Performance

Report

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| Name of service: | Carrum Downs Private Nursing Home |
| Service address: | 1135 Frankston-Dandenong Rd CARRUM DOWNS VIC 3201 |
| Commission ID: | 4137 |
| Approved provider: | Merakis Enterprises Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 26 October 2022 to 28 October 2022 |
| Performance report date: | 21 December 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 Carrum Downs Private Nursing Home (**the service**) has been prepared by James Howard, 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 conducted from 26 October 2022 to 28 October 2022; 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.
* The Approved Provider’s response to the site audit report, received on 21 November 2022.
* 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.

# 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

Consumers and representatives felt staff treated consumers with dignity and respect and made them feel valued as individuals. Staff spoke of consumers in a respectful manner and demonstrated familiarity with their backgrounds and preferences.

Care planning documentation reflected consumers’ backgrounds and cultures and included cultural activities that each consumer wanted to participate in. Consumers and representatives advised the service recognised and respected their culture and provided culturally safe care and services.

Care planning documentation identified consumers' individual choices around when care was delivered, who was involved in their care and how the service supported them in maintaining relationships. Staff provided examples of how they supported consumers to exercise choice and independence.

Staff demonstrated an awareness of consumers’ chosen activities that contained an element of risk and further indicated they would support consumer’s wishes to take risks and to live the way they chose. The Assessment Team reviewed the service’s choice and independence policy which stated consumers should be supported to exercise choice and independence.

Management and staff described the various ways in which information was provided to consumers, in line with their needs and preferences. The Assessment Team observed information displayed throughout the service which informed and supported consumers to exercise choice.

The Assessment Team noted the nurse’s station was locked throughout the duration of the site audit, and staff were observed knocking on consumers’ doors prior to entering. Consumers felt the service was considerate of their privacy and did not express any concerns regarding the confidentiality of their personal information.

# 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

Consumers and representatives confirmed they received the care and services they needed. Care planning documentation detailed the individual risks associated with consumers’ health and well-being, and the strategies to mitigate these risks.

The service demonstrated assessment and planning identified and addressed consumers’ current needs, goals, and preferences, including advance care planning. Consumers and representatives advised staff involved them in the assessment and planning process.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals. Staff described the importance of consumer-centred care planning and explained they actively collaborated with consumers, representatives and other providers of care to ensure quality care was provided.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. The service had policies in place which stated consumers and representatives were considered as partners in the assessment and planning process and outcomes of care should be communicated to them.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or incidents occurred. Consumers and representatives advised staff regularly discussed their care needs with them, and addressed any changes 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

Consumers advised they received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. The service had readily available policies and procedures which guided key areas of care.

The service demonstrated it effectively managed identified high impact or high prevalence risks through regular clinical data monitoring, trending and implementation of suitable risk mitigation strategies for consumers. Consumers and representatives expressed satisfaction with the care received in relation to the management of high impact or high prevalence risks.

Staff described how they provided palliative care to ensure consumers’ comfort was maximised. The service had policies regarding its approach to palliative care and advance care planning.

Deterioration or changes in consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff described the process they followed in the event they noticed a deterioration in the health and well-being of a consumer.

Consumers and representatives stated consumers’ care needs and preferences were effectively communicated between staff and they received the care they needed. The Assessment Team observed clinical staff discussed any consumer updates and changes in health status during their clinical staff handover.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives were satisfied with the referral process and confirmed they had access to the required health care supports.

The service had implemented policies and procedures which supported the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff demonstrated an understanding of precautions to prevent and control infections and the steps they undertake to promote appropriate antibiotic prescribing.

# 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

Consumers and representatives felt supported and considered consumers were provided with the necessary supports to engage in activities of interest. Care planning documentation showed consumers received the services that met their needs and preferences.

Consumers advised the service provided supports for daily living which promoted consumers’ emotional, spiritual and psychological well-being. Care planning documentation captured information regarding the emotional, spiritual and psychological needs and preferences of consumers.

Care planning documentation identified activities of interest to consumers and their relationships of importance. Consumers and representatives indicated they were supported to participate in activities both within and outside the service environment.

Staff advised they communicated and documented changes to the consumer’s condition via the service’s care planning system and through shift handovers. Consumers and representatives indicated information regarding their daily living choices and preferences was effectively communicated to staff and others where responsibility for care was shared.

Care planning documentation identified the involvement of other organisations and providers of care and services. Consumers indicated they were supported by other organisations, support services and providers of other care and services.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity, and met their personal needs and preferences. The service had feedback mechanisms which supported consumers to provide feedback regarding the meals they received.

The service demonstrated the equipment provided to consumers was safe, suitable and well maintained. Consumers indicated they felt safe when using the equipment provided by the service and that equipment was readily available when required.

# 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

Consumers indicated the service environment was welcoming and easy to understand. Staff described various aspects of the service that made consumers feel welcome and optimised their sense of belonging and easy of navigation.

The Assessment Team observed the service environment was safe, clean, and well maintained and allowed consumers to move freely both indoors and outdoors. Consumers and representatives were satisfied with the cleanliness of their rooms and common areas at the service.

The Assessment Team observed, and consumers confirmed, that equipment was checked, cleaned and maintained regularly. Maintenance staff provided the preventative maintenance schedule and explained how external contractors were managed, and the process for coordinating repairs.

# 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

*Requirement 6(3)(d):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate feedback and complaints were reviewed and used to improve the quality of care and services.

The site audit report noted:

* Consumers and representatives indicated they had provided feedback to the service regarding their care and services. A review of the service’s feedback register did not evidence the feedback provided by various consumers and representatives was documented, nor were there any complaints documented since January 2022. Despite a lack of documentation of complaints, consumers and representatives mostly expressed their complaints were appropriately resolved by the service.
* Staff were unable to describe how management reviewed feedback and complaints.

The Assessment Team discussed these findings with management while on site. In response, management advised the individual responsible for regularly reviewing and following up on complaints was on extended leave and a handover of the complaint management process did not occur.

In its response to the site audit report, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* A new clinical governance meeting has been established with feedback added as a standing agenda item. This will ensure all feedback is analysed, trended and actioned appropriately.
* Feedback received from consumers and representatives that was not documented within the feedback register as identified by the Assessment Team is now documented and the service have followed up with the relevant consumers and representatives.
* A feedback acknowledgement letter has been developed and introduced.
* Education regarding the feedback processes to be provided to staff.
* The service will inform consumers, representatives and staff of service improvements resulting from the provision of complaints and feedback through the service’s communication board and via the consumer newsletter and meetings.

I have considered the information provided by the Assessment Team and the Approved Provider. Whilst I acknowledge there were deficits in the service’s review and documentation of feedback and complaints and this constituted a departure from best practice, there was no identified adverse impact on consumers resulting from these deficits. In addition, following the site audit, the Approved Provider undertook corrective actions to resolve the discrepancies identified by the Assessment Team and to prevent the occurrence of similar issues in the future. Therefore, having considered all relevant information, I decided the service was Compliant with this requirement.

*The other Requirements:*

Consumers and representatives indicated they understood how to provide feedback or make a complaint. Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints.

Consumers stated they were aware of other avenues for raising a complaint; however, they felt comfortable raising concerns directly with staff and management. The Assessment Team observed information regarding advocacy and language services displayed throughout the service.

Staff demonstrated an understanding of open disclosure principles and explained how they notified consumers and representatives in response to adverse events. Management explained how staff were guided by documented policies and procedures regarding open disclosure and complaint handling.

# 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

Management and staff described how they ensured there was enough staff to provide safe and quality care. A review of staff rosters, unplanned leave and allocation sheets from the previous month evidenced that where staff were on leave, most shifts were filled, those that were not able to be filled were covered by extended shifts.

The Assessment Team observed staff interactions with consumers were respectful of consumer’s privacy, identities and cultures. Consumers indicated staff engaged with them in a kind, caring and respectful manner and knew their roles well.

Consumers and representatives stated staff performed their duties effectively, and they were confident staff were skilled to meet their care needs. Position descriptions included key competencies and qualifications that were essential for each role, and staff were required to have these relevant qualifications.

The service demonstrated staff were recruited, trained, and equipped to support and deliver care and services in line with the Quality Standards. The Assessment Team reviewed written materials and training reports that provided evidence staff were trained and supported to deliver outcomes required by the Quality Standards.

The Assessment Team reviewed performance appraisal documentation which evidenced appraisals were conducted on an annual basis. Management advised they were reminded via monthly emails regarding overdue performance appraisals.

# 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

Consumers and representatives expressed satisfaction with the management of the service and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management advised it planned to form a consumer partnership committee, which will further assist consumers with involvement in the development of care and services.

Management described the governing body’s involvement in the promotion of a culture that was safe, inclusive and provided quality care and services. The service’s general manager advised they visited the service weekly to speak to consumers and understand their experiences and gather their feedback.

The service demonstrated appropriate processes and mechanisms in place to support effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best life they can. Staff advised they completed training on elder abuse and mandatory reporting requirements.

The service demonstrated it had a clinical governance framework and supporting polices in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff could describe all types of restrictive practices, the relevant legislative requirements and the steps taken by the service to manage restrictive practices within the service.

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)