Of consumers and representatives randomly sampled, 100 % said that they felt safe most of the time or always and described in various ways the service is secure, there are always a lot of people around and their calls for assistance are responded to in a timely manner.

Management described their electronic management system for reporting and monitoring repairs and maintenance of fixtures, furnishings and equipment and how they use feedback mechanisms and preventative maintenance schedules to monitor the organisation’s service environment.

#### Requirements:

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

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement (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:

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:

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 the service has met the four requirements under Standard 6.

Of consumers and representatives randomly sampled, 93% said that staff follow up when they raise things with them most of the time or always while 7% said some of the time. Consumers reported overall, they are supported and encouraged to give feedback and make complaints and appropriate actions are taken.

Stakeholders are invited and encouraged to attend meetings for example monthly ‘resident and representative’ meeting to provide feedback about care and services. Feedback forms are available in multiple areas throughout the service along with secure lodgement boxes. Advocacy and external complaints information is on display throughout the service and documented in consumer handbook. Staff described how they would support consumers to provide feedback and or make a complaint. Management said all feedback is logged on the services electronic document management system which enables follow up and documentation of action/s taken.

The service has developed a framework for open disclosure for when things go wrong. Management described how any significant concerns are reported to the board and that the board is active in responding to concerns raised including drafting correspondence.

#### Requirements:

##### Standard 6 Requirement (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 (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 (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 (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 Met

#### Consumer outcome:

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

#### Organisation statement:

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 the service has met the five requirements under Standard 7.

The service demonstrated they ensure the numbers and mix of the staff is planned, generally managed and reviewed to enable safe and quality care and services. Of consumers and representatives randomly sampled, 100% said staff are kind and respectful most of the time or always. Management described how the service has issued a ‘dignity and choice’ policy that includes ethnicity, language, spirituality and religion, culture, sexuality and drafted a ‘dignity and respect’ policy.

Of consumers and representatives randomly sampled, 100% said staff know what they are doing most of the time or always. The service demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers.

The service demonstrated they monitor staff qualifications and ensure through staff selection and education and training processes that the workforce is competent, and they have the knowledge and skills to effectively perform their roles. Management described how they recently tested a new staff appraisal tool with positive feedback and plan to roll this out to team leaders, while they develop an appraisal tool for other designations.

#### Requirements:

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

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

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

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

#### Organisation statement:

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 service has met three of five requirements under Standard 8.

Of consumers and representatives randomly sampled, 100 % said this place is well run most of the time or always and described in various ways the service is organised and they have noticed improvements with how the service is run under the new management.

However, the service did not adequately demonstrate partnership with consumers in the planning, development and ongoing evaluation of their care and services. Management said assessment and planning is completed in collaboration with consumers and their representatives however this is currently a more informal process and they plan to implementation a formal meeting process.

The service did not adequately demonstrate they effectively use strategies such as self-assessment tools, audits, surveys, observations, feedback and meetings to monitor the effectiveness of the service’s systems and identify opportunities to improve.

The governing body meets regularly, and reviews risks from the service and consumer perspective. Governance systems support effective information management, financial governance, the workforce, compliance with regulation and feedback and complaints. The board chairperson described how they are wanting to set up a clinical governance committee and have developed clinical governance policies to addresses anti-microbial stewardship and open disclosure.

#### Requirements:

##### Standard 8 Requirement (a) Not 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 (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 (c) Not Met

The organisation demonstrates that 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

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

The organisation demonstrates that 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

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

The organisation demonstrates that 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