Performance

Report

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| Name: | Chirnside Views |
| Commission ID: | 8230 |
| Address: | 315 Manchester Road, CHIRNSIDE PARK, Victoria, 3116 |
| Activity type: | Site Audit |
| Activity date: | 5 December 2023 to 7 December 2023 |
| Performance report date: | 15 January 2024 |
| Service included in this assessment: | Provider: 1723 Norsan Pty Ltd  Service: 26598 Chirnside Views |

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 Chirnside Views (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the approved provider’s response dated 4 January 2024.
* other information held by the Commission.

# 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 assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers said they were treated with dignity and respect and their identities were valued. Staff were familiar with consumers’ personal histories, identity and cultural backgrounds and described how this influenced the delivery of their care. Consumers’ care planning documents included information about their culture, identity and diversity.

Consumers said their culture and personal background was valued and respected and their care was structured to meet their needs and preferences. Staff explained what was culturally important to consumers and how they catered to their requirements. Consumers’ care planning documents detailed their cultural backgrounds, significant traditions and how care was tailored accordingly.

Consumers said they were supported to make decisions about their care, determine who else was involved in their care, and maintain personal relationships with people inside and outside the service. Management described how the service welcomed families to visit and spend time with consumers who were encouraged to maintain personal connections. Consumers were observed receiving visitors and socialising and care planning documents detailed consumers’ independent choices.

Consumers explained how they were supported to take informed risks and how this improved their quality of life. Staff described risks taken by consumers and the strategies used to assess the risks and minimise the potential harms. Care planning documents included dignity of risk forms and detailed how consumers were supported to engage in activities involving risks as safely as possible.

Consumers described how they received clear and current information which helped in decision-making about their daily choices. Staff described various ways information was provided to consumers, in line with the preferences recorded in their care plans. Information about the activities available, meal menus and other services was displayed throughout the service.

Consumers said their privacy was respected and their personal information kept confidential. Staff explained practical ways in which consumers’ personal information was kept confidential and their privacy was respected, such as by knocking on doors and waiting for consent before entering a room. Consumers’ care planning documents included their preferences around privacy and dignity. The service had a written privacy policy and staff received training in respecting consumers’ privacy and dignity.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were involved in the assessment and care planning process which ensured consumers received the care and services they needed. Staff described the detailed assessment and care planning process and explained how it assessed risks and informed the delivery of safe and effective care and services. Consumers’ care planning documents showed risks which were considered during the comprehensive assessment and care planning process.

Consumers and representatives said consumers’ current needs, goals and preferences, and advance care plans were identified during the care planning process. Management and staff described how they ensured the assessment and care planning process reflected consumers’ current needs and end of life plans. Consumers’ care planning documents detailed their advance care preferences, where consumers wished.

Consumers and representatives said staff involved them in assessing, planning and reviewing consumers’ care and services. Staff explained how they worked with consumers, representatives and other providers of care to provide quality care and services. Consumers’ care planning documents showed medical officers, allied health professionals and dementia support services were involved in meeting individual needs.

Consumers and representatives said they were kept informed about consumers’ current condition and needs through in-person discussions and care planning documents. Management described how the outcomes of assessment and planning were communicated effectively to consumers and representatives and copies of care plans were offered. The service used an electronic care management system to record consumers’ care plans, progress notes and paper-based system for restrictive practice consent forms.

Consumers and representatives said consumers’ care and services were reviewed regularly and when their condition or circumstances changed. Management and staff described how and when consumers’ care plans were reviewed and updated to ensure they were current and effective. Care planning documents showed evidence of regular review, and review when an incident or clinical deterioration occurred.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers received safe and effective personal and clinical care which was individualised and optimised their health and well-being. Staff described how they provided safe and effective personal and clinical care which met consumers’ needs and preferences. Care planning documents personal and clinical care tailored to individual consumers and consistent with best practice.

Consumers and representatives were satisfied with how the service managed risks to consumers, such as falls. One representative expressed concerns about the management of a consumer’s aggressive behaviours however, records indicated this episode was managed appropriately. Management explained how high-impact and high-prevalence risks were monitored and managed using a variety of mitigation strategies.

Consumers were satisfied with the service’s end of life care planning process. Management said consumers nearing end of life had their comfort, condition and needs regularly assessed and reviewed while external palliative care teams provided support. The service had policies and procedures to guide staff in advance care planning and providing end of life care.

Consumers and representatives were generally satisfied with how the service identified and responded to a deterioration or change in condition. One representative described an event where they felt the service had not acted quickly enough in relation to an injury however, records indicated the service acted appropriately. Management and staff explained how they recognised, responded to, documented and monitored changes in consumers’ condition. Care planning documents showed a change or deterioration in consumers’ condition were identified and responded to promptly.

Consumers and representatives said current information about consumers’ care needs and preferences was effectively communicated between staff and external providers involved in their care. Staff described how updated information about consumers’ condition, needs and preferences was shared during shift handovers or by accessing records. Care planning documents included adequate information to support safe and effective personal and clinical care.

Consumers’ representatives were satisfied with timely referrals made to other providers of care and services. Clinical staff described how referrals were made to external providers of care and services, such as allied health professionals and dementia support services. Consumers’ care planning documents showed external providers of care and services were involved, as required.

Overall, consumers and representatives were confident in how infection-related risks were managed at the service. The service had an infection prevention and control lead and followed best practice guidelines when prescribing antibiotics for consumers. Staff understood precautions used to prevent and control infections and the steps taken to minimise the use of antibiotics. The service had written policies and procedures to guide staff in infection control management and antimicrobial stewardship.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said they were provided with the support to optimise their independence, quality of life and participate in activities they liked. Lifestyle staff explained how they worked with consumers to meet their individual needs, goals and preferences for daily living. Consumers’ care planning documents detailed the supports required to meet their daily living needs, goals and preferences.

Consumers said the service supported their emotional, spiritual and psychological needs. Staff explained how they supported consumers’ emotional, spiritual and psychological needs such as by spending one on one time with them when they were feeling low or arranging religious services. Care planning documents contained details of the psychological and spiritual supports required by each consumer.

Consumers described how they were supported to participate in the community, maintain relationships and engage in activities of interest. Staff explained how they supported consumers to participate in the community, inside and outside the service, and stay in touch with people of importance to them. Consumers were observed socialising and participating in activities.

Consumers said up to date information about their condition, needs and preferences was communicated effectively between different staff and other service providers. Staff described how current information about consumers’ daily living needs and preferences was shared within the service through shift handovers and records. Consumers’ care planning documents were up-to-date and included information about current conditions and preferences.

Consumers said they had been referred to external organisations and providers of services such as religious organisations. Staff described how referrals were made to various services and organisations, and explained the process was being further developed. Care planning documents showed evidence of referrals.

Consumers were satisfied with the variety, quality and quantity of food provided by the service. The service had a catering liaison officer who met weekly with each consumer to explain meal options, record their choices and address requests and changes. Hospitality staff provided evidence to confirm consumers were offered a varied menu based on their feedback and cultural preferences.

Equipment throughout the service appeared safe, clean and well maintained. Maintenance staff demonstrated how the equipment was regularly serviced through a preventative maintenance program. Staff said they had access to the equipment they needed and described how equipment was kept safe, 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers said the service was welcoming, easy to navigate, friends and family were welcomed kindly, and they could personalise their rooms. Management described how the service environment made consumers feel welcome and optimised their sense of independence, interaction and function. The service appeared well-lit, with suitable signage, wide corridors and handrails to facilitate movement.

Consumers said the service was safe, clean, well-maintained and they could move freely around the service. Cleaning staff understood infection control procedures and said consumers’ rooms were cleaned daily, with a more detailed weekly clean. Management explained how staff assisted mobility-impaired consumers move around the service environment.

Consumers said they felt safe using the furniture and equipment which was clean and well maintained. Staff said they cleaned consumers’ personal and shared equipment after each use and made sure it was safe for use. The service’s preventative maintenance register showed equipment was regularly tested and maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives understood how to provide feedback and make complaints and said they were comfortable doing so. Management and staff explained how consumers were supported through the service’s feedback and complaints process. Feedback and complaints forms were available at the service and minutes from meetings showed consumers and representatives were encouraged to provide feedback and make complaints.

Consumers and representatives were mostly unaware of external advocacy services but said they were comfortable raising any concerns within the service. Management and staff knew how to access advocacy and interpreter services on consumers’ behalf. Information about external complaint, advocacy and interpreter services was displayed throughout the service.

Consumers and representatives said the service responded to their complaints, resolved the issue, and apologised when things went wrong. Management said feedback and complaints were documented, appropriate action was taken, and the process was transparent and consistent with open disclosure. The service’s feedback and complaints register showed consumers received a response and corrective actions were taken in a timely manner.

Consumers and representatives said feedback and complaints were reviewed and used to improve the quality of care and services. Management provided examples of feedback and complaints they had received and how they were used to inform continuous improvement. Documentation showed consumers’ feedback and complaints were acknowledged and timely and appropriate actions were taken to resolve the issues.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were sufficient staff available to deliver the care and services consumers needed. Management said the master roster was developed based on the number of consumers residing at the service and the different needs they had. Documentation showed the service had sufficient staff and recruitment occurred as consumer numbers increased at the service.

Consumers and representatives said staff were kind, caring and respectful when providing care. Staff described how consumers were treated with respect and kindness, such as providing reassurance when delivering care. Staff were required to complete training in consumer dignity, privacy, respect and the Code of Conduct for Aged Care.

Consumers and representatives said staff were competent, effective in their roles, and had the skills and knowledge to meet consumers’ care and service needs. Management described how the recruitment and competency process ensured staff had the qualifications, registrations and knowledge to perform their duties. Staff were guided in their roles by position descriptions which detailed the required qualifications, competencies and key responsibilities of each position.

Consumers and representatives felt staff were suitably trained and supported and could not identify any areas where staff required additional training. Management described how staff were supported, equipped and trained to deliver care in line with the Quality Standards. Staff said they participated in regular competency assessments and training and spoke about topics they had attended. Documentation showed staff were trained and supported to deliver outcomes required by the Quality Standards.

Management described the process in place to regularly assess, monitor and review staff performance, which occurred during the employment probation period and annually thereafter. Staff understood the performance appraisal process and confirmed the process occurred annually. Documentation showed the facility manager conducted performance appraisals regularly where workplace conduct, and development opportunities were discussed.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were encouraged to continuously evaluate and provide feedback about the operation of the service and the delivery of care and services. Management described a range of ways consumers and representatives had input to decisions about the care and services provided to them. Documentation confirmed consumer involvement in the design and delivery of care and services.

Management described how the organisation’s Board promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. The organisation’s governance structure included the Board, a quality compliance and clinical governance manager, facility manager and clinical services manager. The Board received regular reports on the performance of the service and ensured the Quality Standards and other requirements were being met.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The framework included policies and procedures to guide staff practice. The Board received a range of reports which were used to determine if the Quality Standards were being met and look for improvement opportunities.

The organisation had effective risk management systems, documented policies and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood the high-impact and high-prevalence risks present and the management strategies in place.

The service’s clinical governance framework focused on quality and safety of clinical care and included policies promoting antimicrobial stewardship, minimised restrictive practices and using open disclosure when things went wrong. Management described how the service monitored the use of antibiotics, minimised restrictive practice and ensured apologies were made to consumers when things went wrong. Staff described how the service’s clinical governance policies and procedures were applied in the delivery of care and services.

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)