Performance

Report

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| Name of service: | Clovelly Cottage |
| Service address: | 16 Stewart Street BORONIA VIC 3155 |
| Commission ID: | 4150 |
| Approved provider: | Autumn Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 10 October 2022 to 12 October 2022 |
| Performance report date: | 15 November 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 Clovelly Cottage (**the service**) has been prepared by M. Nassif, 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

Consumers said staff treat them with dignity and respect and they feel valued and respected as individuals. Staff demonstrated they were familiar with consumers’ individual backgrounds and preferences. Care planning documents evidenced that consumers’ culture, diversity, and identity was acknowledged through their backgrounds and personal preferences.

Consumers and representatives said the service recognises and respects each consumers’ cultural background and provides culturally safe care. Staff identified consumers from culturally and linguistically diverse backgrounds and provided information relevant to ensure that each consumer receives culturally safe care which aligned with care planning documents.

Consumers and representatives said they are supported to exercise choice and independence and their choice is respected. Care planning documents evidenced appropriate processes are in place to support consumers’ individual choices around when care is delivered, who is involved in their care, and how the service supports them to maintain their relationships. Staff provided examples of how they supported consumers to stay in touch with loved ones during COVID-19 lockdown.

Consumers felt supported to take risks to enable them to live their lives as they wished. Management and staff described how they assist consumers to understand risks and make decisions and involve family and medical officers when required. Care planning documents contained risk assessments that include mitigation strategies.

Consumers described how they were informed of how to make choices, and how they were supported to understand that information. Staff described ways in which information is provided to consumers, in line with their needs and preferences. Information to assist consumers to make choices, such as an activities calendar and seasonal menu options, was observed around the service.

Consumers said they felt the service was considerate of their privacy and did not express concerns about the confidentiality of their personal information. Staff provided examples of how they maintain consumer’s privacy and keep personal information confidential. This was consistent with observations where staff were observed knocking before entering consumers rooms, and computers at nurse stations were password protected.

# 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

Staff described the care planning process including initial and ongoing risk assessments, and how this informs the delivery of care and services. Care planning documents evidenced the service conducts assessment and planning, taking into consideration risks to consumers care

Staff described consumers’ preferences in how their personal and clinical care is delivered, including how they approach end of life and advance care planning. Care planning documents included end of life plans for those consumers who wish to have one.

Consumers and representatives said they are involved and have a say in the care planning process. Care planning documents evidenced the involvement of consumers, representatives and other allied health professionals in the assessment and planning process. Staff described how they involve consumers and representatives in the assessment and planning process and reviews for changes to health status.

Consumers and representatives said staff explained information about consumers’ care and had access to care planning documents. Staff described how they effectively communicate outcomes of planning assessments to consumers and their representatives. Care planning documents evidenced the service updates consumers and their representatives on changes to their care plans.

Care planning documents evidenced review of care planning documents occurred on both a regular basis and when circumstances changed. The service had a schedule for care plan reviews which is integrated into the electronic care plan management system and alerts staff if plans are not reviewed monthly in line with the services care plan policy. Consumers and their representatives said staff regularly discuss consumers’ care needs and any changes requested are addressed in a timely manner.

# 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 said they receive care that is safe and right for them and meets their individual needs and preferences and optimises their health and well-being. Care planning documents reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of consumers. The service had policies, procedures and work instructions for key areas of care that aligned with best practice.

Consumers and representatives expressed satisfaction with the service’s management of high impact and high prevalence risks to consumers, particularly for falls and infections. Staff identified individual consumers’ risks and strategies in place to mitigate these. Care planning documents demonstrated consistent assessment and planning to address individual consumers high impact and high prevalence risks.

A representative of a consumers who received end of life care said their dignity, needs and preferences was recognised and the consumer was supported to be pain free. Staff described a multidisciplinary approach with conversations around end of life care, and how case conferences result in effective pain management to maximise consumers’ comfort.

Care planning documents demonstrated identification of, and response to deterioration or changes in consumers’ condition. Staff explained how deterioration is discussed during handovers and staff meetings trigger a medical officer review and hospitalisation transfer if required, and subsequent review of care planning documents. Representatives of consumers were happy with the way staff identified and responded to changes in consumers’ condition in a timely manner.

Care planning documents demonstrated progress notes and care and service plans provide comprehensive information to support effective, safe sharing of consumers' information to support care. Staff described how information about consumer, needs, conditions, and preferences are documented and communicated within the organisation and with others where clinical care is shared. Consumers and representatives said consumers’ care needs and preferences are effectively communicated between staff.

Consumers and representatives said referrals are timely, appropriate and occur when needed. Care planning documents evidenced referrals to medical officers, dieticians, physiotherapists and speech pathologists where needed.

Consumers and representatives said they are satisfied with infection control practices. Staff demonstrated knowledge of key infection control practices which is part of mandatory training. The service had an outbreak management process to be prepared for an outbreak.

# Standard 4

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

Findings

Consumers and representatives said they feel supported to pursue activities of interest to them and are supported to do so. Staff explained how they will regularly update the lifestyle assessment to reflect consumers' changing preferences and abilities, and how the activities programs can be adapted to suit consumers of differing acuity levels. Care planning documents indicated that consumers get the services that meet their needs and preferences.

Consumers and representatives said they are supported when they are feeling low and described how the service promotes their emotional, spiritual and psychological well-being. Staff said if they identify a change in a consumer’s mood or emotional need, they provide additional support such as care packages, one-on-one conversations, activities, and wellness checks. Care planning documents included information on consumers' emotional, spiritual and psychological well-being needs, goals and preferences.

Consumers said they felt supported to participate in the outside community as they choose. Staff provided examples of consumers who were supported to maintain their relationships both inside and outside the service. Care planning documents identified the people important to individual consumers, and their interests and activities.

Consumers and representatives said information about consumers’ condition, needs and preferences are communicated within the organisation, and with others where responsibility of care is shared. Staff described how changes in consumers’ care and services are communicated through verbal and documented handover processes and electronic alerts.

Consumers said they are supported by other organisations, support services and providers of other care and services. Care planning documents demonstrated referrals to other organisations and services occur. Staff were aware of other individuals, organisations and providers of other care and services and specific consumers who utilise these services.

Consumers said they were satisfied with the quantity, quality and variety of meals provided by the service. Staff described the menu is regularly reviewed by a dietician, and how they comply with consumers individual dietary needs and preferences and obtain consumers feedback through food focus meetings. Consumers were observed being assisted with meals and helping themselves to snacks.

Consumers said equipment is cleaned, maintained and readily available when required. Staff said equipment used to support consumers in lifestyle activities was safe, suitable, clean and well maintained, and shared equipment is sanitised after every use.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said they find the service environment welcoming and easy to find their way around. Staff said consumers are encouraged to personalise their rooms. The Assessment Team observed consumers rooms displayed photographs, floral decorations and items of importance to them. The service design reflects dementia-enabling principles with sufficient light, signage and handrails to support consumers movements.

Consumers and representatives thought the service was clean and well maintained and enables them to move around freely both indoors and outdoors. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues. Documentation demonstrated cleaning and maintenance processes are completed.

Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for the needs of the consumers. Consumers said that equipment is checked, cleaned and maintained regularly. Staff were able to explain their maintenance and cleaning responsibilities and the preventative maintenance schedule demonstrated routine maintenance is completed.

# 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 felt supported to provide feedback and make complaints and described the various avenues they use to provide feedback on care and services, such as through managements “open door” approach, verbal feedback at meetings, via surveys and emails, and by using feedback and complaints forms available throughout the service. Feedback and complaints forms, as well as locked boxes to submit those forms, was observed throughout the service.

Consumers said they are aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Staff were aware of external complaints and advocacy services and information on accessing external complaints. Information on accessing external complaints, language and advocacy services was observed to be displayed around the service.

Consumers and representatives said that staff and management address and provide a solution in response to feedback or complaints. The service had a documented policy and procedure which guides staff in documenting, investigating, resolving, and evaluating feedback and complaints and applying an open disclosure process. Staff demonstrated the use of open disclosure.

Consumers and representatives said feedback and complaints are reviewed and used to improve the quality of care and services. Management described how the services feedback and complaints are trended, analysed and reviewed and contribute to the monthly quality complaints audit and tracked for the service’s continuous improvement plan.

# 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

Although most consumers and representatives said there is not enough staff, and that staff rush around all day, they said staff are able to meet the needs of consumers. Management and staff were able to describe how they ensure the workforce is able to provide safe and quality care. Review of staff rosters, unplanned leave and allocation sheets from the previous month showed that where staff were on leave, all shifts were filled. Management confirmed that all shifts were able to be filled.

Consumers said staff engage with consumers in a respectful, kind, and caring manner. Staff were observed to be interacting with consumers in a kind, respectful and caring manner.

Consumers and representatives said staff perform their duties effectively and were confident that staff are skilled to meet consumers’ care needs. The service had position descriptions outlining the qualifications, key competencies and skills staff require to perform their duties.

Consumers and representatives were satisfied that staff are adequately trained and equipped to do their jobs. Management said there is annual mandatory training and online training resources for staff. Training records demonstrated the workforce is satisfactorily recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Documentation demonstrated staff are regularly assessed, monitored, and reviewed and supported to identify improvement and training opportunities. Staff described how their performance is reviewed annually and management described how they maintain regular assessment and monitoring of staff’s performance through performance review and a performance improvement plan.

# 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 are engaged in the development, delivery and evaluation of care and services through resident and relative meetings. Staff and documented evidence demonstrated that consumers are engaged and supported in providing input on service delivery.

Management described a range of strategies on how the governing body promotes a culture of safe, inclusive, and quality care and services. Review of monthly clinical indicator and Board meeting minutes evidenced the occurrence of regular monitoring by the organisations governing body.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, management said legislative changes are monitored by head office and these changes are captured in updates to policies and procedures at the organisational level. Updates are then filtered to services and communicated to staff.

The service had a documented risk management systems and practices that included managing high impact or high prevalence risks, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Staff demonstrated knowledge of the framework and how it applied to their day-to-day work.

The service had a clinical governance framework that included antimicrobial policy, minimising the use of restraint and open disclosure. Staff said they had been educated about antimicrobial stewardship practices and restrictive practices and gave examples of their relevance to their work. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to consumers and representatives in the event of an incident or error occurring.

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