Performance

Report

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| Name of service: | Performance report date: |
| Chiswick Manor Care Community | 30 September 2023 |
| Commission ID: | Activity type: |
| 0957 | Site audit |
| Approved provider: | Activity date: |
| DPG Services Pty Ltd | 23 August 2022 to 25 August 2022 |

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 Chiswick Manor Care Community (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the Site audit, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 20 September 2022.
* 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 | | Compliant |
| 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 they felt respected, considered that they are treated with dignity and found staff kind and caring. Staff described each consumer’s cultural background and associated needs and preferences. Care planning documentation described each consumer’s background, cultural practices, identities, personal needs, and preferences.

Consumers described how their care and services are delivered with an understanding of their needs and preferences while ensuring they feel respected, valued, and safe. The service has policies and procedures for respecting dignity and choice; personal care and clinical services; cultural safety, diversity, and inclusion.

Consumers stated they are able to make and communicate decisions about their own care and determine who is involved in delivering their care and services. They are also able to make connections with others and maintain relationships of choice, including intimate relationships. The service has policies and procedures for respecting dignity and choice and staff explained how consumer choices and decisions are supported.

Consumers stated they are supported to take risks, to enable them to live the best life they can. Care plans detailed individual risks to consumers and evidenced discussions that had been held with consumers regarding risks. The Assessment team observed that care plans included appropriate strategies to mitigate risk as well as directives for staff to support the consumers in their risk taking, and where necessary, appropriate consents were in place.

Consumers said they are kept well-informed on all matters relating to the service especially COVID-19 and lockdowns; they are encouraged to attend Relatives and Representative meetings, the Food Focus Group and Leisure and Lifestyle meetings monthly, where they can receive information and have input into matters concerning their daily lives.

Consumers stated that their privacy is respected, doors are closed when receiving care assistance and staff knock before entering consumers’ rooms.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Care planning documentation for sampled consumers evidenced the consideration of risks and interventions such as falls risks, responding to challenging behaviours, psychotropic medications, diabetes management, risk of acquiring pressure injuries and oedema management. Staff were able to identify risks for the sampled consumers and described the interventions utilised to manage those risks in line with care planning documentation. The service has care planning and assessment policies in place to guide staff care.

Management and staff could describe how they approach end of life and advance care planning conversations with consumers during the admission process and at case conferences and as needs change. The service maintains a copy of the consumer’s Advanced Care Directive and end of life plans are available through the electronic care management system for staff to access.

Consumers confirmed they are involved in assessment and planning, with the people important to them on an ongoing basis. Care planning documentation for consumers included progress notes and case conference documents evidenced involvement and input from the consumer and representative, Medical Officers, and allied health specialists in the consumers’ care assessment and planning.

Consumers and representatives said information is provided to them in a timely manner and confirmed they are offered a copy of the care plan. Management advised the outcomes of assessments are documented in case conference records and in care plans for the consumer in the electronic care management system.

Care planning documentation showed evidence of review on both a regular basis and when circumstances change, or incidents occur. Staff and management interviewed confirmed care plans are reviewed three monthly or when health or care needs change and described how incidents may generate a reassessment or review of consumer’s needs.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 felt their personal and clinical care needs are met and gave positive feedback about the service. Care planning documentation for consumers reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. Staff and management could describe consumers’ individual needs, and preferences.

Care planning documentation identified high impact and high prevalence risks had been identified and effectively managed by the service, including falls, skin integrity, pain, and behaviour management. Staff and management were able to describe risks and management strategies for those risks for individual consumers.

Staff and management were able to explain the process for identifying and reporting changes and deterioration in a consumer’s condition and described the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised and dignity preserved through regular repositioning, pain management and spiritual support.

The Assessment Team evidenced care planning documentation including care plans, progress notes and case conference records for consumers which showed care planning information relevant to the consumer’s individualised care, and regular communication with the consumer or representatives about the outcomes of assessment and planning.

The service demonstrated the minimisation of infection related risks through standard and transmission-based precautions to prevent and control infection, and through antimicrobial stewardship. The service has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak. The workforce demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 feel supported to participate in activities of interest to them and are provided with appropriate support do so. Care planning documentation demonstrated how the assessment processes accurately records consumers’ likes and dislikes, and the people important to them. Staff were able to identify consumers and describe specific services and supports they are receiving to support their health and well-being. The information in the care planning documents informs staff of the consumers' needs and preferences.

The service has an electronic care management system which holds all consumer care planning documentation. The electronic care management system was readily available for all staff, and external organisations where services and supports for daily living is shared.

Consumers generally expressed satisfaction with the meals provided by the service and met the consumers’ preferences and dietary requirements. Staff explained the individual dietary needs and preferences of consumers and had a shared understanding of the process for monitoring the dietary requirements within the kitchen environment.

The Approved Provider’s written response of 20 September 2022 explained menu modifications and consumer engagement forums that have been commenced in response to the Site Audit to further ensure the meals provided meet the needs and preferences of consumers.

The Assessment Team observed the equipment available for consumers was observed as safe, suitable, and clean.

**Standard 5**

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| Organisation’s service environment | | Compliant |
| 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 stated that the service is very welcoming, the staff are very friendly, caring, and compassionate; they feel as though they belong and are able to be independent. Consumers are encouraged to bring in personal furniture and other items to personalise their rooms. The service is spacious with large terraces on the upper floors with outdoor seating and tables for activities.

The Assessment Team observed all consumers were able to move freely both indoors and outdoors. The service environment and equipment are safe, generally clean, comfortable, well-maintained and safely stored. Preventative maintenance schedules are in place for all equipment and services.

Some consumers felt the standard of cleaning could be improved, and the environment was dusty due to renovation work underway, however the Assessment Team did not find that this was a long-term issue. The Approved Provider’s written response of 20 September 2022 advised of additional cleaning audits that have commenced throughout the service to ensure the standard of cleaning meets consumer expectations.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 representatives said they are supported and felt confident to provide feedback and lodge complaints and could describe the feedback channels available to them. The service has policies and procedures to guide staff in the management of feedback, complaints, and compliments.

Consumers confirmed they were given information regarding complaints and feedback processes, advocacy, and interpreter services available to them. The Assessment Team observed many methods of collating feedback including, tri-fold leaflets for writing a complaint, brochures, a QR code and other mechanisms.

Consumers were satisfied with action taken in response to complaints, and confirmed staff used open disclosure. The service was able to demonstrate that feedback and complaints are analysed to identify trends and improve the quality of care and services. The Assessment Team observed the complaints log, which recorded complaints and included actions, and closures.

Staff explained how complaints and feedback are addressed as soon as possible and demonstrated records of complaints, suggestions and feedback from various sources including verbal and email sources. The service’s continuous improvement plan evidenced feedback and complaints are used for future improvements to the service.

**Standard 7**

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Consumers said they receive quality care and services from staff who are knowledgeable, capable, and caring. Consumers described having personal care attended to in line with their preferences. Staff and management confirmed where there had been shifts unfilled these had been filled with agency or by a member of the management team.

Consumers and representatives indicated staff are trained appropriately and are sufficiently skilled to meet their care needs. Staff demonstrated an in-depth understanding of the consumers, including their needs and preferences, they were able to describe individuals and their preferences.

Staff receive orientation training, annual mandatory training, and complete competencies such as medication competencies, first aid, manual handling, fire and evacuation training and infection control practices. Staff confirmed they had received training and were able to demonstrate knowledge on the Serious Incident Response Scheme, restrictive practices, and incident management.

The organisation has recruitment and selection procedures to provide a structured approach to ensure staff have the required qualifications and credentials.

Position descriptions are documented for each role and set out the qualifications and skills required and responsibilities of each role. Training records indicate the service consistently orientates, trains and monitors staff training and competency to ensure the workforce has the skills to perform their roles effectively.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 confirmed they were able to attend meetings, undertake surveys, respond to targeted project planning analyses, and provide input, they also confirmed they feel the service is well managed, and they have a voice that can influence. The board has processes to ensure the service promotes a culture of inclusive, quality, safe care and are accountable for their delivery.

The Assessment Team observed the strategic plan and numerous monitoring processes and management explained how this enables monitoring and reporting on all aspects pertaining to each service and therefore, reflects and drives the direction and improvements of the service.

The service has implemented effective governance systems relating to the management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

The service’s risk management framework included policies describing how to manage high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents.

The service’s clinical governance framework included antimicrobial stewardship, restraint minimisation and open disclosure processes.

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-2)