Performance

Report

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| Name of service: | Campbell Place |
| Service address: | 131-141 Coleman Parade GLEN WAVERLEY VIC 3150 |
| Commission ID: | 3035 |
| Approved provider: | Australian Unity Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 May 2023 to 2 June 2023 |
| Performance report date: | 26 June 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 Campbell Place (**the service**) has been prepared by J. Miaris, 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were treated with dignity and respect, and staff value their culture and diversity. Staff demonstrated respectful interactions with consumers and showed an understanding of consumers’ care preferences and individuality. Care planning documentation outlined consumers’ backgrounds and preferences. The service had policy and procedures on diversity to guide staff when assessing consumers’ care needs.

Consumers said staff respect their culture, values, and beliefs and they feel culturally safe within the service. Staff said they understood and valued consumers’ diverse cultures, beliefs, and individuality and explained how this influences their care. Care planning documents included information on cultural and spiritual preferences. The service had policies and procedures in place to guide staff practice in providing culturally safe and inclusive.

Consumers said they were supported to make decisions that are right for them, maintain their independence and have others involved in their decision making. Management and staff explained how they encourage and support choice and decision making by consumers about their care and who they want to spend time with. The service had a policy and procedure in place supporting consumer choice and decision making. Consumers were observed engaging in activities of their choice.

Consumers described ways in which they were supported to continue to live the life they choose and do things which are important to them. Staff demonstrated knowledge of the consumers who wish to partake in risk activities and examples, how they support consumers to understand the benefit and potential harm when they are considering taking risks and were observed supporting consumers in this activity. Care planning documents demonstrated risk assessments were completed in consultation with consumers or their representative in line with the service’s risk management policies and procedures.

Consumers and representatives said the service keeps them well informed, such as events, activities, infectious outbreaks, menus, allied health visits and general updates at the service, which enables consumers to exercise choice. Staff described how the service provides consumers and representatives with current and timely information. The service communicates information via noticeboards, meetings, newsletters, and any changes communicated by relevant staff, this enables consumers to exercise choices that impact on their daily lives. Menus and activity schedules were observed on display in each dining room and on noticeboards.

Consumers said their privacy and confidentiality is respected and described staff practices such as knocking on doors before entering the room and closing the door when providing personal care. Staff described how they maintain consumers’ privacy when providing personal care, and electronic devices are password protected to access consumers’ personal information. Staff were observed respecting consumers’ privacy by knocking on doors and waiting for a response before entering, using signage when providing care.

# Standard 2

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff described the assessment and care planning processes, involving consumers and representatives. Care planning documentation reflected input from relevant practitioners and service providers that contribute to assessing and planning safe and effective care. The service demonstrated risks to the consumer’s health and well-being is considered during assessment and planning to ensure care and services are safe and effective.

The service demonstrated that assessment and planning identify and address the consumer’s current needs, goals, and preferences, including advance care planning and end of life wishes. Care planning documentation were individualised, reflecting consumers’ individual needs and preferences, including advanced care plans in place for consumers that consented to provide this information. Management said consumers and their representatives can discuss advance care planning and end of life wishes during the admission process if they wish and during regular conversations with staff or management.

Care planning documentation reflected the involvement of consumers, representatives and health professionals in the assessment and planning process. Staff described processes for partnering with consumers and their representatives in care planning, such as knowing who the consumer wishes to be involved. This was reflected in consumer and representative feedback.

Consumers and representatives said staff explain information about care and services, and they can access a copy of the consumer’s care plan when they want to. Staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives.

Care planning documentation evidenced they were reviewed on a regular basis and updated when circumstances change. Staff advised care planning documents are reviewed every 3 months, or when required. Consumers and representatives reported staff regularly review and discuss care needs with them or when their circumstances have changed, including deterioration or incidents impacting their needs, goals, and preferences.

# Standard 3

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

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers were receiving care that is safe and right for them that meets their care needs and preferences. The service had processes in place to manage restrictive practices, skin integrity, pain and medication management which were in line with best practices. Care planning documentation reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent and a behaviour support plan.

Care planning documentation identified that high impact and high prevalence risks were effectively managed, and staff implement relevant strategies to minimise risks and support a safe environment for the consumer such as changing bed height and assistance with mobility for those consumers who are at risk of falls. Staff explained how risks to consumers are identified through regular assessments, with mitigation strategies incorporated into the consumer’s care plan, so staff know how to manage high impact and high prevalence risks for consumers in the service.

Staff described how they deliver end of life care to consumers in line with their needs, goals, and preferences. Consumers and representatives expressed confidence that when consumers’ needed end of life care, the service would provide support and keep them comfortable. Care planning documentation reflected consumers’ end of life wishes and described what is important to them and their families.

Consumers and representatives said they had confidence that changes in consumers care needs would be identified and addressed. Care planning documentation and clinical protocols demonstrated that deterioration is recognised and responded to quickly, and plans were in place for when changes occur. Documentation identified when consumers have displayed deterioration or a change in their condition, which is communicated to other staff to ensure monitoring and follow ups are completed. Staff said changes in consumers’ needs were discussed at handover at the beginning of each shift and actioned as needed for the support of consumers care needs.

Care planning documentation contained adequate information to support effective and safe sharing of consumer’s information in providing care, including communication with external providers. Staff described how changes in consumers’ care and services are documented and communicated within the organisation, such as, via staff handovers between each shift, and with others where clinical care is shared.

Consumers and representatives said referrals were appropriate and consumers have access to a range of health professionals. Staff described the process for timely referrals to individuals, other organisations and providers of other care and services. Care planning documentation included input from other services and health professionals and reflected timely and appropriate referrals made to a range of allied health professionals.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# Standard 4

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

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being, and quality of life. Staff described how they support consumers to maintain a quality of life that consumers find satisfying including through an activities program in accordance with their interests. Care planning documentation reflected what is important to consumers and the activities they like to participate in. Consumers were observed actively partaking in activities.

Consumers described support and services available to them to promote their emotional, spiritual, and psychological wellbeing. Staff described how they support consumers emotional and spiritual needs, through one-on-one staff support and access to religious services to meet consumers preferences. Care planning documentation outlined consumers emotional and spiritual needs with strategies in place to support and ensure consumers emotional, spiritual, and psychological wellbeing needs are met.

Consumers said they are supported by the service to participate in activities within and outside the service environment as they choose. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documentation identified activities of interest to consumers, and how they are supported to participate in these activities and captured information about the people that are important to them.

Staff described how communication of consumers’ needs and preferences occurs via care planning documents, the service’s electronic care management system, and shift handover to enable the provision of safe and personalised care to consumers. Consumers said staff were aware of their conditions, needs and preferences. Care planning documents included adequate information to support safe and effective care.

Care planning documents evidenced the service collaborates with external providers of other care and services to support the diverse needs of consumers. Staff described the referral processes for various providers of health support and staff provided examples of consumers being referred to other providers of care and services. Consumers said they have access to a range of services and supports, including volunteers and lifestyle activities delivered by various external providers.

Consumers were satisfied with the quality and quantity of food provided at the service, and there are multiple meal options to choose from. Staff were aware of consumers’ dietary needs and care planning documentation captured consumers dietary needs and preferences. Staff described ways consumers were encouraged to provide feedback on the quantity and quality of food and explained how they catered to consumers with different dietary needs and food sensitivities.

Consumers said they felt safe when using equipment provided by the service and equipment is clean, well maintained, and suitable for their needs. Staff demonstrated awareness of processes to report any maintenance issues. Documentation demonstrated preventative maintenance schedules were in place and up to date. Equipment, including mobility aids were observed to be safe, suitable, clean, and well maintained.

# Standard 5

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

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said the service environment was welcoming and easy to navigate. The service environment was observed to have a variety of internal and external communal spaces for consumers, with appropriate signage to assist with navigation. The corridors and common areas of the service were observed to be spacious and tidy for consumer use. Consumers’ rooms were observed to be personalised with their own belongings.

Consumers said the service environment is clean and well maintained and they are able to move around freely both indoors and outdoors. The service had systems and processes in place to ensure hazards are identified, maintenance requests are completed in a timely manner and cleaning schedules in place. The service environment was observed to be clean and well maintained with clear pathways available for consumers.

Furniture, fittings, and equipment throughout the service was observed to be safe, clean, and suitable for consumer use. Consumers said equipment within the service is clean and well maintained. Staff explained preventative and reactive maintenance procedures to ensure fittings and equipment are suitable for consumer use.

# Standard 6

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

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they are encouraged and supported to provide feedback or raise concerns by verbal and written communication to staff and management, and by providing feedback at meetings. Management and staff described the various ways consumers could provide feedback, comments, suggestions, compliments, or complaints. Information posters describing how to provide feedback and complaints were observed throughout the service and feedback forms, brochures and posters for internal and external complaints services were observed displayed upon entry and throughout the service for consumers to access.

Consumers and representatives interviewed stated that they were aware of, and have access to, advocates and other methods for raising and resolving feedback. Staff and management were aware of processes and how to access interpreter and advocacy services for consumers. The service had brochures and feedback forms available in alternate languages and advocacy services were displayed on noticeboards throughout the service.

Consumers and representatives said the service responded to their complaints appropriately and management promptly responds and seeks to resolve their concerns after they make a complaint. Staff and management provided examples of the process that is followed when feedback or a complaint is received, staff acknowledged they have been trained in open disclosure, and demonstrated an understanding of open disclosure principles and how they have been applied.

Consumers reported their feedback has been used to improve care and services. Management described detailed processes in place to escalate complaints, and how feedback and complaints are used to improve the care and services. Documentation reflected the various ways the service captured feedback and complaints and how data is used to inform improvements.

# Standard 7

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they were satisfied there is enough staff to meet consumers’ care needs and answer call bells promptly. Management and staff described how they ensure there is enough staff to provide safe and quality care to consumers, ensuring shifts were covered. Management explained how call bell data is monitored, with strategies implemented to ensure call bells are answered within appropriate timeframes.

Consumers and representatives felt that staff interact with consumers in a kind, caring and respectful way. Consumers reported that staff know them well and are kind and caring. Staff were observed interacting with consumers in a kind, caring and respectful manner addressing consumers by their preferred name. Staff demonstrated awareness of consumers’ cultural and personal backgrounds.

Consumers and representatives felt staff are knowledgeable and know what they are doing when providing care to consumers. The service detailed processes for ensuring the workforce are competent and have the qualifications or knowledge to effectively perform their roles and described ways in which they ensure staff at the service are competent. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Staff said they received adequate training to perform their roles and documentation evidenced that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards. Management described the annual face to face mandatory training and online training resources for staff to complete and how completion of mandatory training is monitored.

The service regularly undertakes assessment, monitoring and review of the performance of each member of the workforce. Management detailed ways consumer feedback is taken into consideration when completing regular reviews of each individual member of the workforce and explained that formal performance appraisal is conducted annually where performance feedback is provided, personal goals are set, and training discussed. Documentation evidenced that annual appraisals were in place and were completed with staff in line with the organisation’s documented policy on performance management and development.

# Standard 8

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said the service engaged with them in the development, delivery and evaluation of care and services. Management described the ways consumers and representatives are engaged including customer experience surveys, feedback, and meetings. The service has effective systems to engage and support consumers in the development, delivery, and evaluation of care and services, this was demonstrated and reflected in documentation.

Consumers and representatives advised the service promotes a culture that is safe, inclusive, and professional. Management demonstrated how the governing body and the board are involved and informed in the delivery of care and services via platforms such as committee meetings and reports where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to continuous improvement, the governing body satisfies itself that the Quality Standards are being met through its continuous improvement plan identifying the need for internal audits to detect improvements required.

The service had policies and procedures in relation to the management of risks in response to incidents. Management and staff described how incidents are analysed, used to identify risks to consumers, managed, and inform improvement actions to support consumers to live their best lives. The service described an incident management system used to collect and record incident data which is analysed to guide management in risk and prevent incidents.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff have been educated in these areas and were able to provide examples of how it applied to their day-to- day work.

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)