Performance

Report

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| Name of service: | Craigcare Mornington |
| Service address: | 688 Nepean Highway MOUNT MARTHA VIC 3934 |
| Commission ID: | 4437 |
| Approved provider: | Glenn-Craig Villages Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 11 April 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 Craigcare Mornington (**the service**) has been prepared by G-M. Cain, 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
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | |  |
| 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 are treated with dignity and respect, and the service values their identity. Staff described ways in which consumers' identity, culture and diversity were valued; for example, one named consumer enjoys playing table tennis and has a table in his room. Staff said they ensured they had a game with the consumer. Staff were observed greeting consumers and their family members with familiarity and interacting dignifiedly and respectfully. Care documentation reflected consumers' individual cultural and diversity needs. The organisation had a policy on diversity that references current legislation and guidelines that guide staff practice. Activities schedules reflected a wide range of activities aimed at different interests, backgrounds and religions; lifestyle staff had learnt to speak some Italian so that an Italian consumer could play Bingo.

Consumers and representatives said consumers' are supported to exercise choice and independence regarding how their care and services are delivered and to maintain connections and relationships. Staff could describe how each sampled consumer is supported to maintain relationships of choice. Consumer's care planning documents identified individualised consumer choices for care and services and supports for maintaining independence.

Consumers said they are supported to take risks and live their best lives. Staff described processes for supporting consumers who wish to take risks, such as conducting a risk assessment in consultation with the consumer, their representative and health professionals as relevant. Care planning documents include risk assessments for consumers who choose to take risks.

Consumers and representatives said information is provided to assist in making choices about daily care, lifestyle, and meal options. Staff described how they communicate with consumers with diverse communication needs.

Consumers confirmed that consumers' privacy is respected and personal information is kept confidential. Staff respected consumers' privacy by knocking before entering consumers' rooms. The service's consumer handbook contains information on the privacy and management of personal information and how the service complies with the relevant legislation. The service had policies and procedures about protecting personal and confidential information, which is used as a guide for staff practice.

# 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 were satisfied with the care consumers received, and risks to consumers' health and/or well-being were identified and managed to promote their independence and safe care. Staff confirmed assessment outcomes are documented in care plans and discussed with staff, which guides them in the safe and effective care of consumers. Care documentation identified key high-impact and high-prevalence risks such as falls, pressure injury development, weight loss, swallowing difficulties and changed behaviours. A consumer admission process guides registered staff in the assessment of consumers on entry to the service.

Consumers and representatives are provided with the opportunity to discuss consumers' current care needs, goals and preferences, including advance care planning and end-of-life care. Assessments included sleep, personal hygiene and communication, and consumers' care plans contained individualised preferences and goals of care, including end-of-life care wishes and advance care directives. Staff described what is important to consumers regarding how their care is delivered.

Consumers and representatives considered they are partners in the consumer assessment and care planning process. Staff described the services' process for referring consumers to relevant allied health professionals. Care documentation identified that consumers and their representatives are consulted in assessments and care planning. It includes input from other multidisciplinary team members, such as medical practitioners, physiotherapists, dieticians, and podiatry services.

The service had flowcharts for the care evaluation process, which were observed to be available to staff. Consumers and representatives confirmed that the outcomes of assessments and care planning are communicated to them. They said they have a current copy of their care plan evaluation or know where to access one if they choose to.

Consumers and representatives are notified when circumstances change or when incidents occur, such as falls, the development of pressure injuries or medication incidents. Staff understood the electronic system's reporting and recording of consumer incidents (including notifications under the Serious Incident Response Scheme). The service reviews clinical incidents monthly at a service and organisational level to identify strategies to minimise the risk of reoccurrence of incidents and identify improvements.

The service had a suite of policies and procedures relevant to this Quality Standard.

# 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

Overall, consumers and representatives were satisfied with care delivery and confirmed that care is tailored to consumers' needs and preferences. Staff demonstrated an understanding consumers' care needs and the processes to support care delivery. Care planning documentation, and observations, reflected consumers’ were receiving individualised care, which was safe, effective, and met their specific needs and preferences. Consumers subject to restrictive practices were assessed and managed in accordance with requirements set out in the Quality-of-Care Principles, including having behaviour support plans in place.

Consumers and representatives were satisfied that risks were effectively managed. For example, consumers at high risk of falling or have experienced falls are encouraged to participate in specific exercise classes facilitated by the physiotherapist to build core strength and maintain balance. Staff were aware of consumers' risks and strategies in place to minimise the risk. Care documentation identified strategies were in place to manage the consumers' identified risks, including monitoring through charting records.

Consumers and representatives confirmed that staff had spoken about advance care planning and end-of-life preferences. Staff described comfort care measures and how they prioritised dignity during end-of-life care and supported the family. Care plans contained information on consumers' end-of-life care in line with the consumer's end-of-life care needs, goals, and preferences.

Consumers and representatives were satisfied with the care delivery, including recognising deterioration or changes in consumers’ conditions. Staff provided recent examples of when a decline or change in a consumer’s condition was recognised and responded to, for example, early detection of coronavirus (COVID-19). Care staff said the registered staff are responsive when they report any changes to consumers’ conditions. Care documentation evidenced appropriate actions are taken in response to changing health of consumers.

Consumers and representatives provided positive feedback and were confident that relevant information about the consumer was shared with those caring for them. Information about consumers' conditions, needs and preferences is documented in the electronic care management system, communicated via shift handover and daily consumer task list.

The service demonstrated that referrals to other healthcare providers or organisations were made in a timely manner and were appropriate. A review of care documentation identified other health professionals, such as specialist medical practitioners and dementia specialist services, had assessed consumers and provided directives to assist staff in providing care and services for referred consumers.

The service demonstrated effective processes in place for the management of an infectious outbreak and practices to promote evidence-based use of antibiotics. Staff demonstrated knowledge of infection control protocol relevant to their duties. Policies and procedures are available to guide staff practice in relation to infection control matters. Staff were observed adhering to infection control practices and appropriate use of personal protective equipment.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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 were satisfied that services and supports for daily living met consumers' needs, goals and preferences and supported consumers to maintain independence, well-being and quality of life. Staff demonstrated knowledge of consumers' needs and preferred activities, with this information included in care plans and reviewed 3 monthly or when the consumer needs and preferences change. Care documentation included consumers' choices, lifestyle likes and dislikes and things they want to do.

Consumers advised that the service provides support for daily living which promotes consumers' emotional, spiritual and psychological well-being. Care planning documentation captures information regarding consumers' emotional, spiritual and psychological needs and preferences and describes how staff assists them. Staff described how they spend one-on-one time with consumers who do not wish to participate in group activities.

Consumers felt supported to participate in activities within the service and in the outside community and to maintain social and personal connections that are important to them. The service held weekly bus trips to various locations. Consumers were observed interacting with each other and staff, including during mealtimes and activities in planned groups and individually.

Policies were available to guide staff to support each consumer to participate in the community through programs and have social and personal relationships.

Care planning documentation provided adequate information to support the delivery of effective services and safe care. Staff described the various ways they shared information and were kept informed of consumers’ condition, needs and preferences.

Consumers said they are supported with appropriate referrals to outside organisations, such as podiatrists or hairdressers. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services to ensure consumers had access to the care and support they needed and wanted. Care planning documentation and internal processes demonstrated that the service has access to a range of services and providers and were able to make referrals in a timely manner.

Consumers said the meals provided are suitable serving size and quality. Consumers are offered alternative meal options if this wish. Staff described individual consumer dietary needs and preferences and how changes are communicated. Diet and nutrition forms detailing consumers' diets, allergies, likes and dislikes were observed on meal delivery trolleys.

In January 2023, the service introduced a new menu resulting from a food focus meeting with consumers and representatives.

Consumers and representatives stated the equipment provided is safe, suitable, clean and well maintained. The assessment team observed a range of equipment was available to consumers, such as walking aids, wheelchairs and leisure and lifestyle equipment.

# 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 consider they belong and feel welcomed and comfortable at the service. One named consumer enjoyed watering the gardens, stating, "I feel happy, felt safe and comfortable at the service, and the gardens make it feel like home". Staff described how they support consumers to personalise their rooms with furniture, artwork, and bedding to promote a sense of belonging and independence. Signage was observed to direct consumers and visitors to areas of the service.

Consumers advised that they could move freely around the service indoors and outdoors. The service had 2 designated smoking areas for consumers' use, and ashtrays and fire blankets were observed to be readily available. Staff moved equipment throughout the service without impacting the movements of others in the corridors.

Consumers and representatives said the equipment provided by the service is safe, clean, well-maintained, and suitable for consumers' needs. Consumers' felt safe when staff used mobility and transfer equipment with them. Staff demonstrated awareness of the preventative maintenance schedule and how to report any maintenance issues. A maintenance documentation review showed that the service environment and equipment were regularly serviced.

# 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 are encouraged and supported to provide feedback regarding care and services and were comfortable raising concerns should the need arise. Staff described the avenues available for consumers and representatives to provide feedback or make a complaint, including the process followed if a consumer or representative raised an issue with them directly. Staff act as consumer advocates by communicating concerns to management, encouraging them to provide feedback and assisting consumers in completing feedback forms as required. Feedback forms and locked complaints box were available at the service reception. Meeting minutes recorded compliments and complaints received; information relating to complaints management, including advocacy support, is provided to consumers in the consumer handbook, flyers and brochures displayed throughout the service.

Consumers and representatives said management promptly addresses and resolves their concerns after making a complaint or when an incident has occurred. Management and staff described the process followed when feedback or a complaint is received, including escalation to senior clinical personnel or management if applicable. Review of recent consumer complaints and feedback evidenced actions taken in response to complaints, including open disclosure processes and timely feedback resolution.

Consumers and representatives considered their feedback and complaints to be used to improve the quality of care and services. For example, consumer feedback at a consumer meeting regarding improvements to the service environment resulted in purchasing new furniture and fixtures and painting the service.

The organisation has documented policies concerning feedback and complaints, including how feedback is registered and analysed and documenting improvement strategies.

# 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

Overall, consumers and representatives were satisfied that there was sufficient staff to deliver care and services and that consumers received the care and services they needed. Consumers said call bells are generally answered promptly, confirmed by observations throughout the site audit. When there were shortfalls in the number of staff on a shift, staff stated, 'they work together to ensure that the care needs of consumers are met, and quality care is delivered to the consumers'.

Staff engaged with consumers respectfully, kindly, and caringly and demonstrated an understanding of consumers' needs and preferences. Management monitor staff interactions with consumers and representatives through observations, formal and informal feedback and complaints processes.

Consumers and representatives expressed confidence that staff are skilled, competent, well-trained, and equipped to deliver care and services. Staff are required to complete annual manual training, including modules. Staff described the training, support, professional development, and supervision they receive during orientation and ongoing. A review of training records confirmed that the service orientates, trains and monitors staff training and competencies to ensure the workforce has the skills to perform their roles effectively. The organisation tracks the completion of mandatory training modules, and the service records attendance at face-to-face compulsory training sessions. The service had position descriptions that identified each role's essential qualifications and knowledge requirements.

The service demonstrated that the workforce's performance is regularly assessed, monitored, and reviewed. Management advised, and staff interviews confirmed that the service has probationary and ongoing performance review systems. Management advised that staff performance is monitored through observations, competencies, such as manual handling, hand hygiene and medication, through observation, the analysis of internal audits, clinical data, consumer and representative and staff feedback.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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 were confident that the service is well run and were satisfied with their engagement level in developing, delivering and evaluating care and services. The service engaged with consumers through meetings, feedback forms, monthly surveys, food forums and discussions with consumers and representatives during the assessment and care planning process.

The governing body is accountable for delivering care and services and promotes a safe, inclusive, and quality-driven culture. The organisation demonstrated effective systems and processes to monitor the performance of the service. The service provides monthly reports to the various organisational committees, including information relating to internal audits, consumer and staff feedback and complaints, continuous improvement initiatives, reported hazards and risks, and clinical and incident data analysis. The governing body utilised this information to identify the service's compliance with the Quality Standards, initiate improvement actions to enhance performance and monitor care and service delivery. The organisation's chief executive officer regularly corresponds with staff, consumers and representatives via email memoranda, including COVID-19 updates, visitations and current issues.

Management was able to describe how the organisation communicates with consumers, representatives, and staff regarding updates on legislation, policies and procedures through regular staff meetings, emails, newsletters, online hubs and providing training where required.

The service demonstrated organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints management.

The service demonstrated effective risk management systems to monitor and assess the high impact or high prevalence risks associated with consumers' care, including identifying and responding to abuse and neglect and supporting them to live the best life possible. Risks are reported, escalated, and reviewed at a service and organisational level.

The service demonstrated that the organisation's clinical governance systems ensure the quality and safety of clinical care. These included antimicrobial stewardship, minimising restrictive practices, and an open disclosure process. The service had policies relevant to these, and staff demonstrated a shared understanding of these and described how they apply these as relevant to their roles.

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)