Performance

Report

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| Name of service: | Doutta Galla Queens Park Aged Care Facility |
| Service address: | 13 The Strand MOONEE PONDS VIC 3039 |
| Commission ID: | 3552 |
| Approved provider: | Doutta Galla Aged Services Ltd |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 28 March 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 Doutta Galla Queens Park Aged Care Facility (**the service**) has been prepared by M. Nassif, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers said they were treated with dignity and respect. Staff explained how they provided respectful care and services, embracing consumers’ identity and culture. Care planning documents included details on consumers' identity, backgrounds, and cultural diversity. Staff were observed providing dignified and respectful care.

Staff identified consumers from culturally diverse backgrounds and described how they tailor care that meets the specific cultural needs and preferences of consumers. Consumers and representatives confirmed the service recognised and respected consumers’ cultural backgrounds and provided care consistent with their cultural traditions and preferences. Management explained strategies in place to support consumers cultural needs.

Consumers said they were supported to make decisions about their care and services, who should be involved, and how it should be delivered. Staff explained how they supported consumers to communicate their decisions. Care planning documents contained information about consumers’ decisions, preferences, and nominated contacts, in line with consumer and staff feedback. Consumers said, and observations confirmed consumers were supported to maintain relationships of choice.

Care planning documents demonstrated that risks are adequately identified and assessed and that appropriate measures are taken to ensure consumers are provided with the knowledge and information to make informed decisions about risks they wish to take. 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.

Consumers and representatives confirmed consumers received information in a easy to understand manner, which helped them to make decisions. Management said, and observations confirmed, information was provided to consumers in various ways to help with choices, such as calendars, menus, and verbal communication.

Consumers confirmed their privacy was respected. Staff said they maintained the confidentiality of consumers personal information, for example, by conducting clinical handover in a private area and applying password protection to electronic records. Observations confirmed staff followed practices to ensure the confidentiality of consumers’ information.

# 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 confirmed consumers received care and services needed for their health and well-being, through assessment and planning processes. Staff said assessment outcomes are documented in care planning documents and guided them delivering safe and effective care. Care planning documents contained relevant information to guide staff in the delivery of safe, effective care and services through the assessment of risks to consumers’ health and well-being.

Consumers and representatives said consumers’ needs and end of life wishes were discussed during assessment and planning processes. Care planning documents and staff feedback demonstrated consumers current needs, goals, and preferences, including advance care and of life wishes, were taken into consideration.

Consumers confirmed they, and others involved in their care, were involved in assessment and planning processes. Care planning documents demonstrated consumers and representatives are consulted in assessment and planning processes and there is input from other organisations, individuals, and providers of care.

Staff explained how they effectively communicated updates to consumers care plans, such as engaging consumers in conversation and encouraging them to ask questions, and using verbal and non-verbal cues. Consumers and representatives said the outcome of assessment and planning were communicated to them, and were aware of how to access a copy of the care plan.

Consumers and representatives said they were notified of any circumstances or incidents warranting care plan assessment and review. Staff explained what they would do in response to changes in consumers, such as reviewing care and services, updating care plans, recording and reporting incidents. Care planning documents showed they were updated to ensure care and services were effectively meeting consumers’ needs.

# Standard 3

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

Findings

Consumers and representatives confirmed consumers received personal and clinical care which was tailored to their needs, and optimised consumers’ health and well-being. Staff demonstrated knowledge of consumers personal and clinical care needs and preferences, and provided examples of how they provided care tailored to the consumer. Care planning documents contained information reflective of consumers receiving safe, effective and tailored care following best practice.

Care planning documents demonstrated clinical risks associated with the care for each consumer were effectively managed through assessment, planning, and implementation of risk mitigation strategies. Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed.

Staff explained how consumers care needs changed during end of life transition, and ways they delivered comfortable, dignified care. Care planning documents detailed consumers’ advance care planning information, including choices and end of life preferences. Feedback from representatives reflected consumers received respectful and dignified end of life care.

Consumers and representatives considered changes to consumers condition were recognised and responded to in an appropriate and timely manner. This was consistent with care planning documents which evidenced recognition and response to deterioration in a timely manner. Staff explained what they would do when responding to changes in consumers condition.

Observations, care planning documents, and staff feedback demonstrated information about the consumer’s condition, needs and preferences was documented and communicated within the service, and with others responsible for care.

Care planning documents evidenced referrals were completed in a timely and appropriate manner for medical officers, allied health professionals, and other providers of care as required. Staff described the process for referring consumers to health professionals and allied health services.

Staff demonstrated knowledge of ways they would minimise infection related risks, including appropriate antibiotic prescribing. Observations confirmed the service followed practices to minimise infections, such as COVID-19 screening measures, hand hygiene and personal protective equipment stations, and appropriate clinical waste management.

# 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 considered services and support required for daily living met their needs, goals, and preferences. Care planning documents contained relevant assessments and information to guide staff in the delivery of safe, effective care and services, optimising consumers independence, health, well-being and quality of life. Staff demonstrated awareness of information in care planning documents.

Consumers said the service supported their emotional and spiritual well-being and staff explained how they supported consumers well-being. The service’s activity calendar demonstrated consumers were supported in meeting their spiritual and well-being needs. Care planning documents outlined consumers’ emotional and spiritual needs with strategies in place to support and promote these needs being met.

Consumers and representatives said consumers were supported to participate in their community within and outside the service environment, and do things of interest. Care planning documents contained relevant strategies to support consumers with social participation, maintaining relationships, and interests and staff were familiar with these strategies. Observations demonstrated consumers were supported to have social and personal relationships.

Staff explained, and observations confirmed, staff communicated information about consumers through verbal and documented handover processes, recording information in the electronic records management system, communication book, and dietary folders. Consumers said that staff know them, and they don’t have to repeat what their preferences are to multiple staff members.

Consumers said that where the service has not been able to provide a suitable service or support, the service referred them to appropriate individuals, organisations, or providers to meet their needs. Care planning documents demonstrated referrals were completed in a timely and appropriate manner to support consumers daily living needs. Staff described how consumers are actively involved in referrals.

Consumers said meals were of good quality, variety, and quantity. Observations demonstrated the dining experience was comfortable, with staff attending to consumers nutrition and hydration needs and preferences. Staff said consumers were able to request alternative meal options if meals were not to their preference.

Equipment was observed to be safe, clean, suitable and well maintained. Staff confirmed they had access to supplies and equipment to provide suitable activities for consumers.

# Standard 5

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

Findings

Consumers and representatives said the service environment was welcoming, and optimised consumers sense of belonging. Consumers said they were able to furnish their room and surroundings with personal possessions to make the service environment feel like home. This was consistent with observations. The service environment was well lit, with clear signage to help consumers with navigation, and handrails to assist consumers.

Consumers were satisfied with how their personal rooms and common areas are cleaned and maintained. Outdoor areas were observed to have clear, safe pathways, and were easily accessible for consumers through unlocked doors. Consumers were observed consumers freely moving around the service.

Consumers said the service environment and equipment was well maintained and clean, and maintenance requests were resolved to their satisfaction. Maintenance documentation confirmed scheduled maintenance and other requests were attended to in a timely manner for the service environment and equipment. Equipment and furniture was observed to be 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

Consumers and representatives said they were encouraged and supported to provide feedback and complaints. Management and staff explained how they supported consumers provide feedback or lodge a complaint. Feedback forms and boxes were observed available to consumers throughout the service.

Consumers and representatives confirmed they were aware of other ways to raise a complaint or provide feedback. Informational material on language and advocacy services were observed throughout the service environment. The service’s policies and procedures guided staff to support consumers with complaints and feedback options, and how to assist consumers with communication barriers such as using translators and communication cards.

Consumers and representatives said management promptly addressed and resolved their concerns, including offering an apology and solution. Staff and management described the process that is followed when feedback or a complaint is received. Documentation confirmed appropriate action was taken when things went wrong, with staff applying open disclosure by acknowledging the situation and apologising.

Management said feedback, complaints, and incidents were reviewed to inform improvements with care and services. The service’s feedback register, data reports, and meeting minutes, demonstrated feedback and complaints were reviewed to make changes, as documented in the Continuous Improvement Plan.

# Standard 7

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

Findings

Consumers and representatives confirmed consumers received appropriate care and services. Management explained they analysed and trended call bell data to ensure consumers needs were being met through the right amount of staff to deliver safe, quality care and services. Consumers and representatives said, and observations confirmed, consumers’ call bells were responded to in a timely manner. Staff described that they are busy but supported to do their work and that they work well together to ensure that the care needs of consumers are met.

Consumers and representatives said staff interacted with consumers in a kind and caring manner. This was consistent with observations. Staff demonstrated an in-depth understanding of consumers, including their needs and preferences. Management explained they monitored workforce interactions with consumers to ensure consumers were treated with dignity and respect.

The service had documented human resource policies and position descriptions which established what qualifications and knowledge were required for staff to effectively perform their role. Management explained they ensured staff had the right knowledge through observations, audits, training, and practical competencies. Documents demonstrated that staff have the relevant qualifications to perform their duties outlined in their position descriptions. Consumers and representatives said staff are suitably skilled and competent to meet care needs.

Management and staff feedback, policies and procedures, and training records confirmed staff were appropriately recruited and supported to deliver outcomes required by these standards. Staff demonstrated knowledge of topics relevant to the Quality Standards, and described how they provided safe, quality care and services.

Staff said staff performance was regularly reviewed. The service had documented structures, policies, procedures and guidelines set out expectations in staff conduct and performance.

# 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 considered the service was well run, and were able to provide feedback and suggestions about care and services. Meeting minutes demonstrated consumers were involved in discussions about service improvements and proposed actions. Management said consumers were able to provide feedback about care and services in different ways, such as care plan consultations, meetings, and through feedback and complaints.

Management described how the governing body received various consolidated reports, generated by the service on a monthly and quarterly basis. The governing body used this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions in a proactive manner to enhance performance, and to monitor care and service delivery.

Documentation demonstrated the service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. Staff demonstrated awareness of the governance systems within the service and how it was relevant to their role. For example, in relation to information governance, staff explained they recorded and shared information about consumers to guide the delivery of care and services, however, maintained confidentiality through secure information storage and consent processes.

The service had risk management systems implemented to monitor and assess high impact or high prevalence risks associated with care of consumers, including identifying and responding to the abuse and neglect of consumers and supporting consumers to live the best life they can. Staff explained the processes of risk management at the service, including key areas of risk that had been identified and are being mitigated.

The service’s clinical governance framework consisted of policies, procedures, and training to ensure appropriate practices were in place for antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff provided examples relevant to their work consistent with policies, such as obtaining pathology results to ensure antibiotics were appropriately prescribed.

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)