Performance

Report

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| Name of service: | Edenvale Manor Aged Care Facility |
| Service address: | 188A Sterling Drive KEILOR EAST VIC 3033 |
| Commission ID: | 3587 |
| Approved provider: | Llandysil Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 6 September 2022 to 8 September 2022 |
| Performance report date: | 10 October 2022 |

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 Edenvale Manor Aged Care Facility (**the service**) has been prepared by James Howard, 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
* the provider’s response to the Assessment Team’s report, received on 30 September 2022
* 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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Standard 7** – The service must ensure it undertakes regular assessment, monitoring and review of the performance of each member of the workforce

# Standard 1

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| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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 considered they were treated with dignity and respect. The Assessment Team observed staff treating consumers with respect when entering their bedrooms and when assisting consumers to engage in activities and at mealtimes.

Consumers and representatives indicated the care and services provided to consumers were culturally safe. Care planning documentation captured information regarding strategies to assist communication by using consumers’ preferred languages.

Consumers and representatives advised they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff provided examples of how they supported consumers to maintain relationships of choice.

Staff explained how they supported consumers to engage in activities with an element of risk, including how consumers were supported to understand the benefits and harm when they made the decision to engage with the activity. Most consumers and representatives were satisfied and felt supported by the service to take risks and live the best lives possible.

The Assessment Team observed information displayed throughout the service which notified consumers of information regarding their care and services. Consumers and representatives stated they received up-to-date information regarding activities, meals, COVID-19 and building works.

The Assessment Team observed staff knocking on consumers’ doors and awaiting a response prior to entering. Consumers stated they felt their personal information was kept private and secure.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 expressed satisfaction with the service’s assessment and planning process and provided examples of how risks to their health and well-being were managed and mitigated. Staff described their role in the assessment and planning process and how they worked together to minimise risks.

Care planning documentation identified and addressed consumers’ needs, goals and preferences, including advance care planning and end-of-life planning. Consumers and representatives confirmed they were involved in the assessment and planning of their care needs and preferences.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, input was sought from health professionals. Staff described the process for referral to external allied health professionals.

Consumers and representatives expressed satisfaction with the service’s communication regarding the outcomes of assessment and planning and were aware they could access their care plans. A review of care planning documentation showed the service regularly held case conferences which involved consumers, their representatives and staff.

Staff described the regular care and services evaluation and review process, including when circumstances changed, incidents occurred, or upon request. Consumers and representatives advised staff regularly discussed their care needs, and care and services were reviewed when consumers’ circumstances changed.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 were satisfied with the service’s provision of personal and clinical care concerning pain management, skin integrity and restrictive practices. Care planning documentation showed the service delivered safe and effective personal and clinical care.

Care planning documentation showed high impact or high prevalence risks were identified and interventions were implemented to mitigate potential risks. The service had a range of clinical policies and procedures which guided the management of high impact or high prevalence risks.

Management described the service’s policies and procedures which supported consumers to achieve their needs, goals, and preferences during end-of-life care. Consumers and representatives expressed satisfaction with the service’s approach to the management and care of consumers nearing end of life.

Deterioration or changes in consumers’ health was recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff provided examples of changes in a consumer’s condition that would warrant the provision of additional care and support.

The service demonstrated ongoing care of pressure injuries; however, the Assessment Team noted inconsistent usage of wound measurement rulers to track wound healing. In response to this, management advised the service had run out of disposable wound measurement rulers and showed the Assessment Team a receipt for an order placed for additional supplies. Staff explained how they performed wound reviews and dressings in line with the wound care plan.

Consumers and representatives indicated the service communicated regularly with consumers, representatives and allied health professionals, and were satisfied consumers’ conditions, needs and preferences were accurately documented. Management advised information was documented within the consumer’s progress notes, assessments and care plan.

Care planning documentation showed timely referrals to medical officers, allied health therapists and other providers of care and services. Staff described the process for referring consumers to other health professionals and explained how they shared relevant information with other care providers.

Staff confirmed they received training on infection minimisation strategies, including infection control and COVID-19. Consumers and representatives expressed satisfaction with the service’s management of COVID-19 precautions and other infection control practices.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said they were supported to engage in activities of interest to them and were provided with safe and relevant supports which promoted their well-being. Staff described what was important to consumers and their preferred individual activities, consistent with care planning documents. Staff tailored activities to cater for consumer’s needs, preferences and ability. Consumers were supported by staff to participate in group and independent activities.

Care planning documents included information about consumers’ psychological and spiritual backgrounds and strategies to support their emotional needs. Staff described how care plans reflected interventions, supporting consumers to communicate with their families, encouraging consumers to attend activities of interest, respecting culture, and referrals to counselling when necessary. Staff were observed interacting with consumers and demonstrating one-on-one caring support.

Consumers and their representatives said consumers were supported to maintain their well-being through contact with family and friends, and by participating in community activities and outings. Consumers were observed participating in meetings and confirmed they were involved in choosing activities and outings of their choice.

Care planning documents and information identified consumers’ conditions, needs and preferences and ensured this information was communicated within the organisation and with others where responsibility for care is shared. Consumers and representatives said their information was communicated between staff who provided for their needs and preferences.

Consumers said the service assisted them with referrals to individuals, other organisations and providers of other care and services, and they were kept informed of any bookings or schedules. The service had regular consultations with medical officers and access to a range of specialist service providers and established relationships to ensure consumers’ needs were met.

Consumers gave positive feedback about the quality and quantity of food at the service and noted their dietary requirements and preferences were catered for. Staff described how they accommodated consumers’ specific dietary needs and preferences.

The Assessment Team observed where equipment was provided, it was safe, suitable, clean and well maintained. Care staff and maintenance staff undertook ongoing monitoring to ensure equipment was fit for purpose. Equipment requiring maintenance was reported by care staff or consumers and repairs were actioned promptly as demonstrated by the maintenance logs.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 were supported to feel at home in the service and were encouraged to personalise their rooms. The service was designed for easy navigation and contained both indoor and outdoor areas for consumers and visitors to relax, which included two courtyards with shaded seating, several indoor seating areas and lounges, and a hair-dressing salon. The service’s design included dementia- enabling principles, such as neutral-coloured walls and clear signage.

The service environment was safe, clean, and well maintained. Consumers were observed moving freely around the service in the lounge rooms and gardens. Staff were observed cleaning equipment between use by consumers, and said they were trained in how to use and access specialist equipment needed for consumer care. Consumers said the furniture, fittings and equipment were clean, well maintained, and suitable for them.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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

The service had multiple methods for consumers to make complaints and provide feedback, which included feedback forms, speaking with management or staff, and raising issues at committee meetings. Consumers confirmed they were encouraged and supported to make complaints, provide feedback, and had no issues talking with staff or management should they have concerns. Feedback forms and a suggestion box were located near reception.

Consumers and representatives were aware of advocacy and translation services; however, they advised they did not require them as they were happy with the way the service was run. Management and staff described services and supports available to consumers around advocacy, translation and external support services. The service actively promoted advocacy, language services and external complaints mechanisms.

Staff were aware of the open disclosure process, through providing an apology to address matters raised and to use all complaints as opportunities for improvement. Staff described the process to follow when they received feedback or a complaint. Consumers said appropriate action was taken in response to their feedback or complaints and described improvements, such as following their preferences and improving meal quality.

The service’s feedback register was transparent and showed complaints were actioned with an appropriate response. The service recorded and trended consumer feedback, and complaints data was reported at meetings and contributed to continuous improvement.

# Standard 7

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| Human resources | | Non-compliant |
| 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. | Non-compliant |

Findings

*Requirement 7(3)(e):*

The Assessment Team considered this Requirement was Not Met, as a review of staff files and discussions with management showed the service was not applying its annual performance appraisal process and most staff appraisals were overdue by 7 months.

The Assessment Team noted:

* The staff performance appraisal schedule had no completion dates for 10 out of 51 annual appraisals conducted in the last year and the remaining 41 appraisals did not contain any due date.
* The appraisal folder for due appraisals showed 28 appraisals were due between January and February 2022. As such, out of 41 appraisals outstanding, 28 (68%) were overdue by at least 7 months.

The Assessment Team raised these issues with management during the site audit. Management advised as the service had fallen so far behind in the appraisal process, it was never achieving the due date and so had removed the due dates from the schedule and simply completed appraisals when staff and management had capacity to do so. Management explained the delays were due to COVID-19 and staffing level difficulties, which required the service to prioritise consumer care and services over the staff performance appraisal process; however, it would work together to get through the backlog of overdue appraisals.

In its response to the site audit report, the Approved Provider noted the service had 4 COVID-19 outbreaks in 2022, in February – March, April, July and August 2022, and that 80% of staff had COVID-19 at one time or another in the period from January to September 2022. The outbreaks and staffing pressures prevented management from carrying out staff performance appraisals.

The Approved Provider’s response included a copy of the service’s Plan for Continuous Improvement, which set out actions taken by the service to ensure all staff training and staff appraisals were monitored and completed.

I acknowledge the issues faced by the Approved Provider and the action now being taken to address the issues identified by the Assessment team. However, at the time of the site audit, the service was not undertaking regular assessment, monitoring and review of the performance of each member of the workforce and 68% of staff performance appraisals were overdue by at least 7 months. As a consequence, I consider the service was non-compliant with this Requirement at the time of the site audit.

*The other Requirements:*

The service demonstrated there were adequate staffing levels and mixes which enabled it to meet consumers’ needs. Management and staff described how they ensured there were enough staff to provide safe and quality care through reviewing the changing needs of consumers and ensuring the base roster was designed to cover the care of their consumers.

Management and staff were observed engaging with consumers in a kind and respectful manner, addressing consumers by their preferred names and assisting them around the facility. Consumers confirmed they were treated with care and respect.

Consumers and representatives confirmed staff had the required skills to provide care and perform their roles. Staff advised they undertook mandatory training and attended talks on various topics.

The service had systems in place to ensure staff were recruited, trained, and equipped to support and deliver care and services in line with the Quality Standards. Management described and provided examples of the service’s recruitment program and described how it monitored staff skills.

# Standard 8

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| Organisational governance | | Compliant |
| 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 said the service was well run and they were engaged in the development and delivery of care and services. Engagement occurred through consumer meetings, forums, surveys and focus groups and reviews. All feedback or suggestions made by consumers contributed to continuous improvement, which was reported to and overseen by the Board.

The organisation’s CEO, as the governing body, promoted and was accountable for the delivery of safe, quality care and services. The CEO was supported by various staff who collated performance data, which was used to inform initiatives to support safe care.

The service demonstrated effective governance systems for information management, regulatory compliance, financial and workforce governance. The service had an effective quality improvement program, which incorporated consumer feedback and complaint data to support continuous improvement action.

The service has a documented risk management framework. Staff described how they applied the framework’s policies to identify and manage high impact and high prevalence risks, respond to abuse or neglect and support consumers to live their best lives. The service had suitable processes and procedures to prevent, report and manage incidents.

The service had a clinical governance framework, with policies regarding antimicrobial stewardship, minimising the use of restrictive practices and applying open disclosure. Staff explained how they applied the polices in practice.

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)