Performance

Report

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| Name of service: | Carrum Downs Aged Care |
| Service address: | 80 William Road CARRUM DOWNS VIC 3201 |
| Commission ID: | 4525 |
| Approved provider: | Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 16 March 2023 |
| Performance report date: | 3 May 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 Carrum Downs Aged Care (**the service**) has been prepared by M. Nassif, 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 and representatives said consumers are treated with dignity and respect, and staff valued their identity, culture and diversity. Staff demonstrated awareness with consumers’ backgrounds and how to make them feel valued. Care planning documents outlined consumer’s backgrounds and personal preferences. Staff were observed being respectful during their interactions with consumers.

Care planning documents included information on consumers’ backgrounds, identities, cultural and spiritual needs and preferences. Staff identified consumers from culturally diverse backgrounds and described how they tailor care to meet their cultural needs and preferences.

Consumers and representatives said consumers are supported to exercise choice about their own care and are encouraged to make connections and maintain relationships. Care planning documents highlighted what was important to consumers, including maintaining personal relationships, independence and when representatives should be involved in their care. The service had policies in place supporting consumer choice and decision making.

Consumers and representatives said consumers are supported to take risks which enabled them to live their best lives. Staff demonstrated knowledge of the consumers who wish to partake in risk activities. Care planning documents described areas in which consumers are supported to take risks to live the life they wish.

Consumers and representatives said consumers receive information via various methods which enabled them to exercise choice. Meeting minutes, monthly activity program calendars, posters, schedules for services and menus were observed to be accessible and available to consumers for their information.

Consumers and representatives reported consumers’ privacy and confidentiality is respected and described staff practices such as knocking on doors prior to entry. Staff described the practical ways in which they respect the personal privacy of consumers. Observations revealed staff applied practices to ensure consumer privacy is respected.

# 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.

Care planning documents demonstrated effective, comprehensive assessment and individualised care planning processes to identify the needs, goals and preferences of consumers, including the identification of risks. Staff described they use assessments to ensure safe and effective care is delivered. Consumers and representatives said assessment and care planning was adequate and included consideration of risks.

Staff said consumers and representatives participated in conversations regarding advance care and end of life planning, upon admission if the consumer or representatives are comfortable to, and care planning documents for consumers detailed current needs, goals and preferences including advance care planning. This was consistent with consumer feedback and evidenced in care planning documents.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described processes for partnering with consumers and their representatives in care planning, such as gathering information about the consumer’s life history, needs, goals and preferences and further assessments when consumers’ care needs change. This was reflected in consumer and representative feedback.

Consumers and representatives said care planning information is consistently offered to them throughout routine review or during consultations and staff explain information about care and services. Staff described how they effectively communicated outcomes of assessment and planning to consumers and their representatives.

Care planning documents evidenced they are reviewed every 3 months and updated when circumstances change. Staff explained care and services are reviewed for effectiveness following changes in consumers’ circumstances or an incident occurs. Consumers and representatives said staff regularly discuss care needs with them, and any changes requested are addressed in a timely manner.

# 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 are receiving care that is safe and right for them and meets their individual needs and preferences. The service had processes in place to manage restrictive practices, skin integrity and pain management which are in line with best practices. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs of the consumer. Staff described how they know care is safe and effective for consumers.

Consumers said their care is safe and right for them. Care planning documents identified that high impact and high prevalence risks are effectively managed, and staff implement relevant strategies to minimise risks. Staff explained how they identify, assess and manage risks.

Care planning documents for consumers nearing end of life reflected consumers’ comfort is maximised, dignity is preserved and their wishes and needs are supported. Staff described how they deliver end of life care to consumers in line with their needs, goals and preferences. Positive feedback recorded on the service’s records regarding end of life care provided by staff was observed.

Staff described how they identify and respond to deterioration or change in consumers’ condition. Care planning documents demonstrated deterioration is recognised and responded to in a timely manner and plans are in place for when changes occur. Consumers and representatives said the service responded well to any change or deterioration in consumers’ condition.

Care planning documents contained adequate information to support effective and safe sharing of the consumer’s condition, preferences and care needs within the organisation and with others where care is shared. Staff explained that changes in consumers’ care and services are communicated at shift handover, in consumer’s care plans and clinical meetings. Effective handover and staff access to the service’s electronic system for care information was observed.

Consumers said they have access to a range of health professionals and the service made timely referrals to appropriate providers, organisations or individuals to meet care needs. Staff described the process to refer consumers, providing examples of individual consumers referred. Care planning documents evidenced timely referrals occurred when needed.

The service had policies and procedures in relation to antimicrobial stewardship, infection control and management of COVID-19 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 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 and representatives said they feel services and support for daily living meet the consumers’ needs, goals and preferences and they received safe and effective services that maintained their independence, well-being and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities. Staff said they conducted lifestyle assessments with consumers to identify their likes and dislikes upon entry to the service.

Consumers said they receive services and supports for daily living that promoted their emotional and spiritual well-being. Staff described how they support consumers in maintaining their emotional, spiritual and psychological well-being. Care planning documents included information on consumers’ emotional and spiritual needs with strategies to support and promote needs being met.

Consumers said they are supported to stay connected to their community within and outside the service environment as they choose. Care planning documents identified activities of interest for consumers and how they are supported to participate in these activities and the wider community. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships.

Staff described how communication of consumers’ changing condition, needs and preferences occurs via care plans, shift handover and dietary folders. Handover between shifts and utilisation of a handover folder to guide communication of the consumer information within the service was observed. Consumers felt their needs and preferences were well communicated.

Care planning documents evidenced the service collaborates with external providers of other care and services and engaged in timely and appropriate referrals. Staff described how consumers are referred to other providers of care and services and gave examples. Consumers said the service has referred them to external providers to support their care and service needs.

Consumers were satisfied with the variety, quality and quantity of food provided at the service, and there are multiple options to choose from the menu. Staff were aware of consumers’ dietary needs and preferences and described how any changes are communicated.

Consumers felt that equipment is clean, well-maintained and suitable for their use. Staff described the process for reporting faulty equipment. Documentation demonstrated scheduled preventative maintenance of equipment was completed within timeframes.

# 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 and representatives said the service environment was welcoming, easy to understand and optimised consumers sense of belonging, independence, interaction and function. The service environment was observed to be welcoming with plenty of space for consumers to move around and clear signage to aid navigation. Consumers rooms were personalised with their interests and hobbies displayed.

Consumers and representatives said the service environment is clean, well maintained and comfortable and consumers are able to move around freely both indoors and outdoors. This was consistent with observations. Staff described the process for cleaning, documenting, reporting and attending to maintenance issues.

Furniture and equipment throughout the service was observed to be clean and well maintained. Consumers and representatives said furniture and equipment is suitable, safe, clean and well maintained. Maintenance documentation demonstrated maintenance checks were up to date.

# 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 regarding care and services, and are comfortable raising concerns with staff and management. Staff described the avenues available for consumers and representatives if they wanted to provide feedback or make a complaint. Feedback and complaints are gathered through feedback forms, suggestion/feedback boxes, feedback register and minutes of consumer meetings which were observed at the service.

Consumers said they were aware of other ways of raising complaints if needed. Staff were aware of the process to engage advocacy and interpreter services should a consumer require them. Information on advocacy services and making a complaint was displayed throughout the service.

Consumers and representatives said their complaints are promptly addressed and resolved. Staff and management described, and provided examples of the process that is followed when feedback or a complaint is received which evidenced a timely resolution and appropriate actions being taken, including an open disclosure process.

Consumers and representatives felt feedback and complaints provided at consumer meetings and via other mechanisms was used to improve the quality of care and services. The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services as evidenced by the service’s continuous improvement plan which contained areas of improvement that the service had undertaken as a result of trends in feedback and complaints.

# 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 felt there is enough staff to meet the needs of the consumers and answer call bells promptly. This was consistent with documentation and observations. Management explained how call bell and clinical data is monitored on a regular basis to adjust the number and skills mix of staff to ensure quality care and services is provided and any identified trends of concern are investigated.

Consumers and representatives said staff are kind, respectful and caring. Staff were observed being kind, friendly and caring to consumers during interactions with them. The service had policies and procedures to guide staff practice and outlined how care and services are to be delivered in a person-centred approach.

Consumers and representatives said staff are suitably skilled and competent to meet consumers’ care needs. The service had documented policies in relation to key qualifications and knowledge requirements of each role and as outlined in position descriptions. Documents demonstrated staff have relevant qualifications to perform their roles outlined in position descriptions.

Consumers and representatives said staff are well trained and equipped to perform their roles. Staff described the training, support, professional development and supervision they receive during orientation and on an ongoing basis. Documentation demonstrated all staff are up to date with their mandatory training.

Management and staff said the service has probationary and ongoing performance review systems in place. Management said staff performance is monitored through observations, competencies, internal audits, clinical data and consumer, representative and staff feedback.

# 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 and representatives are satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management described the ways consumers are engaged and documentation, such as meeting minutes, confirmed consumers and representatives are engaged.

The organisation had a clinical and quality governance framework that established cascading accountability from management through various committees to the governing body. Documentation demonstrated analysis reports, including analysis of clinical and quality data, is presented to the governing body to ensure they have the information they need to promote a culture of safe, inclusive and quality care and services and ensure it is accountable for its 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 financial governance, management described the organisation’s response to requests for budgetary changes to support the changing needs of consumers such as the review of manual handling equipment and expenditure for the use of air mattresses for consumers requiring pressure relief support.

The service had policies and procedures in relation to risk management, including managing high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, and supporting consumers to live their best lives. Staff interviewed were able to explain the processes of risk management at the service, including key areas of risk that had been identified and is being mitigated, what constitutes elder abuse and neglect and how incidents are identified, responded to and reported.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff described the basic principles of these practices in line with the policies and procedures of the service, provided examples of how they are used and confirmed that they were appropriately trained in these areas.

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-1)