Performance

Report

**1800 951 822**

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| Name of service: | Chestnut Gardens Aged Care Home |
| Service address: | Chestnut Road DOVETON VIC 3177 |
| Commission ID: | 3831 |
| Approved provider: | Monash Health |
| Activity type: | Site Audit |
| Activity date: | 6 December 2022 to 8 December 2022 |
| Performance report date: | 19 January 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 Chestnut Gardens Aged Care Home (**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.
* 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 treat them with dignity and respect and are kind, friendly and helpful when interacting with them. Care planning documentation reflected what is important to consumers to maintain their sense of individual value and identity. Staff were observed treating consumers with care, dignity, and respect.

Consumers described how the service values their culture and diversity and how staff tailor their care needs to meet specific consumer preferences. Care planning documentation reflected consumers’ cultural needs and preferences are documented during admission, with information and needs updated as required. Staff were familiar with individual consumers’ cultural preferences and described adapting care provision to accommodate these such as offering vegetarian meal options for consumers who do not eat meat for religious or cultural reasons.

Consumers confirmed the service supports consumer choice in the provision of care and services and to exercise their independence in relation to including representatives in their care decisions and taking risks to live the life they choose. Staff described supporting consumers to live their best life by building rapport with consumers through one-on-one discussions and frequent communications to better understand consumer needs and choices. Care planning documentation reflected consumers’ preferences, options and choices and detailed information family and key contacts.

Consumers said the service supports them to take risks and to make informed choices to live the best possible life. Staff described supporting and encouraging consumers to take risks such as using walking as a form of therapy for wandering consumers to support behaviours. Consumer care planning documentation reflected completed dignity of risk forms, identified risks and strategies to manage risks.

Consumers confirmed they receive up-to-date information about activities and other lifestyle events at the service such as consumer/representative meeting minutes which provide updates on current issues such as consumer feedback and complaints, continuous improvement, and scheduled events. Information on range of topics such as the minutes from consumer and representative meetings, was observed in communal areas.

Consumers explained their information is kept confidential, private, and confirmed all staff knock on the door before entering. Staff described how they maintain a consumer’s privacy when providing care by locking the nurses’ station. Staff were observed knocking on the consumers’ doors and awaiting a response before entering, closing office doors when talking in communal areas about consumers and always closing the nurses’ station.

# Standard 2

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

Findings

Consumers and representatives said they are involved in the assessment and care planning process to determine consumer preferences and risks. Staff described how care plans are evaluated bi-monthly in consultation with consumers and representatives. Care planning documentation evidenced identified risks like falls, wounds, pressure injuries, weight loss and behaviour management strategies. The service had policies and procedures on assessment and care planning for reference.

Consumers and representatives stated the service involved them in assessment and care planning with respect to consumer preferences and goals for their care including for end-of-life care. Staff demonstrated a respectful approach to end-of-life planning discussions with consumers and representatives and were familiar with individual consumer preferences and needs, these were consistent with those in care planning documentation. Advance care directives were in place for all consumers who elected to have one.

Consumers and representatives said they are involved in the service’s assessment and care planning process. Staff described consumers and representatives’ involvement in regular care plan evaluations or when required. Care planning documentation evidenced the involvement of medical officers, physiotherapists, dietitians, and other allied health providers in the provision of consumer care including external organisations specialising in areas of care such as dementia.

Consumers and representatives said staff had regular communication with them with respect to assessment and care planning and they could access consumers’ care plans upon request, staff confirmed accessing care plans for consumers or representatives if required. Care planning documentation showed appropriate and individualised information for consumers’ care and regular communication with consumers and representatives during assessments. The service has policies and procedures on assessment and care planning for guidance and staff attend daily handovers to gather updates regarding consumers.

Consumers and representatives stated they are notified when there is an incident or when there is a change with the consumer’s health. Staff described the bi-monthly care plan evaluation process as well as a 6-monthly physiotherapist care plan evaluation completed by the physiotherapist or when required. The service has policies and procedures on assessment and care planning to guide staff practice.

# 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 and representatives said consumers’ clinical and personal care is safe and effective. Staff demonstrated best practice levels of knowledge on key clinical areas of care such as for restrictive practices and behaviour support which is tailored to each consumer’s needs to optimise their health. Care planning documentation reflected individualised consumer care that is safe and effective particularly for pain management, skin management and restrictive practices.

Consumers and representatives said the services is effective in managing risks such as falls, wounds, indwelling catheters and weight loss. Staff described individual consumers’ risks and strategies in place, these were also reflected in care planning documentation. The service had policies and procedures to guide staff in the management of risks for consumers such as falls, pain and skin management.

Staff described how care is provided to consumers receiving palliative care. Advance care directives were in place for consumers. Care planning documentation for a recently deceased consumer reflected the care provided by the service, which was accordance with their preferences. Progress notes reflected the effective management of the needs and preferences of consumers nearing the end of life. The service had policies and procedures on palliative care for staff guidance.

Consumers and representatives said staff could recognise when there were changes to a consumers’ function and condition and responded in a timely manner. Staff described the process of responding to changes in consumers’ function and condition including daily handovers and weekly meetings involving the geriatricians to update staff on consumers’ condition. The service had policies and procedures to guide staff on managing changes in consumers’ health and well-being.

Consumers and representatives said they were satisfied with the care provided by staff who understood their needs and preferences. Staff stated they were informed of the consumers’ condition through handovers and meetings. Care planning documentations showed consistency in the consumers’ preferences and staff knowledge of their preferences.

Consumers and representatives said they had access to the medical officer, allied health professionals and external organisations. Staff described the referral process to the relevant professionals to manage consumers’ care. Care planning documentation showed appropriate and timely referrals to the medical officer and allied health care providers when required.

Staff described their infection prevention and control processes and the infection prevention control (IPC) lead in place as access to a 24-hour infection prevention control consultant who checks and manages any outbreaks in the service, use of personal protective equipment (PPE) and monitoring hand hygiene practices. The service also had policies and procedures for antimicrobial stewardship and outbreak management such as COVID-19.

Consumers/representatives had no concerns about the service’s management of COVID-19 outbreaks and minimising the risks. Staff could describe strategies used to minimise risk of infection and outbreaks. The Assessment Team sighted relevant trainings pertaining to IPC for staff. The Assessment Team sighted the COVID-19 outbreak management plan.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives described how staff encourage consumers to remain independent and participate in activities they enjoy or that may enhance their quality of life and confirmed that the services offered meet consumers’ needs, goals, and preferences. Staff described individual consumers’ needs and preferences and strategies used to support the consumer in line with care planning documentation. Consumers were observed actively engaging in various activities being led by lifestyle staff and external providers and enjoying the group interactions.

Consumers and representatives said the service supports consumers’ spiritual, emotional, and psychological wellbeing through ensuring links to local religious organisations who visit the service to offer prayer services. Staff described several consumers who receive support from social workers including for regular translation services to maintain connection with cultural backgrounds. Staff discussed consumers to whom they provide one-on-one support in their rooms. Care planning documentation accurately described support provided to consumers.

Consumers and representatives said they are supported to do things of interest to them within and outside the service and maintain personal relationships of importance to them. Consumers are supported to go into the community safely to attend activities if they choose to. Staff said they visit consumers individually to advise of daily activities and outings and assist consumers to phone or connect with family digitally. Consumers and their families were observed socialising in the gardens, lounges and consumer’s rooms as well as attending activities and bus trips.

Consumers and representatives said information about their daily living choices and preferences is communicated to all staff and other services who provide care and support to them. Staff described sharing information through handovers and capturing changes to a consumer’s condition in progress notes. Care planning documentation identified the consumer’s conditions, needs and preferences and what had changed for consumers.

Consumers and representatives confirmed the service provides timely and appropriate referrals to other organisations, individuals and providers of care and services. Care planning documentation evidenced the service collaborates with external providers to support the diverse needs of the consumers. Management said the service is linked with the government community visitor scheme and has range of links with specialist services such as psych-geriatricians, occupational therapists, physiotherapists and social workers. Staff described referrals made for individual consumers in line with care documentation.

Consumers said they enjoyed the meals and food was of suitable variety, quality and quantity, additionally, they could access food at any time. Consumers can request an alternate meal with a range of options available, including texture modified diets, staff were aware of these options. Meals and drinks were observed to be served in line with consumer’s dietary needs and preferences including texture-modified meals and high energy high protein meals and drinks.

Consumers and representatives confirmed the equipment provided is safe, suitable, clean and meets their needs. Consumers were familiar with the process to report faulty equipment and confirmed staff often check their equipment for safety and cleanliness. Equipment supporting consumers to engage in activities of daily living, such as walking aids and wheelchairs, and lifestyle activities were observed to be safe, suitable, clean, and well-maintained. The service utilises an electronic system for all preventative and reactive maintenance with items evidenced to have been actioned and closed off.

# 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 and representatives said the service is welcoming, easy to navigate and the service feels like home to them. The corridors are observed to be clean, fitted with handrails, and with access for wheelchairs and adequate lighting and signage, to optimise consumers’ sense of belonging and independence. Consumers were observed using the various communal areas at different times of the day, watching TV, listening to music, walking in the garden.

Consumers and representatives said the service is clean, safe, and well-maintained and if anything was not working, it would be attended to very quickly. Consumers confirmed having easy access and movement to outdoor areas. Staff said they do a weekly walk around of the service to identify any areas for improvement and had recently reported an area of uneven concrete which had been cordoned off to prevent consumers from tripping.

Consumers and representatives said the furniture and equipment used at the service was clean, well-maintained, and suitable, where maintenance is required, they can request this, and it will be actioned promptly. The service has a reactive maintenance online system which monitors and sends prompts to maintenance staff.

# 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 and representative said they are supported to provide feedback and raise any complaints, and they are familiar with how to raise complaints by talking to staff first who they felt will attend to their concerns. Staff described avenues available for consumers representatives feedback including feedback forms, consumer/representative meetings or talking directly to staff or management. Consumers confirmed they feel safe to raise complaints and suggestions.

Consumers and representatives were aware for the mechanisms in place to raise complaints externally if required. Staff said they can arrange for interpreter services if needed and staff are trained on open disclosure and are made aware of, and have access to, advocates, language services and other methods for raising and resolving complaints. Brochures about open disclosure and consumer advocacy services and signage were displayed in the service.

Consumers and representatives stated when feedback is provided, the service responds appropriately and in a timely manner and confirmed when things go wrong, the service apologises and acts quickly to resolve issues. The complaints register evidenced open disclosure is used and timely management of complaints is followed, including steps and actions taken to resolve the complaints.

Consumers and representatives stated where they have raised it, feedback and complaints are used to improve the care and services. Staff described how feedback and complaints have resulted in care and service improvements, including the quality, and upholstering of furniture. The service was able to demonstrate feedback and complaints are trended, analysed, and used to improve the quality of care and services via a monthly quality partner review.

# 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 and representatives said minor shortages of staff occur due to unplanned leave however their care is not impacted. Staff described how clinical staff are available over 24-hours and management provide additional support where necessary. Strategies to replace staff on planned and unplanned leave include extension of hours and offering existing permanent staff additional shifts and using regular casual staff. Call bell response times were not raised as an issue by consumers and representatives.

Consumers and representatives said staff engage with consumers in a respectful, kind, and caring manner, and are gentle when providing care. Staff demonstrated an in depth understanding of the consumers, including their needs and preferences. Care planning documentation detailed consumer information which aligned with staff feedback. Staff were observed engaging with consumers and their family members in a respectful and personable manner.

Consumers and representatives reported staff were skilled in their roles and competent to meet their care needs. Staff said they are well supported by management in undertaking training provided to them upon commencement and ongoing thereafter. Management ensure staff are comfortable to commence independent practice once buddy shifts are completed and new staff attend an induction process with a suite of competencies required to be completed.

Consumers reported they are confident with staff abilities and practices. Staff described how they attend mandatory training sessions; are confident they can access additional training as needed and are well supported by management. Management said all recruited staff must meet the minimum qualification and registration requirements for their respective roles and demonstrated the online training system and training records management system, which reflected all training is up to date for staff at the service.

Staff said their performance is monitored through educational competencies and annual performance appraisals and confirmed performance appraisals were in place and up to date. Management said staff competency is assessed regularly and the service reviews and analyses internal audit results and clinical data to monitor staff practice and competencies. The service has a suite of documented policies and procedures that guide the monitoring of staff performance and the performance management of staff when issues are identified.

# Standard 8

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

Findings

Consumers and representatives said they have ongoing input into how consumer care and services are delivered, the service keeps them informed of any changes in care or when things go wrong, this communication is effective in keeping them engaged. Staff described how improvements to the service are identified through mechanisms such as feedback from consumer/representative meetings, surveys and directly through verbal or written communication.

Consumers and representatives said the service handled the COVID-19 pandemic well, how vaccination clinics had been rolled out and updates communicated efficiently and in a timely manner. Staff described how clinical indicators, quality initiatives and incidents are discussed at relevant meetings. The management team discussed a range of strategies when describing how the governing body promotes a culture of safe, inclusive, and quality care and services.

The service has processes in place to ensure effective systems relating to organisation wide governance systems including information management. Opportunities for continuous improvement are identified through monthly audits, complaints, and consumer/representative surveys. Overall, the service demonstrated effective governance systems in place to support all aspects of organisational compliance.

Consumers and representatives said they are supported to live the best life they can. Staff described how they use policies, procedures, and practices to minimise risk to consumers including falls, infection prevention, restrictive practices, and reporting of incidents. Management provided the service’s documented risk management framework, including policies, procedures, and serious incident reporting register.

Consumers and representatives stated when things go wrong the service contacts them, explains what has happened and offers an apology. The service has a clinical governance framework supporting clinical care practice within the service and staff said they follow the service’s policies and procedures in relation to antimicrobial stewardship and key areas of clinical care practice including for restrictive practices and open disclosure. Care planning documentation demonstrated compliance with the services policies and staff provided examples of how the policies are relevant to their work.

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