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: | Assessment Contact - Site |
| Activity date: | 23 August 2023 |
| Performance report date: | 2 October 2023 |

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 L. Malone, 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 Assessment Contact - Site; the Assessment Contact - Site 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 11 September 2023

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives provided positive feedback about the way the service manages risks to consumer’s wellbeing. Staff demonstrated knowledge of individual consumers needs and relevant risks associated with their care. In relation to nutrition and hydration, evidence demonstrated high-impact, high-prevalence risks such as choking, malnutrition or dehydration, and allergies and intolerances are considered in relation to individual consumer’s care and effectively managed. Documentation was not consistently reflective of consumer and staff interviews with some examples found where medical directives for nutritional supplements or fluid restriction were not documented on written handover, or where a piece of equipment to support independence recommended and documented in the care file was not available to the consumer. For one consumer, documentation of fluid intake did not align with the recommended intake. While these examples of inconsistency in documentation and practice were identified, no adverse impact on consumers was found and evidence demonstrated that risks to the consumers were effectively managed and the Assessment Team recommended this requirement as met.

The approved provider submitted a response dated 11 September 2023 which addresses issues presented in the Assessment Team report and provides evidence of improvements in documentation and care for individual consumers named, as well as evidence of improvements to systems and processes to monitor and manage high-impact, high-prevalence risks. Actions included updating handover documentation to include relevant information, improved clinical oversight of fluid balance monitoring and follow up on referrals to other providers.

I am satisfied the evidence in the Assessment Contact report, and further evidence submitted by the approved provider, demonstrates high-impact, high-prevalence risks are appropriately considered and managed for each consumer. I find Requirement 3(3)(b) compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers provided negative feedback about the temperature of meals and said that food is served cold. Although the Assessment Team observed a number of staff assisting during meal service, consumers were observed to wait for extended time for their meals, or some consumers were served while other consumer’s meals remained on trays. The Assessment Team found meals were transported from a main kitchen to the point of service in the consumer’s dining areas and temperature was not checked at the point of service.

The Assessment Team found effective processes of identifying consumers’ dietary needs, allergies and preferences, and documentation contained relevant information to support individual consumers’ nutrition and hydration. The service engages allied health professionals such as dieticians and speech pathologists to ensure meals meet the needs of individual consumers and that the menu is nutritious. The service has a café, coffee-machine, and self-serve kitchen areas and consumers were observed helping themselves to snacks and coffee.

The approved provider submitted extensive evidence of relevant actions undertaken to address issues raised in the Assessment Contact report. Evidence demonstrates these actions have been implemented and evaluated as effective at the time of making my decision. Actions undertaken include investigation of the root cause of the cold food including reviewing service processes, catering equipment, kitchen infrastructure and power supply, staff availability, and timing of staff breaks. Improvements made include upgrading the power supply, installation and trial of new equipment designed to keep food hot during transport of meals to consumer dining areas, addition of a weekly buffet breakfast, improved monitoring and staff supervision during meal service, and improvements to systems of governance and feedback. The approved provider has submitted evidence of improved consumer satisfaction since implementing these actions.

I have considered the evidence and am persuaded by the evidence of actions undertaken by the provider, and by positive feedback from consumers that food is now served at a desirable temperature. I find Requirement 4(3)(f) compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

Consumers and representatives expressed satisfaction with the way the service responds to complaints and feedback, and described open disclosure being used when something goes wrong. Staff described what open disclosure means in practice, including offering an explanation to consumers and/or representatives involved and apologising. The Assessment Team found evidence in the form of interviews and documentation, that complaints are investigated, utilised to identify opportunities for improvement and appropriate actions are taken in response, and an open disclosure approach is taken.

I have considered the evidence presented in the Assessment Contact report, as summarised above, and am satisfied it demonstrates Requirement 6(3)(c) is compliant.

# 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 |

Findings

Consumers and representatives provided feedback that the number and mix of staff is sufficient and consumer’s needs are attended to within a reasonable timeframe. Staff said they have adequate time to complete tasks assigned to them, and provide safe and quality care to consumers. Evidence in the form of documentation and interviews demonstrated the service effectively plans the workforce in consideration of the needs of consumers, effectively manages unplanned leave utilising an existing staff pool as well as agency staff, and deploys staff as rostered. The service monitors staff attendance to care through call bell response time data. A review of this data demonstrated prompt response times.

I have considered the evidence presented in the Assessment Contact report, as summarised above, and find Requirement 7(3)(a) compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)