Performance

Report

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| Name of service: | Charlesbrook |
| Service address: | 1-11 Innisfallen Avenue TEMPLESTOWE VIC 3106 |
| Commission ID: | 3583 |
| Approved provider: | McKenzie Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 May 2023 to 2 June 2023 |
| Performance report date: | 27 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 Charlesbrook (**the service**) has been prepared by J Miaris, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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 confirmed they were respected and valued, and staff knew what was important to them, their cultural backgrounds, and their preferred names. Staff demonstrated they were familiar with consumers’ backgrounds and gave examples of how this influences their care. Care planning documents reflected consumers’ identity and culture. The service had policies in place that outlined the service’s commitment to delivering consumer-focused care and treating consumers with dignity and respect.

Consumers said staff were considerate and respectful of their individual cultural and religious needs. Staff described how they respect each consumers identity and culture including the use of each consumers preferred name, acknowledging their choices, and delivering care respectfully. The service had policies in place and care planning documentation which outlined consumers’ identity, culture, and diversity.

Consumers stated they were supported to make decisions regarding relationships, care and activities of daily life, and staff were aware of those choice and preferences. Staff described consumer supports to ensure consumer choice and relationships were maintained. Care planning documentation contained details of consumers’ choices around personal and clinical care, including maintaining personal and social relationships, and lifestyle choices.

Consumers said they were supported to live their life as they chose and maintain their independence, including when this involved taking risks. Staff demonstrated knowledge of the consumers who wish to partake in risk activities describing examples of how the organisation supports consumers to make choices, including those that present risks. Care planning documents demonstrated risk assessments were completed in consultation with a medical officer and consumers or their representative.

Consumers said they were provided with information that allows them to make choices about how they live their lives, including meal selections, activities available, and what is happening at the service. Staff explained ways consumers and representatives could exercise choice and how information was provided to suit consumer needs, including verbal or written communication, and newsletters. Current monthly activities and menus were observed on noticeboards throughout the living areas of the service.

Consumers and representatives said the service respected consumers personal privacy and their information was kept confidential. Staff described procedures for protecting consumer privacy and handling confidential information securely and storing information in password protected devices. The service had policies and procedures in relation to consumer privacy and confidentiality. Staff were observed knocking on doors prior to entry to consumer rooms, with door signage accommodating consumers privacy preferences.

# 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.

Consumers and representatives confirmed they were involved in care assessment and planning and staff know consumers’ needs and preferences. Staff described individualised care needs of consumers and care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and wishes of consumers, including the identification of risks.

Consumers and representatives said they were regularly invited to discuss their goals, preferences, and end of life wishes. Management and staff described the assessment and care planning process, including end of life planning and how consumer discussions were initiated with consumers and their families. Care planning documents reflected end of life care wishes and advance care directives were in place for consumers and policies provided end of life guidance for staff.

Consumers and representatives confirmed involvement in assessment and planning on an ongoing basis. Management and staff said consumers and representatives were consulted at 3-monthly care plan reviews, when an incident occurred, or when changes to consumer care were requested or identified. Care planning documents reflected the involvement of consumers, representatives, organisations, service providers and other health professionals in the assessment and planning process.

Consumers and representatives said the service always involves them in assessment and planning reviews, which they can review at any time, staff provide them with updates about assessment outcomes and they have been offered a copy of the consumers care plan. Staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives. Documentation evidenced regular staff communications with consumers and representatives regarding details of assessments and care planning.

Consumers and representatives confirmed they were engaged when care plans were reviewed, incidents occur, or consumer’s care needs changed. Management and staff described the regular review process and advised this also occurs when a consumer’s needs and preferences change. Care planning documentation evidenced case conferences with consumers and representatives occur every 3 months, and as needed.

# 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 confirmed consumers received care tailored to their needs and preferences, and said they were satisfied with the management of individual risks, including falls, pain management and skin integrity. Care documentation reflected individualised care was 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. Staff corroborated individualised knowledge of consumers’ personal and clinical care needs, and how these were met. The service had policies, procedures, and tools in place to support the delivery of care provided.

Consumers and representatives said the service managed consumer risks associated with their care and services effectively. Management and staff described strategies, interventions, and the escalation process to minimise high-impact and high-prevalence risks. Care planning documentation reflected specialist and allied health involvement in the strategies and tailoring of consumer care.

Consumers and representatives said they had discussed their end of life wishes with management and staff. Management and staff explained processes to support end of life care, including family involvement, a palliative care service, and other health professionals. Documentation and processes were in place to guide staff in the provision of end of life care, and care planning documents detailed the consumer’s end of life wishes.

Consumers and representatives described how consumers complex care needs were recognised and responded to in a timely manner. Staff detailed how the recognition and response to deterioration or changes in consumer health conditions, including observations, assessments, providing relevant referrals and notifying representatives. Consumer care planning documentation reflected processes and strategies for consumers identified with deteriorating health conditions.

Consumers and representatives were satisfied their care needs and preferences were effectively communicated between staff. Staff described how changes in consumer care and services were communicated through clinical meetings, shift handovers, communication documents and care plans.

Consumers and representatives were satisfied they were referred to other providers of care, including allied health when required. Staff explained the referral process to other providers of care. Consumer care planning documentation reflected ongoing specialist and allied health referrals and involvement, with protocols and procedures in place to ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Consumers said they are confident in the service’s ability to manage an infectious outbreak and they have observed staff practice good infection control. The service had policies and procedures in place to guide staff in relation to antimicrobial stewardship, infection control management, and documented processes for the management of an infectious outbreak. Staff confirmed they have received training in infection minimisation strategies including infection control and COVID-19. The workforce demonstrated an understanding of precautions necessary to prevent and control infection and the steps they could take to minimise the use of 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 services and supports met consumers’ needs and goals that optimised their quality of life. Staff described supports to enable consumers to live the life they want to and do what was important to them. Care planning documentation identified consumers’ choices, services, and supports they need to do the things they want to do and were observed independently engaging in various activities.

Consumers said their emotional, spiritual, and psychological well-being was supported by the service, and described how staff provided support in these areas. Staff explained how they supported consumer well-being through personalised strategies, activities, and one-on-one supports. 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 the service supported them to participate within the service and in the community, maintain relationships, and do the things of interest to them. Staff described how they promoted a sense of community within the service and how they support consumers to participate in the greater community and are supported to maintain relationships. Care planning documentation reflected lifestyle assessments were completed on admission, which included consumer interests and participation in the community, 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.

Consumers and representatives said staff were well informed regarding consumer needs and preferences. Staff described how they access current information to inform them of consumer conditions, needs and preferences, via care planning documents, the service’s electronic care management system, shift handover and meetings to enable the provision of safe and personalised care to consumers. Care planning documentation outlined conditions and consumers needs and preferences and a clear and effective staff handover process was observed at the service.

Consumers said the service has referred them to external providers to support their care and service needs. Staff described how they worked with external organisations to ensure activities and supports were available and appropriate to consumers. Care planning documents evidenced the service collaborates with external providers of other care and services to support the diverse needs of consumers.

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. The service had processes and systems in place for consumers to provide feedback on the quantity and quality of food and menus are planned to meet consumers’ dietary needs and preferences.

Consumers and representatives said the equipment is safe, clean, and well maintained. Staff said they ensure consumer mobility equipment is safe and suitable and described the process for reporting maintenance issues through the service’s maintenance request system. Equipment which supported consumers to mobilise and engage in lifestyle activities was observed to be 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 and representatives said the service environment was welcoming and consumers feel at home. The service environment was observed to be welcoming and inviting, with dining rooms, communal seating available indoors and outdoors and signage to support navigation around the service. Consumers’ rooms were observed to be personalised, with consumers choice of their own personalised furniture and memorabilia.

Consumers and representatives said the service environment was safe, clean, comfortable, and well maintained and consumers are able to move freely both indoors and outdoors. Staff described the maintenance processes, including a reactive and preventative maintenance schedule with the arrangement of licensed trades people when required. Staff described cleaning schedules for consumer rooms and communal areas. Consumers were observed mobilising freely within and outside the service environment.

Consumers said furniture, fittings, and equipment were clean, well maintained, and fit for purpose. Staff explained the cleaning of shared equipment after each use and described processes for ensuring furniture, fittings and equipment were well maintained. Maintenance documentation demonstrated maintenance checks were up to date and regular equipment checks were completed.

# 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 were comfortable and are supported to provide feedback or raise concerns with staff and management and were confident that the service would respond appropriately. Staff were aware of the process to follow when an issue is raised with them directly. Management advised feedback and complaints are gathered through verbal communication to staff or management, written communication, feedback forms, consumer meetings and consumer satisfaction surveys. 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 said they were aware of other ways of raising complaints and advocacy services if required. Staff were aware of the process to engage advocacy and language services should a consumer or representative require them. The service had feedback forms and brochures with advocacy and language services displayed on noticeboards throughout the service.

Staff at the service demonstrated that appropriate action is taken in response to feedback and complaints and an open disclosure process is used when things go wrong. The organisation had documented policies in relation to consumer feedback and open disclosure to guide staff practice. Staff explained processes taken in response to complaints received by consumers. Consumers and representatives provided examples of when they have provided feedback or complaints through the service’s feedback mechanisms and were satisfied that appropriate action was taken by staff and management.

Consumers and representatives said complaints and feedback were used to improve care and services, with consumers confirming their feedback was responded to, and improvements had been made. Staff said management made improvements to care and services following complaints and exampled changes resulting from consumer feedback. Management described a new complaints management system to view trends more effectively. The service’s plan for continuous improvement, included strategies where the service had recognised improvement opportunities for initiation.

# 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. Rostering documentation reflected shifts were filled and the service had options to utilise existing staff, such as extending staff hours or the use of agency staff if required and management said regular recruitment ensured shifts were filled. The service monitors call bell data to ensure call bells are answered in a timely manner.

Consumers and representatives confirmed staff treat consumers with respect and were aware of their needs. Staff were observed interacting with consumers in a kind, caring and respectful manner addressing consumers by their preferred name and engaging in friendly and familiar conversations with them. Staff demonstrated awareness of consumers’ cultural and personal backgrounds.

Consumers said staff perform their duties effectively and are sufficiently skilled to meet their care needs. 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.

Consumers and representatives said staff were capable and experienced to provide the right care to consumers. Staff said they were competent, well trained to perform their roles and were up to date with mandatory training requirements. 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 had a documented training program that included mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported.

Management described how staff’s performance is monitored through annual reviews, ongoing observations of staff practice, consumer satisfaction surveys, staff and consumer feedback. Staff demonstrated an awareness of the service’s performance development processes Documentation demonstrated performance of staff is regularly assessed, monitored, and reviewed in line with the service’s policy and procedures.

# 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 said they received safe care and services which met their individual needs. Management described how the governing body was involved in the delivery of and monitoring of care and services, staying informed on matters regarding incidents and risks by attending monthly quality meetings, and monitoring of the service’s clinical indicators 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 regulatory compliance, management advised that changes to legislation, regulatory requirements and legal requirements relating to aged care are monitored at an organisational level and communicated via electronic mail and at meetings.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, supporting consumers to live the best life they can. Staff explained the processes of risk management at the service, including key areas of risk that are identified, responded to, and reported in the incident management system. Staff detailed their responsibilities in identifying and responding to abuse and neglect of consumers.

The organisation’s documented clinical governance framework has been implemented at the service, and staff apply the principles of the framework when providing clinical care. Staff described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong.

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