Performance

Report

**1800 951 822**

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| Name: | Craigcare Plumpton Villa |
| Commission ID: | 3615 |
| Address: | 7 Lewis Street, GLENROY, Victoria, 3046 |
| Activity type: | Site Audit |
| Activity date: | 27 November 2023 to 29 November 2023 |
| Performance report date: | 4 January 2024 |
| Service included in this assessment: | Provider: 1213 Glenn-Craig Villages Pty Ltd  Service: 3042 Craigcare Plumpton Villa |

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 Plumpton Villa (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information held by the Commission related 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 said they were treated with dignity and respect and their identity was valued. Staff could describe the personal history and backgrounds of consumers and explained how this influenced their care. Care planning documents reflected consumers’ identity and diversity. The service’s policies demonstrated a commitment to supporting a respectful, inclusive and diverse environment.

Consumers confirmed their cultural backgrounds were respected and their care was culturally safe. Management and staff explained most consumers were from culturally and linguistically diverse backgrounds and care was tailored around their cultural needs and preferences. Care planning documents recorded consumers’ cultural backgrounds and their associated needs and preferences including significant traditions.

Consumers said they were supported to make choices about their own care, choose to involve others in their care, and maintain personal relationships with people inside and outside the service. Management and staff described how they supported consumers to make informed choices about their care and maintain relationships that were important to them. A married couple were observed maintaining their relationship in the manner they chose.

Consumers described how the service supported them to engage in risks to improve their quality of life. Staff and management could describe the risks taken by consumers and the strategies used to minimise potential harms. Care planning documents outlined how consumers were supported to engage in activities and take informed risks.

Consumers described how the information they were provided helped them make decisions and choose the things they wanted to do. Management and staff described various ways current information was provided to consumers in line with their needs and preferences. Notice boards and brochures displaying current information about the activities, events and other choices available were seen around the service.

Consumers reported their privacy was respected and their personal information was kept confidential. Management and staff outlined practical ways they respected the personal privacy of consumers. The service had documented protocols in place to protect consumer privacy and keep personal information confidential.

# 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 said they were involved and had a say in the care planning process, which meant they received the care and services they needed. Staff could describe the care planning process in detail and how it assessed risks to consumers and informed the delivery of safe and effective care and services. Care planning documents showed comprehensive assessment and care planning influenced the delivery of care and services and risks to consumers’ health and well-being were assessed.

Consumers and representatives said the service identified and addressed the current needs, goals and preferences of consumers and described advance care and end of life being discussed with them. Management and clinical staff described their approach to end of life planning, and how the assessment and care planning process captured consumers’ current needs, goals and preferences as well as their advance care wishes. The organisation had written guidance on preparing advanced care directives to guide staff practice.

Consumers and representatives said they were involved in the assessment and care planning process, and in the review of their care and services. Management and staff explained how they actively collaborated with consumers, representatives and other providers of care to ensure quality care was provided. Care planning documents showed routine case conferences and the involvement of a range of external providers such as medical officers, dietitians, physiotherapists, and wound care specialists.

Most consumers and representatives said they were provided with regular updates on consumer’s condition, and they had access to their care plan. While 2 representatives said they did not have a copy of their consumer’s care plans, they did not express any concerns and were aware they could get one. Management described how they effectively documented and communicated the outcomes of assessment and planning to consumers and their representatives. Staff were observed using an electronic care management system to record and update care plans and progress notes.

Consumers and representatives confirmed their care and services were reviewed regularly and when circumstances changed. Care planning documents showed review on a regular basis, and when circumstances changed, such as a deterioration in condition or an incident occurring. Management and clinical staff could describe how and when consumers’ care plans were reviewed to ensure they remained effective.

# 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

Most consumers and representatives said consumers received safe and effective personal and clinical care that was best practice, tailored to their individual needs, and optimised their health and well-being. Three consumers and representatives expressed some dissatisfaction with aspects of the care provided by the service however, the service responded appropriately to these issues when they were raised. Care planning documents reflected safe and effective care, tailored to each consumer. Management and staff described how they provided safe and effective quality care in line with consumers’ assessed needs.

Representatives expressed satisfaction with how high-impact and high-prevalence risks were managed by the service. Management explained how high-impact and high-prevalence risks were effectively managed through monitoring and reporting on monthly clinical data, and ensuring risk mitigation strategies were in place for individual consumers. Staff described a range of mitigation strategies used to manage risks to consumers which aligned with their care plans.

Representatives expressed satisfaction with the end of life care provided to consumers. Management and staff detailed how they supported the dignity and comfort of consumers receiving end of life care. Care planning documents included an advance care directive and evidenced discussions with representatives regarding palliative care.

Consumers and representatives said the service was responsive to changing care needs and informed them of any deterioration in condition, along with planned management strategies. Staff explained how any deterioration in consumers’ condition was recognised and responded to promptly. Care planning documents demonstrated a deterioration or change in consumers’ condition was recognised and responded to in a timely manner.

Most consumers and representatives said the service communicated effectively with them about consumers’ health and care needs. Management and staff described how information about consumers’ condition, needs and preferences was documented and communicated within the service and with those responsible for providing care. Care planning documents provided adequate information to support safe and effective care.

Care planning documents evidenced the timely involvement of appropriate other providers such as medical officers and allied health professionals. Representatives confirmed referrals were provided when needed and they were satisfied with the involvement of other providers of care and services.

Representatives expressed confidence in how the service minimised the risk of infections. Management and staff described steps they took to minimise and control the risk of infections such as by the appointment of an infection prevention and control lead, and ensuring use of antibiotics was consistent with best practice. The service had implemented written policies and procedures in relation to antimicrobial stewardship and infection prevention and control.

# 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 confirmed they were provided with appropriate supports to optimise their independence and quality of life and could participate in activities they liked. Staff explained how they partnered with consumers to understand their individual lifestyle needs, goals and preferences. Care planning documents identified activities were designed to cater to consumers’ individualised interests and facilitate physical and cognitive stimulation.

Consumers reported their emotional, spiritual and psychological needs were supported. Staff provided practical examples of ways they supported consumers’ emotional, spiritual or psychological well-being, and how they supported consumers when they felt low. Care planning documents accurately captured the spiritual and psychological needs of consumers and showed their care and services were tailored accordingly. Staff were observed providing emotional, spiritual and psychological support to consumers.

Consumers said they were supported to participate in the community, maintain important relationships and engage in activities of interest. Management and staff described various ways they assisted consumers to participate in their community and maintain relationships with people important to them. Care planning documents aligned with lifestyle information provided by consumers and staff, and consumers were observed participating in various activities that promoted their independence and well-being.

Consumers advised their needs and preferences were communicated effectively between staff and others involved in providing supports and services for daily living. Management and staff described ways they shared information and were kept informed about the changing condition, needs and preferences of each consumer. Care plans were observed to be up-to-date and noted consumers’ current condition and preferences.

Consumers said they had been referred to religious services but did not express a desire to be referred to other support organisations. Management and staff explained a social worker would soon begin attending the service to work with consumers experiencing emotional difficulties.

All consumers expressed satisfaction with the variety and quantity of the food. Three consumers expressed dissatisfaction with the quality of some meals however, they said alternatives were available and the service was actively working to meet consumers’ meal preferences. Management and kitchen staff described how consumers’ dietary requirements and preferences were recorded and this informed meal planning and delivery. The menu appeared varied and tailored to consumers’ cultural preferences and general consumer feedback. Staff advised there were regular food safety audits, and the kitchens were observed to be clean and sanitary.

Consumers reported the equipment provided was safe, clean and well maintained. Staff described the effective processes in place for keeping equipment safe, clean and well maintained, and this was consistent with observations.

# Standard 5

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

Findings

Consumers said the service was welcoming, easy to navigate and created a sense of belonging. Consumers confirmed they can personalise their rooms and staff were kind to them and their visitors. Management described aspects of the service that made consumers feel welcome and optimised their independence, interaction and function. The service appeared welcoming, well-lit and accessible with wide hallways, handrails, clear signage and a lift. Consumers were observed socialising and accessing different areas of the service such as the courtyards and lounges, both independently and with the assistance of staff.

Consumers said the service environment was safe, clean and well maintained, and they could move around freely, as they wished. Staff detailed how the service was cleaned and maintained including carpet cleaning for soiled areas. Management described the supports provided for mobility-impaired consumers to access different parts of the service.

Consumers felt safe using furniture and equipment and said it was clean and well maintained. Staff described the processes in place for cleaning and maintaining the furniture, fittings and equipment. The furniture, fittings and equipment were observed to be safe, clean and well maintained.

# 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

Most consumers and representatives said they understood the different ways they could give feedback or make a complaint and they felt comfortable doing so. Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The service has documented procedures and systems in place to support consumers and representatives to provide feedback or complaints. Feedback forms and locked feedback boxes were available in various areas of the service.

Consumers and representatives were generally unaware of the external advocacy services available however, they said they did not currently have any concerns and they were more comfortable with raising complaints within the service. Management and staff said they knew where to direct consumers to access external support services, if required. Management and staff described various advocacy and interpreter services and provided evidence of a planned visit by an external advocacy organisation. Information about advocacy and interpreter services in various languages was readily available around the service.

Consumers and representatives confirmed the service responded to appropriately to their concerns or complaints and resolved them using open disclosure. Management and clinical staff demonstrated an understanding of open disclosure in the event of something going wrong. Documents showed feedback and complaints were logged, and appropriate action was taken to resolve them in a timely manner.

Consumers and representatives confirmed their feedback and complaints were reviewed and used to continuously improve the quality of care and services with their input. Management and staff provided examples of improvement actions taken in response to feedback or complaints from consumers. Documentation showed consumers’ suggestions were being logged and actioned in order to improve the care and services provided.

# 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

Most consumers and representatives and some staff said there were instances where they thought the service was short staffed however, they did not see this having a negative impact on their care. Management detailed how they planned and rostered to workforce to ensure there were enough staff to provide safe and effective care. Workforce documents showed the service had adequate staffing levels with few unfilled shifts and the service was constantly recruiting for staff. Data showed 95% of call bells were responded to within the target time of 10 minutes and longer response times were investigated.

Consumers and representatives said staff were kind, caring and respectful. Staff described how they treated consumers in a kind, caring and respectful manner, and this was consistent with observations.

Consumers and representatives said staff were competent, performed their roles effectively and they were confident staff had the skills and knowledge to meet their care needs. Staff demonstrated an understanding of key areas of knowledge. Management described how they determined if staff were competent, and outlined the checks they made in relation to their qualifications and knowledge during recruitment. Staff records were up to date with relevant checks completed in accordance with legislative requirements.

Consumers and representatives considered staff were qualified and received the necessary training and support to do their job. Management described the training and support they provided staff to perform their roles in relation to the Quality Standards. Staff said they were recruited, trained, equipped and supported to deliver safe and effective care in line with the Quality Standards.

Documents showed the service monitored and reviewed the performance of all staff during probation and annually thereafter. Management and staff outlined how performance was monitored through formal performance appraisals and informal monitoring and review.

# 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 the service encouraged them to have input into the operation of the service and to constantly evaluate the care and services provided. Management described a variety of mechanisms in place to ensure consumers and representatives had input into the care and services and make their own decisions about their lives. Documents confirmed consumers and representatives were involved in the delivery and evaluation of care and services.

Management described the organisational and governance structures and systems which ensured the Board was accountable for the delivery of quality care and services. Meeting records and reports showed the Board had effective oversight of the service and was accountable for promoting a culture of safe, inclusive and quality care and services in accordance with the Quality Standards.

The organisation demonstrated effective documented governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. The management team and Board actively oversighted key performance indicators and governance arrangements, to ensure they were effective, and the Quality Standards were met.

The organisation demonstrated they had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, preventing and responding to abuse and neglect, supporting consumers to live their best lives, and managing and preventing incidents. Staff were guided in risk management by policies and procedures and received relevant training.

The service had a documented clinical governance framework that included policies, procedures and staff training in minimising restrictive practices, antimicrobial stewardship and open disclosure. Management and staff described their roles within the clinical governance framework and understood their specific responsibilities.

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)