Performance

Report

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| Name of service: | Cheltenham Manor |
| Service address: | 10-12 Bendigo Street CHELTENHAM VIC 3192 |
| Commission ID: | 3256 |
| Approved provider: | Cheltenham Manor Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 June 2023 to 16 June 2023 |
| Performance report date: | 25 July 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 Cheltenham Manor (**the service**) has been prepared by M. Nassif, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* The assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* The provider’s response to the assessment team’s report received 7 July 2023.

# 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.

Staff detailed consumers’ preferences and how they provide care based on those preferences. Care planning documents detailed information relating to consumers’ interests and their background. Consumers felt staff are respectful and valued their culture and identity, for example, by addressing them by their preferred names.

Consumers and representative felt staff were aware and respectful of consumers’ personal preferences and culture. Staff demonstrated awareness of these preferences which were documented in care planning documents.

Staff described how they provide several options to support consumers and their preferences including decisions around family being involved in their care. Care planning documents contained information regarding consumers’ choices. Consumers and representatives said consumers make decisions about their care and staff respect those decisions.

Consumers said they are supported to take risks and gave examples of how the service supported them. Staff described how they support consumers to take risks and the appropriate assessments they complete to manage risks. Care planning documents demonstrated dignity of risk forms were completed.

Staff explained how they provide information to each consumer in a timely and accessible manor, tailored to each individual consumer, including consumers with hearing loss, cognitive impairment and or visual impairment. This was consistent with observations. Consumers said they receive current information about menus, activities, and events within the service.

Consumers and representatives said staff respect consumers’ privacy, for example, by always knock on the door before entering. Management detailed how consumers’ information is kept confidential, stored in hard copy at each nurse’s station with restricted access based on assigned roles.

# Standard 2

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

Findings

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

Care planning documents contained assessments and identified risks to consumer’s health and well-being with risk mitigation strategies discussed and agreed to by consumers and representatives. Staff were guided by assessment and planning policies.

Consumers and representatives said they regularly discussed consumers’ needs, goals, and preferences, including end of life wishes. Management and staff described the assessment, planning, and re-evaluation processes to identify and address consumers current needs, goals, and preferences, including end of life planning. Care planning documents included specific information about consumers end of life wishes, needs, goals, and preferences.

Consumers and representatives advised they were involved in assessment, planning, and review processes of consumers care and services on an on-going basis. Staff described how they involved consumers, representatives, and other health professionals and providers of care and services in the assessment and planning process. Care planning documents evidenced involvement of consumers, representatives and other providers of care and services.

Staff explained how changes to consumers care and services were communicated to other staff, such as updating care planning documents and verbal handover processes. Care planning documentation was observed to be readily available to staff delivering care, and staff were observed communicating the outcomes of assessment and planning.

Consumers and representatives said they were involved in the regular review of consumers’ care and services, including when circumstances or incidents occurred impacting consumers’ needs, goals or preferences. Care planning documents evidenced care and services were regularly reviewed for effectiveness every 3 months, or when consumers circumstances changed.

# Standard 3

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

Findings

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

Consumers and representatives said consumers received care tailored to their needs and preferences, and were satisfied with the management of individual risks. Management and staff explained how they provided safe and effective care in a holistic manner to optimise consumers health and well-being. Care planning documents evidenced consumers received safe, effective, personalised care to meet consumers’ needs. Policies, procedures, and tools were available to support the delivery of best practice care.

Management and staff described the strategies and interventions in place to manage high-impact, high-prevalence risks associated with the care consumers. Care planning documents contained individualised strategies to manage high-impact, high-prevalence risks and evidenced involvement of specialists and allied health therapists in consideration and assessment of those risks.

Staff outlined ways they supported consumers dignity and comfort for consumers nearing end of life. For example, involving family members, providing emotional support, and attending to clinical care needs such as pain management, oral care, personal care, and referring to external palliative care service and medical officer as required. Care planning documents reflected processes which guided staff to provide end of life care tailored to reflect consumers’ needs, goals and preferences.

Management and staff described how they recognised and responded to changes or deterioration in consumers, in a timely manner, including assessment, monitoring, escalation, and referral processes. Care planning documents reflected processes and strategies were implemented in response to deterioration of changes in consumers.

Staff described how they communicated information about consumers within the organisation and with others responsible for care, such as through verbal and documented shift handover processes, updating care plans and other documentation. Care planning documents demonstrated consumers’ needs, preferences, and condition were documented and shared with relevant stakeholders.

Consumers and representatives said consumers were referred to other providers of care, such as allied health professionals when required. Management and staff explained the referral process in place, and care planning documents evidenced referrals were completed in a timely and appropriate manner.

Staff demonstrated knowledge of ways to minimise infection related risks and practices to promote appropriate antibiotic prescribing. Documentation demonstrated the service implemented strategies to minimise infections such as, monitoring and audit mechanisms, staff training, policies and protocols. Consumers and representatives were satisfied with infection control practices at the services.

# 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.

The Assessment Team recommended Requirement 4(3)(c) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the provider’s response and my findings are:

Regarding Requirement 4(3)(c), the Site Audit report identified 9 named consumers and representatives with feedback about the service’s COVID-19 infection prevention measures impeding on the consumers ability participate in the community, maintain social and personal relationships, and in some cases do things of interest to them.

The provider’s response provided additional context, including information about the consumer cohort, and the current prevalence and impact of COVID-19 before, during and following the site audit. The response addressed how each consumer named in the Site Audit report was being supported to participate in their community, have social and personal relationships, and do things of interest, with consideration current COVID-19 precautions. The response described alternative measures or supports available for consumers, with due consideration to infection prevention and control protocols. The response also outlined discussions held with consumers regarding the COVID-19 protocols and based on consumer and representative feedback, the service aims to reduce some of the COVID-19 protocols as appropriate, pending on the prevalence of COVID-19.

While I acknowledge the COVID-19 protocols in place at the service may have deterred some consumers from participating in certain activities in the community or have visitors, I consider the provider’s response demonstrated the service adapted daily living services and supports to assist each consumer to participate within the community, have social and personal relationships, and do things of interest. Therefore, on the balance of the evidence before me, I find Requirement 4(3)(c) compliant.

I am satisfied the remaining 6 Requirements in Quality Standard 4 are compliant.

Consumers said their daily living needs, goals, and preferences were supported, and the service aimed to optimise their independence, well-being, and quality of life. Staff demonstrated knowledge of what was important to consumers, and described their specific needs and preferences which was recorded in care planning documents.

Consumers described how staff supported their emotional, spiritual, and psychological well-being, such as providing emotional reassurance. Staff said if they identified consumers experiencing low mood, they would spend one on one time with them, providing reassurance, ensuring they are not in pain, and making them feel safe and comfortable. Care planning documents contained strategies to address and fulfill consumers spiritual and emotional needs.

Consumers expressed satisfaction with the effective communication of their needs and preferences. Staff described how they communicated and shared information about consumers with other staff members, such as through verbal and documented handover processes, as observed. Care planning documents documented the needs of consumers and strategies to address and fulfill those needs.

Staff explained how the service collaborated with external organisations and individuals to complement the existing activity program. Care planning documents demonstrated referrals were made to external services and organisations to assist consumers in participating in activities and improving their wellbeing.

Consumers said meals were satisfactory, of good quality, and staff accommodated requests for alternative meals or cooking preferences. Staff described consumers specific food and meal service preferences, and explained how they supported consumers with meal selections. Care planning documents identified the nutrition assessments and dietary requirements for consumers. Staff were observed assisting consumers with meals in a respectful manner.

Consumers advised equipment they used, such as mobility aids and activity resources, were clean, well-maintained, and they felt safe using it. Staff advised they had access to an adequate supply of suitable equipment, and described they ways equipment was maintained and kept clean.

# Standard 5

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

Findings

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

Consumers said they felt at home and the environment was easy to navigate. Staff members demonstrated an understanding on how to support consumers in moving comfortably throughout the service. Consumer rooms were observed to be personalised and corridors and common areas were spacious, well-organised, and provided various living spaces for consumers.

Consumers said their rooms are regularly cleaned and well maintained and they can easily access both indoor and outdoor areas within the service. This was consistent with observations. Staff described their processes for maintaining cleanliness in consumer rooms and common spaces. Cleaning logs documented cleaning duties for common areas and consumer rooms.

Consumers said equipment is kept clean and well-maintained, consistent with observations. Staff described how they log maintenance concerns, and maintenance staff explained the procedures for both preventative and reactive maintenance to ensure the fittings and equipment meet consumer needs.

# 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.

The Assessment Team recommended Requirement 6(3)(d) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the provider’s response and my findings are:

Regarding Requirement 6(3)(d), the Site Audit report identified the service did not demonstrate improvements were made to care and services in relation to several complaints about COVID-19 protocols in place.

The provider’s response provided further clarifying information and explained how each of the complaints raised were addressed with the consumers or representatives concerned. The response also outlined discussions held with consumers regarding the COVID-19 protocols and based on consumer and representative feedback, the service aims to reduce some of the COVID-19 protocols as appropriate, pending on the prevalence of COVID-19.

I consider the provider’s response demonstrated the service reviewed and used feedback and complaints to improve care and services. Additionally, the Site Audit report provided evidence from consumer, staff and management feedback, as well as documentation, that demonstrated the service uses feedback and complaints to improve the quality of care and services. Therefore, on the balance of the evidence before me, I find Requirement 6(3)(d) compliant.

I am satisfied the remaining 3 Requirements in Quality Standard 6 are compliant.

Consumers and representatives said they were supported to raise concerns or provide feedback, such as through forms, meetings, or directly to staff. Management and staff described how consumers were supported to provide feedback and complaints, in line with policy. Feedback forms were accessible to consumers and others wishing to provide feedback.

Consumers and representatives said they were aware of and had access to advocates or other methods of raising and resolving feedback and complaints. Management and staff explained how the service supported consumers and representatives access advocacy and external services or organisations. Information about advocacy and external complaints services was observed throughout the service environment to support consumers and representatives.

Documentation evidenced complaints and incidents were actioned in an appropriate manner, with open disclosure used. This was consistent with feedback from consumers and representatives. Management and staff demonstrated knowledge of the open disclosure process, and explained how they would resolve complaints or other matters in an informative, and honest manner.

# 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 staff responded to call bells promptly and that care and services have never been adversely impacted due to staffing. Rosters and other documents demonstrated the service has access to a sufficient pool of staff to fill shifts to support safe, and quality care and services.

Consumers and representatives felt that the workforce interacted with the consumers in a kind, caring and respectful way. Management and staff were observed addressing consumers by their preferred name, knocking on consumers bedroom doors prior to entry and using respectful language when assisting consumers.

Consumers and representatives felt staff knew what they were doing, and management described how they determine whether staff are competent and capable in their roles. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives said staff are adequately trained and equipped to do their jobs. Management said that they train and equip the workforce through online learning and face-to-face training. Staff felt that adequate training was received to perform their assigned duties. Documentation demonstrated the workforce is satisfactorily recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards.

Management and staff described the way performance assessments occur. Staff records and documentation pertaining to staff performance demonstrated performance assessments occur.

# Standard 8

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

Findings

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

Consumers and representatives said they are engaged in the development, delivery and evaluation of care and services and this was evidence in documentation. Management and staff described the various mechanisms used to engage consumers such as Resident Meetings, surveys and feedback from consumers and representatives.

Management described how the governing body is involved in the delivery of care and services. Committee meeting minutes demonstrated there are several committees which share information on how compliance with the Quality Standards is monitored. The service had policies and procedures, management meetings and mechanisms for reporting information for the governing body to satisfy itself that the Quality Standards are met.

The service had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, management advised that changes to legislation, regulatory requirements and aged care law are monitored by management, including members of the governing body, and shared with other committees.

The service had effective risk management systems and practices which included policies around managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Management and staff were able to describe processes in relation to each of these areas.

The service had a clinical governance framework in place that included policies, procedures, service delivery practices, and staff training requirements across areas such as antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated understanding of each of these areas.

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