Performance

Report

**1800 951 822**

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| Name of service: | Charles Brownlow Retirement Village |
| Service address: | 157 South Valley Road HIGHTON VIC 3216 |
| Commission ID: | 4005 |
| Approved provider: | Ryman Aged Care (Australia) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 16 March 2023 |
| Performance report date: | 4 April 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 Charles Brownlow Retirement Village (**the service**) has been prepared by K Spurrell, 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.
* 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 said staff treated them with dignity and respect and that they valued consumers’ identity, cultural background and diversity. Staff demonstrated knowledge of each consumers preferences, used their preferred names and embraced their identity and culture. The service had documented policies reflecting a strong organisational focus on dignity and respect.

Consumers said the service recognised and respected their cultural backgrounds and that it provided care consistent with their cultural preferences. Staff knew which consumers were from culturally diverse backgrounds, and they knew how to tailor care to meet their specific cultural needs and preferences. Care planning documents showed the service collaborated with consumers and representatives to deliver services that met their needs.

Consumers said the service supported them to choose who they wanted involved in their care and how they wanted their care and services delivered. They said staff encouraged them to make connections with others and supported them to maintain relationships, including intimate relationships. Staff knew how specific consumers wanted their care delivered and who they wanted involved in their care.

The service supported consumers to make decisions and take risks, to live their best lives. Staff knew which consumers took risks and how to support them to make choices that enhanced their independence and well-being. Care planning documents showed service staff used risk assessments to identify risks and then mitigated the identified risks appropriately. Staff communicated with consumers during this process to ensure they could make informed decisions.

Staff gave consumers information about the service’s care promptly and the information was clear. Representatives said staff informed them about events at the service or changes to care through emails and phone calls. Consumers said staff gave them timely and accurate information.

Consumers said staff respected their privacy and kept their personal information confidential. The service had privacy protocols to protect consumers’ privacy and staff engaged in a range of practices to help protect consumers’ privacy. For example:

* Staff stored consumer information in closed cupboards in the locked nurse’s station.
* Staff locked computers with passcodes and conducted clinical handover in private spaces.
* Staff knocked on consumers’ doors and waited for permission before entering.
* Staff closed doors when delivering personal care to consumers.

# 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 said they were satisfied with the care they received, and that staff identified risks and managed them appropriately. Staff documented assessment outcomes in care plans and communicated them with their colleagues. Care documents showed staff had identified high impact, high prevalence risks, such as risks related to falls, pressure injuries, weight loss, swallowing difficulties and behaviours. The service had a consumer admission process, which guided registered staff in assessing consumers arriving at the service.

Consumers said staff had discussed their current care needs, goals and preferences with them, including advance-care planning and end-of-life care. Care plans contained assessments for sleep, personal hygiene, communication, and care goals. Care plans also showed information about consumers’ end-of-life care wishes and advance care directives. Staff knew how consumers wanted their care delivered and encouraged staff to discuss their preferences.

Consumers said the service partnered with them to assess and plan their care, and that they were satisfied with their care. Staff knew the process for referring consumers to other providers, such as physiotherapists, occupational therapists, podiatrists, dieticians, medical practitioners and others. Care documents showed the service engaged consumers and their representatives throughout assessment and care planning, and that it sought input from other providers as part of the planning process.

Consumers said staff communicated well about the outcomes of assessments and planning, and that they had a copy of their current care plan or knew where to access one if they wanted. Staff knew how to adjust assessments to consumers’ individual capacities, for example by monitoring verbal and non-verbal cues and pain during assessments. Staff had access to a range of tools to facilitate assessments, including flowcharts, processes and guideline documents. Staff communicated assessment outcomes to consumers by talking to them and allowing time to ask questions. Staff knew how to access care documents on the service’s electronic care management system, to facilitate smooth care delivery that met consumers’ preferences. Care documents set out consumers’ needs, goals, and preferences and a range of other information including mobility, nutrition, hydration, pain, behaviour management, sleep, and communication. Staff frequently updated care planning documents.

Consumers said staff notified them when their circumstances changed or when an incident occurred, including incidents such as a fall, pressure injury, serious incident reporting scheme (SIRS) incident or medication incident. Staff knew the service’s reporting tools and processes, which included recording incidents in the service’s electronic system and updating care plans, among other activities. Management reviewed incidents once per month, at a service and organisational level, to identify strategies to minimise the risk they might re-occur. The service had policies and procedures for recording and reporting incidents.

# 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 said the service tailored their care to their needs and that their care optimised their health and well-being. Staff understood consumers’ individual personal and clinical care needs and care planning documents reflected individual care that was safe, effective, and tailored to the relevant consumer’s specific needs and preferences. The service had policies and procedures to support care delivery, including policies for wound management, restrictive practices, falls prevention, skin integrity, and pressure injury prevention.

The service effectively managed risk for each consumer, including risks related to falls, weight loss, skin integrity, and others. Consumers said the service managed high impact, high prevalence risks effectively. Care plans and progress notes showed effective strategies for managing key risks and staff had used assessment tools to identify risks for each consumer, including tools such as the Falls Risk Assessment Tool.

Consumers said the service tailored care to their needs, goals and preferences and said staff had spoken to them about advance-care planning and their end-of-life preferences. Staff said they attend to mouth care, skin care and pain management during palliation and that they communicate with and involve consumers’ families. Care planning documents detailed consumers’ advance-care planning information, including choices and end-of-life preferences.

Consumers said they were satisfied with the service’s care delivery and that staff recognised changes and deterioration in their conditions. Staff could cite recent examples of when they responded to deterioration or change in consumers’ conditions, such when consumers recently presented with COVID-19. Care staff said registered staff responded when they reported changes to consumers’ conditions and care planning documents, progress notes and charting showed that staff recognised and responded to deterioration in consumers’ health.

Consumers said they were satisfied with the service’s communication about their care, including how staff communicated with consumers, representatives and among themselves. Staff knew when and how to communicate about consumers’ care, including during verbal handover, meetings, by accessing and updating care plans, by accessing daily consumer task reports or by sending messages through the service’s care management system. Progress notes and care plans showed sufficient information to support effective care. The information within care documents was specific to each consumer, and included information about falls risks, pain, skin care, mobility changes, dietary changes, and appointments. The information was current and accessible to staff.

Consumers said staff referred them to other providers promptly and appropriately. The service had procedures to guide staff through the referral process and staff knew the content of procedures. Care planning documents included input from other providers, such as medical practitioners, podiatry services, physiotherapists, geriatricians, and dieticians. Care planning documents also contained evidence of referrals to a range of allied health professionals.

Consumers said they were satisfied with the service’s infection-control practices, including for COVID-19. Staff had received recent training on infection-control strategies, including hand hygiene, use of personal-protective equipment (PPE) and outbreak-management processes. Staff knew how to minimise the need for antibiotics and the service had an infection prevention and control (IPC) lead, who worked with senior clinical management to oversee infection control. Staff registered consumer infections on the service’s electronic system and management analysed infection data at the service and organisational levels. The service used this data to inform improvement initiatives as part of its ongoing plan for continuous improvement. The service had policies to guide infection control practices, including policies for antimicrobial stewardship, infection control and handwashing.

# 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 said the service’s care was safe, and that staff provided effective support for daily living activities. Care documents showed that staff assessed and identified consumers’ needs, goals and preferences, and optimised their health and well-being.

Consumers said the service supported their emotional, psychological and spiritual well-being. Staff knew the spiritual and emotional needs of consumers within their care, and how to support them to meet those needs and promote their psychological well-being. Staff supported consumers by encouraging personal connections and engaging them about their religious and cultural beliefs.

Consumers said staff supported them to participate in activities, do things they wanted and maintain their relationships. The service facilitated activities within and outside of the facility, including helping consumers to organise transport, attend engagements, paint, visit with family, and various other activities. Staff knew the specific interests of consumers and how best to support them. Care planning documents for consumers identified the activities consumers enjoyed, their specific interests and with whom they wished to maintain relationships.

Consumers said staff were aware of their conditions, needs and preferences. Staff used various tools and record-keeping methods to provide safe, personalised care, including care planning documents, task lists, clinical handover sheets and others. Staff alerted each other to changes in a consumer’s care or condition through clinical handover sheets, health assessments, verbal handovers, progress notes and system alerts. Care planning documents showed adequate information to support safe and effective supports for daily living.

Care planning documents showed that staff had referred consumers to other organisations and services for lifestyle supports, such as the service’s hairdresser and library. Staff knew which other providers to refer consumers to, and which specific consumers utilised these services.

Consumers said the service’s food was of suitable quality, quantity, and variety. They said staff offered them a choice for each meal and they can request alternative items if they want. Catering staff provided meals that were varied and of suitable quality and quantity. The service rotated its menu once every four weeks and additionally changed it according to seasonal ingredients. Meal service was efficient, and staff assisted consumers to eat in a respectful and dignified manner.

Consumers said the service’s equipment was safe, suitable and clean. Staff had access to appropriate equipment, and they reported that the equipment was safe, clean and well maintained. The service trained its staff to help consumers use a range of equipment including walkers, wheelchairs, transfer machines, and other mobility devices. The service also maintained a wide range of equipment to support consumers’ activities of daily living, including activity boxes, musical equipment, board games and carpet bowls, among others.

# 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 said the service was welcoming and that it optimised their independence, interaction, and function. They said that could furnish their rooms and surroundings with their personal items and that doing so made the service feel like home. Representatives said they felt welcomed when they visited their family members and that they could use common areas, such as the service’s outdoor areas to have lunch, coffee, or a chat with their loved ones. Staff said they enjoyed assisting consumers to personalise and maintain the service.

Consumers said the service was clean, well maintained, and comfortable. They said they were satisfied with how their personal rooms and common areas were cleaned and maintained. They said the service laundered their clothes in a timely and consistent fashion and that the service addressed maintenance requests quickly. Fixtures and fittings at the service were functional and safe and consumers could move freely in and outside of the service, using the service’s lift to move between the upper and lower levels. Staff said they assist consumers to access all areas of the service.

Consumers said the furniture and equipment they use was suitable, clean, well-maintained, and safe. The service procured personal equipment, such as shower chairs, based on consumers’ individual needs, and these items were not shared among other consumers. The service’s furnishings, such as lounge chairs, dining room tables and dining chairs were comfortable, safe, and well maintained.

# 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

Consumers said they felt comfortable providing feedback or making complaints if necessary. Staff knew the service’s feedback and complaint mechanisms, and how to support consumers to make complaints. The service displayed information about how to provide feedback and feedback forms at various locations around the facility, along with feedback submission boxes.

Consumers said they were aware of the various channels for making a complaint but that they were comfortable raising concerns with management and staff. Staff encouraged consumers to provide feedback, assisted them to complete feedback forms, and escalated them to management on consumers’ behalf. The service displayed information about advocacy groups on noticeboards and in brochures throughout the facility, in multiple languages. Staff knew how to access interpreter and advocacy services for consumers.

Consumers said when they made a complaint or when an incident occurred, the service addressed their concerns promptly. Staff knew the process to follow when the service received feedback, which included escalating complaints to senior personnel or management. Management could cite recent examples of responses to complaints, and the responses showed the service resolved the complaints quickly, took appropriate action, and used open disclosure.

The service had processes for using feedback to improve its care. Management could cite recent examples of the service having used feedback to improve care and consumers confirmed the service used feedback and complaints to improve its care. The service had a range of policies governing feedback and complaints matters, including how feedback should be handled, how it should be used for continuous improvement, and how it should be analysed, both in isolation and as an aggregate.

# 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

Consumers said they were satisfied with the number of staff at the service and the care they delivered. They said the staff were very busy, but they were meeting consumers’ needs and that they answered call bells promptly. During the site audit, staff were generally available when consumers needed them. Staff said they were busy but that the service supported them to do their work. They said they work well together to ensure consumers’ care needs were met, and that they received quality care.

Consumers said staff engaged with them in a respectful, kind, and caring manner. Staff understood the consumers they cared for, including their needs and preferences. Care planning documents contained information about consumers’ needs and preferences, and consumers confirmed staff knew their preferences well. The service monitored staff interactions with consumers through observations, formal and informal feedback, and complaints processes. Staff interacted with consumers and representatives in a positive and respectful manner.

Consumers said staff were suitably skilled and competent to meet their care needs. Staff members felt they were competent to deliver care to the service’s consumers. The service monitored staff performance through feedback from consumers and representatives, input from other staff members and through the service’s clinical outcomes. The service had policies setting out what key qualifications and knowledge were required for staff placed in each of its roles. The service’s records showed staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Staff received a range of training, support, professional development, and supervision to assist them to meet the expectations of their roles. Consumers said the service’s staff were well trained and equipped. The service’s records showed it oriented, trained and monitored its staff to ensure they had the skills to perform their roles effectively, including tracking which staff completed mandatory training modules.

The service regularly assessed, monitored, and reviewed the performance of its workforce. It had probationary and ongoing performance review systems and management monitored staff performance through observations, competency criteria and by monitoring consumer and clinical outcomes. The various areas in which staff were required to remain competent included manual handling, hand hygiene, medication, clinical observation, analysis of clinical data, complaints handling, and others.

# 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 said the service was run well, and that staff engaged them to help develop, deliver and evaluate their care. The service engaged consumers using a variety of channels, including during admission, care consultations, and consumer meetings, following audits and through the service’s feedback and complaints mechanisms. Records of engagement through these various channels showed consumers were satisfied with the various aspects of their care, including the service environment, clinical and personal care, lifestyle activities, food and meal service, and staffing.

The approved provider had systems and processes to monitor the service’s performance. Service staff sent the approved provider various consolidated reports, which they generated on a monthly and quarterly basis. The reports covered internal audits, complaints, continuous improvement initiatives, risks, and clinical and incident data, among other aspects of the service’s operations. The approved provider used this information to monitor the service’s compliance and care delivery, and initiate improvement action. The approved provider communicated with consumers, representatives, and staff through regular staff meetings, emails, newsletters, online hubs, training, and other methods.

The service’s records showed it had effective organisation-wide governance systems relating to continuous improvement, workforce governance, regulatory compliance, complaints, and in other areas. Consumers said the service encouraged feedback and complaints and that it used this information for continuous improvement. Staff knew the key principles of the service’s governance systems, including for feedback and complaints, workforce governance and regulatory compliance. The service had policies and procedures that detailed processes for each governance system.

The service had an incident management system and accompanying processes, which staff at various levels used to manage risk within the service. Care and clinical staff reported and escalated risks, which service management reviewed. Management escalated risk incidents and data to various committees, the approved provider’s executive management team, and its Board. Executive and managerial staff cascaded feedback through the service using various meetings, and other channels such as email and system messaging. Staff knew the service’s risk management processes, including key risk areas and their mitigations.

The service had a clinical governance framework and staff applied it when providing clinical care. Staff knew the service’s clinical governance processes, including its processes for minimising restrictive practices, implementing antimicrobial stewardship and using open disclosure when things went wrong. The service’s records, such as meeting minutes, showed staff routinely discussed strategies for implementing this framework.

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)