ThiPerformance

Report

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| Name of service: | Epping Gardens |
| Service address: | 25 Willandra Drive EPPING VIC 3076 |
| Commission ID: | 4573 |
| Approved provider: | Heritage Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 December 2022 |
| Performance report date: | 4 January 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 Epping Gardens (**the service**) has been prepared by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said they were treated with dignity and respect and felt their identities were acknowledged. Staff demonstrated knowledge of individual consumers and what was important to them. Staff were observed to be respectful when interacting with consumers.

Consumers of culturally and linguistically diverse backgrounds said their culture was respected and they were able to express their cultural identity and interests. Staff identified consumers with varied cultural and spiritual needs and described how these are respected. Care planning documentation captured information related to consumer’s cultural background and spiritual needs.

Consumers and representatives felt supported to exercise choice and independence regarding how their care and services were delivered, who was involved in their care and to maintain connections and relationships. Staff describe how consumers were supported to maintain relationships of choice and care planning documentation identified individualised consumer choices and supports for maintaining independence.

Consumers were supported to take risks which enabled them to live the best life they can. Staff described how relevant information was provided to consumers to enable risk-based decisions. The organisation had documented policies related to risk management and appropriate risk assessments had been completed to support consumers who chose to take risks.

Consumers said they were provided information which assisted them in making choices about their lifestyle and care. Staff described ways information was delivered to consumers regarding their care and services.

Staff described practical ways they ensured consumers’ privacy was respected and said they were supported by documented policies and procedures related to privacy and the protection of personal information. Consumers confirmed their privacy was respected.

# 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 their current needs and preferences, and an assessment of risk, was considered in the care planning process. Staff described how they assessed consumers and use care planning documentation to deliver safe and effective care. Staff were guided by a consumer admission policy for the assessment of new consumers.

Care planning documentation identified and addressed consumers’ current needs, goals and preferences and consumers and representatives confirmed they were given an opportunity to discuss their care needs including advance care planning and end of life care. Staff demonstrated comprehensive knowledge of what was important to consumers in relation to how their personal and clinical care was delivered.

Consumers and representatives indicated they were actively involved in the assessment, planning and review of their care and services, and care planning documentation confirmed consumers were partners in their care.

The service demonstrated outcomes of assessment and planning were effectively communicated to consumers and representatives and documented in a care and services plan. Consumers and representatives confirmed the service maintained care planning documentation and good communication with them.

Care planning documentation demonstrated changes in consumers’ condition, including deteriorating wounds and pain, triggered reassessment and appropriate changes to care and services. Management described how care and services are regularly monitored though progress notes, incident reports, observations and reviews with consumers and representatives. Consumers and representatives expressed satisfaction with changes made to care and services following incidents which impacted 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 received safe and effective personal and clinical care, which was best practice, tailored to meet their individual needs and optimised their health and well-being. Care planning documentation, including progress notes and charting, reflected individualised care that is safe and effective. Staff described clinical policies and procedures which guided their practice.

The service demonstrated high impact and high prevalence risks were effectively managed through regular clinical data monitoring, trending, and the implementation of suitable risk management strategies. Management and staff were able to identify high impact and high prevalence risks for consumers at the service and a documented system was utilised to record high impact and high prevalence clinical and personal risks.

Staff described how they approached conversions around consumers’ end of life wishes and how they provide end of life care through supporting regular family visits, and providing comfort cares and pain relief. Care planning documentation for a consumer who had recently passed away clearly identified processes for notification and directives for end-of-life care, pain management and pastoral care support.

Care planning documentation and progress notes demonstrated deterioration and changes in consumers’ condition was identified and responded to. Consumers and representatives felt the service recognised and responded to changes in condition in a suitable and timely manner.

Consumers and representatives confirmed timely and appropriate referrals were made to a range of health professionals, including allied health and medical specialists. Care planning documentation confirmed appropriate referrals were made and reflected input from external providers.

The service demonstrated preparedness for an infectious outbreak and best practice antibiotic practice. The service had documented policies and procedures which supported the minimisation of infection-related risks. Consumers and representatives were satisfied with the service’s infection control practices.

# Standard 4

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

Findings

Consumers and representatives reported the services and supports for daily living met their needs, goals, and preferences. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care planning documentation captured consumers’ life stories, likes and dislikes and social, spiritual, and religious needs and preferences.

Consumers felt they received services and supports which promoted their emotional and spiritual well-being. Staff described the services and supports in place which promote consumers’ emotional, spiritual and psychological well-being.

Consumers said they were supported to participate in their community, inside and outside the service environment. Staff described the supports available to consumers to participate in the wider community and maintain personal relationships. Care planning documentation identified activities of interest to individual consumers and detailed how consumers were supported to participate in activities and in the wider community.

Consumers said they received services and supports which were consistent with their needs and preferences. Staff detailed how information is communicated internally and externally to others where responsibility is shared. The service used handover sheets and reminders on the electronic case management system to support effective communication.

Care planning documentation demonstrated the service collaborated with external providers and consumers confirmed they had been referred to other providers who could support their care and service needs. Staff described the referral process and provided examples of consumers who accessed external services and supports.

Consumers said the meals provided were varied and of suitable quality and quantity. Staff described how they meet consumers’ dietary needs and preferences and the process for communicating changes. The service had processes in place which allowed consumers to make choices about the food on a daily basis and contribute to a monthly food focus group.

Consumers confirmed they felt safe using the equipment and said it is clean, well-maintained, and suitable for use. Maintenance documentation demonstrated preventative and reactive maintenance is carried out and staff knew how to raise any maintenance issues.

# 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 considered the service to be welcoming and easy to navigate. Staff described how they supported consumers to personalise their rooms with furniture, artwork, and bedding, to promote a sense of belonging. Consumers were observed interacting in communal areas and participating in activities.

The service was observed to be clean and well maintained and provided consumers and visitors access to common lounge and dining rooms, private areas, and safe walking paths through the external courtyards. Consumers and representatives felt the service was cleaned regularly, was safe and comfortable and was freely accessible. Documentation demonstrated the service was cleaned in accordance with a cleaning schedule and maintenance issues were addressed in a timely manner.

Furniture and equipment were well-maintained in accordance with a scheduled maintenance plan and with specialist contractors where required. Maintenance staff described the process for updating fittings, furniture, and equipment and consumers confirmed equipment was 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 were aware of the feedback and complaints mechanisms available at the service and felt comfortable to provide feedback or make a complaint. Staff described the feedback and complaints mechanisms and how they supported consumers to make complaints. Information about complaints, feedback forms and lodgement boxes were observed in various parts of the service.

Staff described how they provided information to consumers and representatives about external complaint mechanisms and access to advocacy services. The organisation had documented policies on consumer feedback which included the use of language and advocacy services and external complaints mechanisms. Information related to advocacy and language service and external complaint mechanisms was displayed on noticeboards in the service.

Consumers reported appropriate action was taken by staff and management in response to complaints and staff detailed processes used to respond to complaints. The service was supported by documented policies on consumer feedback and open disclosure.

Management detailed processes by which feedback was used to improve services and provided examples of these. Consumers felt that feedback and complaints raised through consumer meetings, and other means, were used to improve the quality of care and services. The services’ plan for continuous improvement reflected 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

Consumers and representatives said their current needs are being met and cares are attended to promptly. The Assessment Team observed staff to be available when consumers needed them. Rostering documentation demonstrated minimal unfilled shifts in the weeks immediately before the site audit.

Consumers and representatives reported staff were kind, caring, and gentle when providing cares, and were respectful of their identity and diversity. Staff interactions with consumers were observed to be kind, caring and respectful and the organisation documented expected staff behaviours which were detailed in position descriptions and the staff handbook.

Consumers and representatives felt confident that staff were sufficiently skilled to meet their care needs and documentation confirmed all staff had relevant qualifications to perform the duties outlined in their position descriptions. Management explained processes which ensured the workforce was competent and had the required qualifications to effectively perform their roles.

The workforce was trained, equipped, and supported to deliver care and services which met consumers’ needs and preferences and delivered the outcomes required by the Quality Standards. Documentation demonstrated training was provided during induction and on an ongoing basis which ensured staff were equipped to deliver the outcomes required by the Quality Standards.

The service demonstrated regular assessment, monitoring, and review of the performance of each staff member, which included probation reviews, annual appraisals and staff feedback. Staff confirmed participating in performance appraisals and their workforce documentation evidenced performance appraisals were conducted in line with the organisation’s policy.

# 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

Management detailed how consumers were engaged to partner in the development, delivery and evaluation of the care and services provided. The organisation had various strategies which involved consumers in the development of service delivery, including consumer forums, surveys, and feedback mechanisms. Consumers reported the service was run well and felt included in the development and delivery of care provided.

The organisation’s policies and procedures included information related to how the governing body promoted a culture of safe, inclusive, and quality care and services. Management and documentation, including the clinical governance framework and reports, demonstrated the organisation promoted, and was accountable for, the delivery of safe, inclusive, and quality care.

Documentation demonstrated and management and staff confirmed the organisation had effective governance systems related to information management, continuous improvement, workforce governance, feedback and complaints, and regulatory compliance.

The service had an implemented risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated, and reviewed by management and the board. Staff explained the risk management process, including key risks and mitigation strategies identified, and their responsibility in identifying and responding to abuse and neglect of consumers.

The organisation had a documented risk management framework which was applied by staff when providing clinical care. Staff described processes captured in the clinical governance framework, including minimising restrictive practices, implementing antimicrobial stewardship strategies, and providing open disclosure when things go wrong.

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)