Performance

Report

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| Name: | Claremont Terrace |
| Commission ID: | 3592 |
| Address: | 231-253 McKinnon Road, McKINNON, Victoria, 3204 |
| Activity type: | Site Audit |
| Activity date: | 6 March 2024 to 8 March 2024 |
| Performance report date: | 15 April 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 2338 Claremont Terrace |

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 Claremont Terrace (**the service**) has been prepared by Patricia Golledge, 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were treated with dignity and staff respect their individual identity. Staff demonstrated knowledge of the consumers’ life journey and cultural background. Care planning and assessment documentation identified consumers’ cultural needs, individual preferences, and considerations of consumers.

Staff explained how they provided care and services in a culturally safe manner. Consumers considered staff were aware of their cultural backgrounds, delivered appropriate care, and support their religious and cultural beliefs. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ religious beliefs, cultural needs, and preferences. Management reported and documentation evidenced the service has a ‘Cultural Diversity Training’ onboarding module in place to support the delivery of care and services that are culturally safe.

Consumers said they were supported to make decisions about their care and services, including who they would like to involve, and how care and services should be delivered. Lifestyle staff advised they support consumers wishing to sustain long distance relationships with family through electronic platforms such as video calls. Staff said they were provided with information to support consumers in exercising choice and independence, and described how they supported consumers to communicate their decisions, such as asking questions and for consent. Care planning documents included information to inform staff of key relationships including intimate relationships.

Consumers described how the service supports them to have choice, including when their choice involves an element of risk. Staff advised consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care plans.

Consumers and representatives said they receive verbal reminders regarding activities at the service and were provided with activity calendars, newsletters, menus, and updated information is provided at consumers meetings. Staff described strategies to clearly communicate information to consumers living with a cognitive impairment for example, using cue cards. Menu lists and activity calendars were observed to be in large print, and menus also visually displayed on televisions in all dining rooms.

Consumers said their privacy was respected by staff and staff knock on their doors before entering their room. Staff were able to identify ways in which consumers personal privacy and confidentiality was maintained for example, knocking on consumers doors before entering rooms and closing doors when delivering care. Management stated and documentation evidenced consumer information was stored on the services electronic care management system (ECMS) and is only accessible by staff entering a unique username and password combination.

# 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.

Representatives said they were satisfied with the assessment and planning processes and the way consumers care was managed. Staff could describe the assessment and care planning processes, and how these processes inform the delivery of safe and effective care and services. Care planning documentation demonstrated effective assessment and planning to inform the delivery of care, including consideration of risks to individual consumers and mitigation strategies to manage risks to consumers such as falls, changed behaviours and pain.

Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of- life (EOL) wishes as appropriate. Consumers said the assessment and planning processes addressed their current needs, goals, and preferences and they were involved in discussions regarding advanced care planning and EOL care. Clinical staff described how assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences and how they undertake conversations in relation to advance care planning and EOL planning if the consumer and/or representative wishes.

Consumers said they were involved in the assessment and care planning processes and were aware of input from other health professionals. Clinical staff described how they partner with consumers and representatives to assess, plan, and review care and services. Care documentation reflected the inclusion of health professionals and services into consumer assessments and care planning.

Consumers and representatives said staff involve them, communicate outcomes of assessment and planning with them and they have access to consumers’ care and services plan. Clinical staff advised consumers and representatives are offered a copy of their care and services plan and described how they effectively communicate outcomes of planning and assessments to consumers such as during the resident of day process, case conferences and the 6-monthly care plan review process.

Representatives said they were satisfied changes to care were made following any concerns or incidents. Staff advised care and services were reviewed regularly for effectiveness, or when a change occurs in a consumer’s condition needs or preferences. Care planning documentation evidenced consumer care and services were reviewed for effectiveness regularly and when incidents occur or when circumstances change.

# 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.

Representatives expressed their satisfaction with the clinical and personal care consumers receive and said staff know consumers care needs and how to support them. Staff demonstrated an understanding of consumers’ personal and clinical care needs and described how they tailored care and services to optimise the health and well-being of consumers. Care planning documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences including but not limited to restrictive practices, behaviour support and pain management.

Consumers said known risks to them were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place including but not limited to pressure injuries, falls, and changed behaviours. Staff described the high impact and high prevalence risks for consumers at the service, and how these were monitored and managed for individual consumers.

Representatives said that consumers receiving end-of-life were kept comfortable, and they receive regular communication and support regarding consumers’ condition. Staff described comfort care processes for consumers nearing end of life, including the importance of monitoring for signs of pain. Documentation evidenced palliative care was delivered in a way to support consumers’ comfort and EOL wishes.

Representatives considered deterioration or changes in consumers condition was recognised and responded to in a timely manner. Care planning documentation for consumers who had experienced falls confirmed they were reviewed by the Physiotherapist and Medical Officer post fall, and representatives notified. Staff described how they responded to deterioration or changes in consumers condition, such as completing assessments, through observations, referrals, and monitoring processes. Policies and procedures supported staff in recognising and responding to clinical deterioration.

Staff interviewed described how information about the consumer’s condition is shared within the service, and how they receive information in relation to changes in a consumer’s condition. Care planning documentation and handover notes reflected information about consumers was documented and shared with others as appropriate.

Care planning documentation identified timely and appropriate referrals to other health professionals. Representatives said they receive communication regarding service’s referrals for consumers. Management and clinical staff explained the service’s referral processes and differing referral processes dependent upon health provider.

Representatives were satisfied with the services communication and management of a recent infectious outbreak The service had an Infection Prevention and Control Lead, processes, and protocols to minimise infection related risks, and demonstrated preparedness in the event of an infectious outbreak. Staff in different roles described how they lessened infection related risks and promoted practices to minimise the use of antibiotics.

# Standard 4

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

Findings

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

Consumers considered the service catered for their needs and preferences in a way which enhanced their quality of life. Lifestyle staff said they consult consumers and receive feedback to gather an understanding of consumers’ needs, goals, and preferences, and develop appropriate supports for daily living.

Consumers said their emotional well-being, religious and spiritual practices were supported. Staff described how they tailored services and supports in line with consumers’ well-being needs, such as religious services, visits by various religious figures, and spending one-to-one time with consumers. Lifestyle staff advised they spend additional one-on-one time with consumers who choose not to participate in group activities.

Consumers said they were supported to maintain community connections, friendships, personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as bus trips. Care planning documentation identifies activities of interest for the consumers and how they are supported to participate in these activities and in the wider community.

Consumers said staff know their preferences. The service demonstrated effective communication of information of consumers’ needs and preferences including when changes occur. For example, the service’s chef advised they are informed of changes to consumers dietary needs and preferences through direct communication with care and lifestyle staff and from updated dietary requirement documents completed and distributed by clinical staff.

Lifestyle staff advised they collaborate with other individuals and other providers of care and services to support consumers’ current and emerging needs. Consumers and representatives said consumers were supported by providers of other care and services and referred to individuals and other organisations when needed. Care planning documentation demonstrated the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers including but not limited to volunteer organisations.

Overall consumers considered meals were of suitable quality, portion size, with a variety of options available. Consumers said their requests for alternative meals was accommodated. Consumers and staff advised consumers were supported in providing feedback about meals through the catering committee meetings and the service implements solutions to meet consumers’ needs. Staff had access to consumers dietary information to provide suitable meals for consumers. For some consumers who voiced their dissatisfaction with the meals management responded by seeking their feedback and implementing solutions.

Consumers considered their mobility equipment was safe, clean, and well maintained. Staff said described the processes in place to maintain the safety and cleanliness of equipment. Mobility aid equipment was observed to be clean, functioning properly, and correctly labelled with the appropriate consumer's name.

# 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 were encouraged to personalise their rooms how they choose, and they enjoy spending time in the courtyard areas. Consumer rooms were personalised with personal belongings, photographs and items of importance displayed. Staff said consumers are encouraged to make themselves feel comfortable at the service by bringing personal photos, decorations, items, and furniture into their rooms. The service environment was observed to be clutter free and had sufficient lighting and handrails to assist with consumer movement and interaction.

Consumers said the cleanliness of the service is of a high standard and they can move freely indoors and outdoors. Consumers were observed walking to outside courtyard areas and exiting the service independently. Cleaning contractors and maintenance staff were guided by work schedules. Documentation identified reactive maintenance requests were attended to promptly and preventative maintenance was completed as per an established schedule.

Staff advised there was suitable, clean, and well-maintained equipment for consumers and described the processes in place to maintain the safety and cleanliness of equipment, fittings, and furniture. Consumers reported furniture, equipment and fittings were safe and well maintained. Documentation evidenced furniture, equipment, and fittings were checked for safety and functionality. Furniture, fittings, and equipment were observed to safe, clean, and suitable for consumers.

# Standard 6

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

Findings

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

Consumers said they feel comfortable and were encouraged to give feedback and raise concerns. Consumers reported the mechanisms for raising concerns including directly to management, feedback forms, through consumers meetings and catering committee meetings. Management described ways they encouraged and supported consumers to give feedback and raise complaints and advised the service has a Quick Response (QR) code feedback form displayed throughout the service for consumers and representatives, volunteers, or staff to complete. Meeting minutes demonstrated complaints are discussed and consumers and representatives were encouraged to provide feedback.

Consumers said they were provided with information on advocacy services. Management said they regularly arrange advocacy services to provide information sessions for consumers. Staff described external complaints resolution pathways available for consumers and others, such as advocates and language services. Information on how to raise external complaints and access to advocacy and translation services was displayed around the service and included in the service’s consumer handbook.

Consumers reported the service apologised and responded to and resolved their complaints in a timely manner. Management and staff described how they responded to complaints using an open disclosure process, such as communicating with those involved in a transparent manner and providing an apology. Documentation demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Consumers said changes occur at the service as a result of their feedback and complaints, for example, recent improvements in the serving of the dessert menu. The service demonstrated feedback and complaints received via different avenues were recorded, reviewed, and used to improve the quality of care and services. The service’s plan for continuous improvement and meeting minutes evidenced various improvements in response to feedback and complaints.

# 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 reported the service was adequately staffed, call bells requests were responded to promptly and they were satisfied with the quality of care provided. Management described how the workforce is planned to address the needs of consumers such as strategies around unplanned leave, and ongoing recruitment strategies to meet legislative requirements. Documentation demonstrated the service had a Registered nurse on 24 hours and systems in place to regularly review the delivery and management of safe, quality care and services including daily monitoring of call bell response times.

Consumers and representatives said staff were obliging, caring and kind. Staff demonstrated they were familiar with each consumer's individual needs, cultural backgrounds and identity. Staff were observed interacting with consumers in a kind, and respectful manner. The service has policies on diversity, respect and dignity which outline the service’s commitment to respecting and supporting diversity and inclusion.

Consumers reported staff were well trained and knowledgeable. Management advised staff competency was determined through appropriate selection and recruitment processes, and buddy shifts. Documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and processes were in place to monitor expiry dates.

Consumers said staff were well skilled and receive ongoing training. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis and said they felt comfortable requesting additional training. Management explained recruitment processes include compliance checks and referring to the Aged Care Banning Orders Register. Management advised various training and development opportunities provided to staff including orientation processes, buddy shifts, on-line training, and additional training. Review of mandatory training records identified training was provided on a range of topics and completion of all training was recorded and monitored by management.

Management described how workforce performance was regularly assessed, monitored, and reviewed through performance appraisals, observations, and feedback from other staff members. Management said the service provides additional education and training as required or requested by staff. Staff reflected that they were supported by management during the performance appraisal process, and documentation evidenced performance reviews were up to date.

# 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 reported that the service is well run and advised management respond to their feedback and suggestions. The service has effective systems in place to monitor and action consumer feedback on aspects of care and service delivery. Management described the mechanisms in place to engage and support consumers including the Consumer Advisory Board.

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through regular meetings and communication. Board meetings were scheduled monthly, and the organisation had a Quality Advisory Body which meets quarterly and is overseen by a clinician and a Board member. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, incident management and feedback and complaints.

A reporting structure, policies, procedures, training, and audit mechanisms supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example, financial governance was supported by a framework which outlined budget and expenditure considerations and strategies with processes for funding extraordinary costs.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff confirmed they had received training in these policies and were able to provide examples relevant to their work. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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)