Performance

Report

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| Name: | Clarinda on the Park |
| Commission ID: | 4542 |
| Address: | 21-29 Inverness Street, CLARINDA, Victoria, 3169 |
| Activity type: | Site Audit |
| Activity date: | 28 August 2023 to 30 August 2023 |
| Performance report date: | 24 October 2023 |
| Service included in this assessment: | Provider: 995 Anglican Aged Care Services Group  Service: 3052 Clarinda on the Park |

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 Clarinda on the Park (**the service**) has been prepared by Denise McDonald, 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 conducted from 28 August 2023 to 30 August 2023; 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.
* Other information and intelligence held by the Commission in relation to this 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 and representatives said consumers were treated with dignity, respect and felt valued. Staff described referring to consumers’ care documentation to ensure care was aligned to cultural identity, diversity, preferences, goals and choices. Staff were guided by procedures regarding dignity, respect and choice.

Consumers and representatives confirmed consumers felt safe at the service and their cultural needs were respected. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services, accordingly. Care documentation reflected consumers’ culturally diverse needs and preferences.

Consumers and representatives said they could make decisions regarding consumers’ care and services. Staff were knowledgeable of consumers’ choices and described supporting consumers to maintain relationships. Related consumers were observed participating in activities together with support from staff.

Consumers said they were supported to take risks to live the best life they can. Staff conducted risk assessments to ensure consumers and representatives understood potential harms when taking risks. Care documentation identified risks and mitigation strategies and staff were guided by policies, procedures and risk management systems.

Consumers and representatives said they were well informed. Staff confirmed consumer meeting minutes were displayed on noticeboards and an information management policy guided staff. Activity calendars and newsletters were available for consumers to review.

Consumers said their privacy was respected and they were confident their personal information was kept confidential. Staff confirmed they knocked on doors, awaited consent to enter and prior to providing care. Consumer information was secured via the service’s password protected electronic care management system and staff were observed respecting consumers’ privacy.

# 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 confirmed involvement in care assessment and planning. Staff described undertaking assessments upon entry, and care documentation evidenced risk assessments, mitigation controls in response to assessment outcomes. A standard assessment process was used to guide staff to ensure consumers were consistently assessed at entry.

Staff said end of life wishes were discussed with the consumer and their representative upon entry, during care reviews, or when circumstances changed. Care documentation recorded consumers’ needs and preferences, including advance care plans, where appropriate. The assessment process used at entry triggered conversations about end of life and advance care.

Consumers and representatives said they were involved in care assessment, planning and review. Care documentation evidenced consultation with consumers, representatives and other individuals and organisations supporting consumer care. Policies guided staff collaboration with those involved in delivery of care and services.

Consumers and representatives confirmed staff regularly discussed their care and services and they could obtain a copy of their care plan if they wished. Staff confirmed updating consumers and representatives regarding care outcomes and were observed offering copies of care plans to consumers and representatives.

Staff confirmed and care documentation evidenced, consumers’ care plans were reviewed every 3 months or in response to changes or incidents. Policies and procedures guided staff through care review processes.

# 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 provided positive feedback regarding personal and clinical care which was tailored to their needs and supported their well-being. Care documentation evidenced consumers were receiving care that was safe, effective, tailored and developed in consultation with allied health professionals. Staff were knowledgeable of restrictive practices, pain management and skin care and were guided by policies and procedures to support best practice care delivery.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff confirmed clinical and environmental measures were used to prevent or manage risks, and care documentation reflected appropriate risk assessments and interventions tailored to consumer need.

Staff said they ensured consumer comfort during the palliative process and care documentation for a recently passed consumer confirmed the consumer’s comfort and dignity was maintained and spiritual preferences respected. Staff were guided by palliative care policies outlining assessment processes and consultation with specialist palliative services.

Consumers and representatives said staff promptly recognised changes in consumers’ condition and responded appropriately. Staff knew how to identify and respond to changes and were observed monitoring consumers’ condition to detect decline. Care documentation evidenced prompt identification of and response to changes.

Consumers and representatives confirmed staff effectively communicated information between themselves and others involved in the consumer’s care. Staff described, and were observed, exchanging information through handovers and meetings. Staff awareness of appropriate information sharing was guided by policies, procedures and training.

Consumers and representatives said referrals to other individuals and organisations was timely and appropriate. Staff were knowledgeable of referral processes to various allied health professionals including physiotherapists and podiatrists. Care documentation evidenced timely referral of consumers to a range of specialists.

Staff described applying best practice infection control procedures when delivering care and minimising the use of antibiotics. Staff were guided by 2 infection prevention leads and an outbreak management plan. Visitors were observed undergoing viral testing and policies and procedures supported infection minimisation 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

Consumers said they were supported to engage in activities of interest with other consumers or independently. Staff confirmed activities were tailored to consumers’ needs, including sensory activities for consumers with dementia, and sought feedback to ensure ongoing satisfaction. Consumers were observed participating in various activities with staff assistance, where appropriate.

Consumers said the service supported their emotional, spiritual and psychological well-being. Pastoral care staff provided spiritual and psychological support and regularly met with other staff and representatives to ensure open communication. Consumers were observed attending church services and receiving individualised support from pastoral care staff.

Consumers said they were supported to undertake activities within the service and community, and staff described support available to enable consumers’ participation and maintenance of important relationships. Care documentation identified those of importance to consumers and activities of interest and consumers were observed engaging in their preferred activities.

Consumers and representatives said the service effectively shared consumers’ information with those involved in their care. Staff were made aware of consumers’ needs, likes, dislikes, preferred activities and support from external providers through handovers and the electronic care management system. Care documentation evidenced up to date information regarding consumers’ needs and preferences to support daily living.

Consumers provided positive feedback regarding timely and appropriate referral to other care and service providers. Staff described collaborating with other providers, including disability carers and volunteers, to supplement care and services. Care documentation evidenced referrals to providers for additional support.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. Staff confirmed the seasonal menu rotated every 4 weeks and consumer feedback was considered through food focus meetings. Documentation reflected current food safety certifications and meeting minutes supported consumers were satisfied with the quality and quantity of food.

Consumers confirmed equipment was safe, suitable, clean and well-maintained. Staff advised shared equipment was cleaned following each use and was in ample supply. Records evidenced registration and completion of maintenance and equipment was observed to be suitable, clean and 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

Consumers said the service was welcoming, easy to navigate and provided a sense of belonging. The service environment included large dining rooms, outdoor gardens, lounge areas and wayfinding signage. Consumers rooms were personalised; and dementia-friendly design features were observed.

Consumers and representatives confirmed the service environment was safe, clean, well-maintained and they could move around freely. Staff confirmed consumers could access all areas and provided mobility assistance where required. Records demonstrated timely completion of routine cleaning and maintenance.

Consumers said they had access to safe, clean and well-maintained equipment. Staff were knowledgeable of maintenance processes and confirmed requests were completed promptly. Records confirmed equipment had been inspected for safety and serviced with no outstanding items.

# 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 representatives were aware of processes to provide feedback or make a complaint and were supported to do so. Staff confirmed encouraging feedback and complaints and feedback boxes were readily available. Records evidenced registration of feedback and complaints and staff having participated in relevant training.

Consumers and representatives said they were aware of advocacy services and were comfortable raising issues with staff in the first instance. Staff were knowledgeable of advocacy and translation services, confirming several staff were multilingual. Posters and brochures on advocacy were displayed.

Consumers and representatives said staff promptly responded to their complaints and worked to resolve their concerns. Staff described processes to respond to feedback and complaints, including the use of open disclosure. Complaints documentation evidenced complaints were registered and actioned.

Consumers confirmed their feedback and complaints were used to improve care and services. Management described recording and trending feedback and complaints for discussion with the wider organisation. Meeting minutes, surveys and continuous improvement plans reflected consumers’ feedback and complaints informing service improvements, including environmental refurbishments.

# 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 provided positive feedback regarding staffing numbers and confirmed their care needs were met and calls for assistance responded to quickly. Staff said they were supported, and rosters reflected a full complement of permanent and casual care and clinical staff. Records evidenced calls for assistance were responded to within benchmarked timeframes.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were observed interacting with consumers in a kind and caring manner, knocking on doors prior to entry and addressing consumers by their preferred names. Care documentation evidenced consumers’ individual needs and personalised support.

Consumers and representatives said staff performed their duties effectively and met their care needs. Staff described participating in mandatory training and records confirmed staff were advised of role responsibilities from commencement and were security vetted, held professional registrations and qualifications and were vaccinated.

Consumers and representatives felt staff had been appropriately trained to perform their duties. Staff confirmed participating in mandatory training and management described systems to ensure staff promptly completed training requirements. Education records evidenced a high proportion of staff had completed training in manual handling, infection control and serious incidents.

Management confirmed staff participated in formal performance appraisals at multiple intervals during the first 6 months of engagement, then annually thereafter. Records evidenced all staff had undertaken performance appraisals and relevant training, which was monitored, and an alert system was in place to remind staff to complete any outstanding training requirements.

# 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 were involved in the development and delivery of care and services through meetings, feedback forms and discussions with staff. Management confirmed consumers and representatives had been involved in the acquisition of new furniture to ensure it suited consumers needs and preferences. Records evidenced consumer and representative input to the design and delivery of care and services.

The organisational governing body promoted delivery of safe and inclusive care and services and was routinely informed by the service of clinical indicators, feedback and incident data. The service’s leadership team met monthly to review overall performance and discuss lessons learned following incidents, and a clinical governance committee discussed emerging trends and responsive mitigations to ensure safe care and services.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff confirmed participating in training for falls prevention, managing changed behaviours and minimising restrictive practices. Records evidenced serious incidents had been managed in line with legislative requirements.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure, and confirmed participating in relevant training. Frameworks, policies and guidelines assisted staff to maintain best practice and staff understood the practical application of such practices in their daily duties.

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)