Performance

Report

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| Name of service: | Performance report date: |
| Camberwell Green | 28 September 2023 |
| Commission ID: | Activity type: |
| 3968 | Site audit |
| Approved provider: | Activity date: |
| Allity Pty Ltd | 9 August 2022 to 11 August 2022 |

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 Camberwell Green (**the service**) has been considered by Kathryn Spurrell, 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.

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 | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers said they are treated with dignity and respect and their individual identities are acknowledged by staff. Staff spoke about individual consumer’s needs, the things of importance to them and were observed being respectful during interactions.

Consumers explained how different cultures form part of the activity plan through the ‘Cultural Wheel’ where different cultures and world locations are spoken about allowing consumers to share their own travel experiences. Care planning documentation showed cultural information is collected upon admission and outlines individual values, and cultural needs.

Consumers provided examples of how they are supported to make decisions about their care, maintain existing relationships and foster new ones. Staff provided examples of how they support choice and allow consumers to communicate their preferences. Care planning documentation outlines when a representative is appointed to support decision making for the consumer and individual care plans outline important relationships for consumers.

Consumers said they feel supported to take risks and live the best life they can. Staff demonstrated knowledge of consumer risk and explained how choices are supported. Care planning documents outline the support given to consumers when taking risk and individual risk assessments are completed and signed by the consumer and/or their representative.

Consumers and representatives advised they were satisfied with the way information is provided to them by staff. Staff advised all consumers and representatives are provided with a copy of the monthly activities calendar and menu as well as the fortnightly newsletter which outlines what has happened in the last fortnight and what is occurring in the future, including continuous improvements at the service and outcomes of meetings.

Consumers said their personal information is kept confidential and gave examples of how their privacy is maintained by staff at the service. Staff knock before entering a room, ensure consumers are dignified when providing personal care and protect access to consumer information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

## Findings

Staff explained that assessment outcomes are documented in care plans, which guides them in the safe and effective care of consumers. Consumers and representatives said they are satisfied with the care they receive and acknowledged risks are identified and managed to promote their independence and safe care.

Consumer documentation and care plans identified key high impact and high prevalence risks such as falls, pressure injury development, weight loss, swallowing difficulties and responsive behaviours. The service demonstrated assessments and planning reflect consumers goals, needs and preferences including advance care plans and end of life care wishes.

Consumers and their representatives said they are satisfied with the quality of care and services they receive, and assessments and planning are based on partnership with them and includes others they want involved in their care. Staff described the process of referring consumers to relevant allied health professionals, such as physiotherapists and occupational therapists. Care planning reviews identified consumers and their representatives are consulted in assessments and care planning and include input from other multi-disciplinary team members.

Consumers and representatives said the outcomes of assessments and planning are communicated to them and most said they have a current copy of their care plan or know where to access one if they chose to. Staff explained the process of accessing care plan documents on the electronic system and said they communicate outcomes of assessments to consumers, and they involve representatives to explain information to consumers who have difficulties communicating.

Management advised clinical incidents are reviewed monthly at the service and organisational level, to identify strategies to minimise risk of reoccurrence of incidents and to identify improvements, which can be implemented to improve outcomes for consumers. The service is guided by policies and procedures for recording and reporting incidents and care plans are updated when circumstances change, such as a change in health or when incidents occur.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

Consumers and representatives said they are satisfied the care delivered is tailored to their needs and optimises their health and well-being. Staff demonstrated knowledge and understanding of the personal and clinical needs of individual consumers.

The service has policies and procedures in place to support the delivery of care, such as wound management, restraint practices, falls prevention, skin integrity and pressure injury prevention and demonstrated effective management of these areas. Care planning documentation identified effective strategies to manage key risks and were recorded in assessment tools such as the Falls Risk Assessment Tool, care plans and progress notes for consumers.

Consumers and representatives confirmed staff had spoken to them about advanced care planning and end of life preferences. Staff say they attend to mouth care, skin care, pain management and involve families during palliation of the consumer. Care planning documents detail consumer advance care planning information including choices and end of life preferences.

Consumers and representatives were satisfied with the recognition of deterioration or changes in consumers’ condition. A review of care planning documents, progress notes and charting, demonstrate deterioration in a consumer’s health, capacity and function is recognised and responded to appropriately and quickly.

Staff described how changes in consumers care and services are communicated through verbal handover, meetings, accessing care plans, accessing the daily consumer task reports or messages through electronic notifications. A review of documentation such as progress notes and care plans, identified adequate and accurate information to support effective and safe sharing of the consumer’s care.

Consumers and representatives said they are satisfied with the delivery of care, including referral processes. Staff describe the process for referring consumers to health professionals and allied health services. The service is guided by organisational procedures regarding referral processes to health professionals within and outside of the service.

Staff had received training on infection minimising strategies including hand hygiene, the use of appropriate personal protective equipment and outbreak management process. Care and registered staff interviewed, demonstrated an understanding of how to minimise the need for antibiotics and ensure they are used appropriately.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Consumers were satisfied with the services provided to meet their individual needs, maintain independence, wellbeing, and quality of life. Staff provided examples of individual consumer’s needs, goals and how they are supported to promote consumers to live their best life. Care planning documentation show consumers choices are current, reviewed regularly and updated to meet changes in consumer needs, goals, and preferences.

Care planning documentation records consumers’ individual emotional, psychological, spiritual preferences and requirements. Consumers said they feel supported to continue with religious worship of their choice and feel the service supports this by providing different religious services throughout the month. Staff provided examples of how they support consumers emotional wellbeing and how referrals can be made in the event psychological well-being requires additional support.

Consumers felt supported to participate in activities that are of interest to them and feel like they get out into the community. Staff described how community organisations such as volunteers from local churches, locals who provide pet therapy and local school children visit the service regularly. Care planning documentation identifies community engagement, personal relationships, and things of interest for individual consumers.

Staff advised consumer care needs and condition are shared at handover and preferences are obtained by speaking with the consumers daily. Care planning documentation includes contact information for representatives, external provides and clearly outlines the consumers current condition, needs and preferences. The service demonstrates timely and appropriate referrals are made for consumers to other organisations and individual providers such as medical specialists.

Consumers provided positive feedback in relation to the meals provided at the service. Observations of meal services included friendly interactions between consumers and staff, minimal wastage with some consumers asking for seconds. Maintenance logs show how repairs, scheduled maintenance, and cleaning are completed.

# Standard 5

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

## Findings

Consumers said they find the service welcoming, warm and friendly The Assessment Team observed the service to be welcoming, with personalisation to make it home like. Consumers rooms show personalisation including artwork, photographs, personal bedding, and personal furniture.

Consumers said the service is clean and well maintained. Maintenance requests are promptly attended, and consumers said they feel safe and comfortable living at the service. Handrails are placed throughout the service providing an additional safety measure for those consumers who require them.

Consumers said they feel safe to utilise the service’s equipment and have no concerns with the current furniture and fittings at the service, were aware of the maintenance process and confirmed attendance to maintenance requests are prompt and efficient. Maintenance logs show how repairs, scheduled maintenance, and cleaning of equipment are completed in a timely and consistent fashion.

**Standard 6**

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Consumers and their representatives felt encouraged and supported to provide feedback regarding care and services and would feel comfortable in raising concerns should the need arise; they were aware of various ways in which feedback or complaints can be provided at the service. Staff were able to describe the avenues available for consumers and representatives if they wanted to provide feedback or make a complaint and explained the process, they follow should a consumer or representative raise an issue with them directly.

Staff described how they communicate concerns to management, encourage consumers to provide feedback and assist in completing feedback forms as required. Staff were aware of how to access interpreter and advocacy services for consumers. The Assessment Team reviewed the service’s written materials, such as the resident handbook, feedback forms, brochures, and promotional material, which provide information about how to make complaints, and contact information for external complaints agencies, advocates, and language services.

Staff were able to describe the process followed when feedback or a complaint is received including escalation to senior clinical personnel or management if applicable. Management provided examples of recent actions taken in response to complaints made and feedback provided which evidenced a timely resolution and appropriate actions being taken inclusive of an open disclosure process. The service’s incident management system and incident forms, identify that staff and management apply an open disclosure process following an adverse event occurring, and details of the open disclosure process are documented where applicable.

Consumers described some of the changes implemented at the service as a result of their feedback and complaints. Management advised the service trends and analyses feedback and complaints made by consumers and representatives and uses them to inform continuous improvement activities across the service.

**Standard 7**

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Consumers said there are sufficient staff to meet their needs and when they call for assistance staff are prompt to attend. Staff also felt that there were sufficient staff to provide care and services in accordance with the consumers’ needs and preferences, and said they have sufficient time to undertake their allocated tasks and responsibilities.

Consumers and representatives said staff engage with them in a respectful, kind, and caring manner. Staff demonstrated an in depth understanding of consumers, including their needs and preferences.

Consumers and representatives said they feel confident staff are suitably skilled and competent to meet their care needs. Staff expressed satisfaction with the support other staff and management provided to them on commencement at the service and continue to provide on an ongoing basis. Staff were able to describe the training, support, professional development, and supervision they receive during orientation and on an ongoing basis and reported they also undertake training at staff meetings and toolbox sessions and are aware of training through handover meetings, emails, and memorandums.

The service was able to demonstrate the performance of the workforce is regularly assessed, monitored, and reviewed. Management advised, the service has probationary and ongoing performance review systems in place. Management advised that staff performance is monitored through observations, the analysis of internal audits, clinical data, and consumer, representative and staff feedback. **Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

Consumers and representatives are confident that the service is run well, and that they are satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff were able to describe the ways in which consumers are encouraged to be engaged and involved in decisions about changes to the service, and the development, delivery and evaluation of care and services they receive.

The organisation has implemented systems and processes to monitor the performance of the service and to ensure the governing body is accountable for the delivery of safe, inclusive, and quality care and services.

The service was able to demonstrate that there are effective organisation wide governance systems in place which guide information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints.

The organisation provided a documented risk management framework and policies on the management of high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Staff and management interviewed could provide examples of these risks and their management at the service.

The service was able to demonstrate the organisation’s clinical governance systems ensure the quality and safety of clinical care, and promote antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)