Performance

Report

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| Name of service: | Craigcare Pascoe Vale |
| Service address: | 1A Virginia Street PASCOE VALE VIC 3044 |
| Commission ID: | 4175 |
| Approved provider: | Glenn-Craig Villages Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 1 May 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 Pascoe Vale (**the service**) has been prepared by J Miaris, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

Consumers said they are treated with dignity and respect and staff value their identity, culture background and diversity. Staff demonstrated respect and an understanding of consumers’ personal needs and circumstances. Care planning documents included details on consumers' identity, backgrounds, cultural diversity, and consumers' preferences.

Care planning documents demonstrated the service captured individualised information as it relates to consumers’ religious, spiritual, and cultural needs and personal preferences. Consumers and representatives said the service recognised and respected consumers cultural background and provides care that is consistent with their cultural identity and preferences.

Consumers said they were supported to choose who they wish to have involved in their care and how they would like care and services delivered and are supported to maintain relationships. Care planning documents included information on consumers’ choices and staff demonstrated awareness of these choices.

Staff said they are aware of the consumers who take risks and support their right to make choices that enhance their independence and well-being. Care planning documentation evidenced the completion of risk assessments for consumers.

Consumers and representatives said they are provided with timely and accurate information by receiving regular emails or displays on noticeboards. This was consistent with observations which demonstrated the menu and activities schedule was displayed.

Staff were observed respecting consumers privacy by knocking on doors and gaining consent prior to entering and closing doors when providing personal care. Consumers said their privacy and personal information is kept confidential. Staff said consumers files are stored and locked at the nurse’s station and computer records are 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives said they were satisfied with the assessment and planning process at the service. Staff interviewed said assessment outcomes are documented in care plans, and guide staff in delivering safe and effective care to consumers. Care planning documents demonstrated risks to consumers’ health and well-being is identified and assessed.

Consumers and representatives said they have discussed their current care needs, goals, and preferences, including advance care planning and end of life care. Care planning documents reflected end of life care wishes and advance care directives. Staff described what is important to consumers in terms of how their care is delivered.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described processes for partnering with consumers and their representatives in care planning, such as knowing who the consumer wishes to be involved. Consumers described the assessment and care planning process involved partnership with them and included others they choose to involve in their care.

Consumers and representatives said the outcomes of assessments and planning are communicated to them and they have been provided a current copy of care plans or know where to access one if they chose to. Care planning documents demonstrated that they are frequently updated and are relevant to consumers’ needs, goals, and preferences.

Consumers and representatives said they are notified when consumers circumstances change or when incidents occur. Staff said the service is guided by policies and procedures for recording and reporting incidents and care planning documents are scheduled for review every 3 months, or as required. Care planning documents evidenced they are updated when circumstances change, such as a change in health or when incidents occur.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers and representatives said consumers receive safe and effective care that is best practice, tailored to their needs and optimises their health and well-being. The service has documented policies and procedures in place to manage key areas of care including, wound management, restrictive practices, falls prevention, skin integrity and pain management, which are in line with best practice. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent and a behaviour support plan.

The service demonstrated high impact and high prevalence risks for consumers at the service, including but not limited to falls, weight loss and skin integrity, are effectively managed. Care planning documentation reflected risk assessment tools, and prevention strategies to guide how risk is identified, managed, and recorded.

Consumers and representatives said staff have spoken to them about advance care planning and end of life preferences. Care planning documentation reflected consumers’ advance care planning information, including choices and end of life preferences. Staff said that care is tailored to palliative consumers, comfort is prioritised during this time and the service encourages families to be involved.

Care planning documentation reflected that deterioration or changes in a consumer’s health is recognised and responded to in a timely manner. Staff described the various ways they recognised and responded to deterioration or change in the consumer’s condition and health status; this included processes to refer for medical specialist reviews or transfer to hospital.

Consumers and representatives said they were satisfied with the communication of changes to consumers’ conditions. Staff described how changes in consumers care and services are communicated, documented, and shared within the organisation and with others where clinical care is shared. Documentation reflected accurate information to support effective and safe sharing of the consumer’s care.

The service is guided by organisational procedures regarding referral processes to health professionals within and outside of the service. Consumers’ care planning documentation included input from other services. Care planning documentation evidenced timely referrals to medical officers, allied health therapists and other providers of care and services.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Consumer and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# Standard 4

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

Findings

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers and representatives said they feel safe, and that effective support is provided for their activities for daily living. Staff said activities are discussed with consumers. Care planning documentation confirmed staff assess and identify consumers’ needs, goals and preferences and optimise their health and well-being.

Consumers reported their emotional, spiritual, and psychological needs were supported, and the service encouraged them to stay in touch with family or friends for comfort and emotional support. Staff described how the consumer’s emotional, social, and psychological needs were supported.

Consumers and representatives said they are supported to participate within the service environment and consumers are encouraged to maintain social and personal relationships. Staff described how they support consumers to maintain social and personal relationships and provided examples of how consumers were supported to participate in the community or engage in activities.

Consumers and representatives said consumers needs and preferences are effectively communicated within the service and with others responsible for care. Staff were able to describe ways in which they share information and are kept informed of the consumers changing condition, needs and preferences for each consumer. Care planning documentation contained adequate information to support safe and effective care to consumers.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the care and lifestyle of consumers.

Consumers and representatives said they are satisfied with the quality, quantity, and variety of the food they are served. The service demonstrated they endeavour to provide meals that are varied and of suitable quality and quantity. Staff were aware of consumers’ dietary needs and were documented.

Feedback from consumers, staff and observations indicated equipment used to support consumer lifestyle, is safe, suitable, and clean. Staff said they are adequately trained to use equipment; staff have access to equipment to provide a range of activities to consumers and equipment is well 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

This Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

Consumers and representatives said the service is welcoming and optimises consumers independence, interaction, and function. Consumers said having the opportunity to furnish their room and surroundings with their personal items makes the service feel like a home. Representatives said they feel welcomed when they visit their family members and can utilise common areas.

Consumers said the service is clean, well maintained, and comfortable. Consumers said they can move freely in and outside of the service, this was consistent with observations. Staff said they assist consumers to access all areas of the service especially consumers who reside in the memory support unit.

Consumers said maintenance requests are attended to in a timely manner and fixtures and fittings are functional and safe. Equipment used for personal care was observed to be clean, functional, and stored appropriately.

# Standard 6

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

Findings

This Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

Consumers and representatives said they are supported by the service to provide feedback and make complaints. The service demonstrated how feedback is encouraged through implementing surveys for identification of areas of improvement.

Consumers advised they were aware of advocates and external complaints mechanisms available if they required these services. Advocacy brochures and language services were observed at the service.

Consumers and representatives said the service is responsive to any matter raised and complaints are addressed in a timely manner. Management provided examples of how complaints are resolved and described an open disclosure process is applied following an incident. The service has documentation that guide staff through feedback and complaints escalation management and open disclosure processes.

Consumers and representatives reported their feedback is used to improve the service. Management described processes in place to escalate complaints, and how they are used to improve the care and services. Staff described improvements that had been made at the service as a result of consumer feedback and complaints.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives said they did not feel there was enough staff, however provided feedback that all care needs for consumers were met. Review of the roster demonstrated adequate staff to provide continuous safe and quality care, staff confirmed staff shortages were covered by additional staff or agency staff and do not feel staffing numbers impact the care provided to the consumers. Consumers said when they use the call bell, staff generally attend to their needs in a timely manner. Management explained how call bell data is monitored and any identified trends of concern are investigated.

Consumers and representatives said staff engage with consumers in a respectful, kind, and caring manner. Staff were observed and demonstrated how they provide care that respects the consumers identity, culture, and diversity, in a gentle, kind, and respectful way and management described staff induction includes the importance of treating consumers with care and respect.

Consumers said staff are competent and were confident that staff are skilled to meet their care needs. Management described the process to ensure staff are qualified and competent in their role through the services recruitment process. The service had position descriptions for each role outlining the minimum qualifications and competency documentation identified all staff had induction and mandatory training to perform their duties.

Consumers were satisfied staff are adequately trained and equipped to do their jobs. Management and staff confirmed staff receive training during induction and orientation and regularly throughout the year. The service has a documented training program that includes mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported.

Management demonstrated how the service assesses, monitors, and reviews performance reviews in line with policy and procedures. Staff said they are formally reviewed annually, and staff described how they are given support, guidance and training when required.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives indicated they feel confident their input is valued and helps guide the services provided. Consumers said the service consistently seeks feedback. The organisation’s continuous improvement policy and strategic plan supports the service to use effective systems in engaging and supporting consumers feedback and using it to implement improvements in care and services.

Consumers and representatives said they feel safe at the service and are happy to live in an environment that promotes quality care. The organisations strategic plan and board reports demonstrates that the organisation has oversight of the services provided to consumers and how the board ensures safe, inclusive, and quality care and services. The service demonstrated governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaint management, and areas of improvement. The Board monitors and reviews routine reporting and analysis of data related to the consumer experience.

The service demonstrated risk management systems are in place to assess and manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, and how to manage and prevent incidents. Managing high impact or high prevalence risk associated with the care of consumers the service conducts continual reviews and monitoring of clinical reports and data generated from the database system focusing on high areas of risk such as pressure injuries, falls management, restrictive practices, and infections. Incidents are reviewed at leadership meetings and all high-level incidents such as any that fall into the Serious Incident Response Scheme are reported and escalated to management and the quality executive team.

The organisation has a clinical governance framework that includes policies and procedures that cover antimicrobial stewardship, minimising the use of restraint and open disclosure. The organisations clinical governance framework describes the organisations approach to ensuring the quality and safety of clinical care for all consumers.

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)