Performance

Report

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| Name: | Forest View Aged Persons Home |
| Commission ID: | 5275 |
| Address: | 4 Morgan Street, CHILDERS, Queensland, 4660 |
| Activity type: | Site Audit |
| Activity date: | 11 March 2024 to 13 March 2024 |
| Performance report date: | 17 April 2024 |
| Service included in this assessment: | Provider: 801 Forest View Childers Inc  Service: 3632 Forest View Aged Persons Home |

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 Forest View Aged Persons Home (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others; and
* the Approved Provider’s response to the assessment team’s report received 26 March 2024.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said staff treat consumers with dignity and respect. Care planning documentation included information about consumer background and care preferences, using respectful language. Staff said they demonstrated provision of dignified and respectful treatment of consumers through listening to preferences, following privacy practices, and taking time to get to know consumers well.

Care planning documentation outlined cultural needs and preferences of consumers. Management explained cultural safety training was included within mandatory training and reinforced within staff meetings. Consumers and representatives said staff were aware of what was important about them.

Consumers explained how they were encouraged to make choices, including relating to planning and delivery of care. Staff detailed how they supported consumers maintain relationships of importance. Care planning documentation included information on how consumer choices were to be supported, including for emotional connections and relationships of importance.

The Dignity of policy detailed processes to enable consumers to live a life of choice, including taking risks. Consumers said they were supported to live their best life, including taking risks if preferred. Whilst management could identify risks taken by consumers, care plan did not always reflect the risks and strategies, with this remedied following feedback.

Staff explained how they adapted communication method for consumer needs, ensuring consumers were supported to make informed choices. Consumers said information was clear and enabled decision making. An activities schedule was displayed, newsletters outlined upcoming events, and a weekly menu provided with staff verbally consulting on meal selection.

Consumers and representatives said staff respect consumer privacy, with staff explaining actions considerate of consumer privacy, such as knocking on doors, and ensuring doors were closed during care. Policies and procedures guided staff practice and considered legislative requirements. Personal information stored in computers was secured when not in use.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff explained assessment and planning processes, including how these were used to identify risks to consumer safety, health, and well-being. Care planning documentation included comprehensive assessment and planning using validated assessment tools to understand consumer needs and risks and inform management strategies.

Consumers, representatives, and staff explained discussions held to understand consumer goals of care, and advance care planning. Care planning documentation included consumer preferences, with alerts for key issues, such as preferred gender of carer, and staff demonstrated awareness of this information. Advance care directives or Statements of choice were completed to communicate advance care directives and end-of-life wishes where they had been identified.

Consumers and representatives described their ongoing involvement in assessment and planning processes. Staff explained how they encouraged active participation of consumers in assessment and planning processes to understand preferences. Care planning documentation reflected input of other providers, including Medical officers and Allied health staff, and the service provided evidence of recording nominated representatives for communication and planning.

Consumers and representatives said they could access a copy of the care and services plans if required, although many said they preferred to discuss the content and received regular communication. Staff explained processes to notify consumers and representatives of the outcome of assessments or changes in care. Care planning documentation was readily available to staff and visiting health professionals and included a care and services plan developed from assessment and planning processes.

Care plans included evidence of regular review every 3 months, and following incident or change of circumstance. Consumers and representatives outlined how changes were made to care and services following incident to ensure effective management of consumer needs. Staff explained processes followed for review and following incident.

# Standard 3

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

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Care planning documentation demonstrated management strategies were tailored to the individual’s needs, and staff feedback confirmed awareness. Policies, procedures, work tools, and senior staff were in place to support delivery of best practice care. Monitoring and evaluation processes were used to ensure care delivery was effective to support consumer health and well-being.

Consumers and representatives said consumer risks were effectively managed. Care planning documentation flagged key risks for consumers, and staff demonstrated awareness of mitigating strategies. Monitoring was undertaken to identify emerging risks or change in health and effectiveness of evaluated in line with policies and procedures.

Staff outlined how care changed for consumers nearing end-of-life, including engaging palliative care specialists, focusing on physical and emotional comfort, and managing pain. Care planning documentation for a late consumer demonstrated monitoring and management of palliative symptoms, and provision of spiritual care.

Care planning documentation and progress notes demonstrated timely identification of deterioration or change of consumer health, and appropriate response. Staff explained monitoring processes to identify change of condition, along with assessment and escalation pathways informed through policies and procedures. Consumers said they were confident in staff abilities and knowledge to recognise and respond to change of health.

Consumers and representatives were aware staff shared information about consumer care and considered the communication processes effective. Staff explained sharing information through progress notes and verbal handover processes. Care planning documentation included sufficient information to share consumer needs, and demonstrated informing other health providers, such as the medical officer, of incidents or changed needs.

Staff explained identifying need, and consultation and consent processes for consumers and representatives where possible prior to making referrals. Management reported the service documents each referral, and they ensure referrals are accepted and responded to in a timely manner. Care planning documentation included record of referrals made for Allied health staff and other providers.

Policies and procedures supported the minimisation of infection based risks through application of infection prevention and control activities. Training was provided for staff along with support from the Infection prevention and control lead. Staff explained strategies to prevent and minimise infection, and practices to ensure appropriate antibiotic use. Consumers and representatives reported observing staff following practices, such as handwashing and use of personal protective equipment.

# Standard 4

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

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives stated supports for daily living were safe and optimised consumer independence. Staff explained how they tailored activities to suit consumers and support and encourage independence. Care planning documentation captured needs, goals, and preferences.

Staff explained how they recognised consumer emotional needs and offered additional supports. Care planning documentation outlined emotional, spiritual, and psychological needs of consumers with supportive strategies. Religious services were held regularly to support spiritual needs. Consumers and representatives described emotional and spiritual supports as effective.

Consumers said they were supported to do things of interest, including in the community, and representatives confirmed relationships were encouraged and facilitated. Staff explained activities were developed to support differing abilities of consumers, and they consulted regularly on what they would like to do individually or within groups and worked to make it happen. Consumers were observed participating within activities and socialising with visitors.

Consumers said staff were aware of needs, preferences, and changes of condition. Staff explained communication channels to share changes, such as clinical staff informing the kitchen of dietary changes which were reflected within dietary folders and recorded on the kitchen whiteboard.

Consumers and representatives described engagement of volunteers through referrals. Staff explained working with external providers to meet consumer needs. Care planning documentation identified external providers and organisations engaged in consumer care.

The rotating seasonal menu considered consumer needs and preferences, offering choice of meal and alternatives such as sandwiches, soups, or quiche. Staff said they monitored satisfaction by actively seeking feedback after meals. Consumers and representatives said there was enough variety and quantity of meals, and meal temperatures were monitored for quality.

Staff described sufficiency of equipment for leisure and daily activities and explained cleaning and maintenance processes for consumer safety. Consumers said personal equipment, such as mobility devices, were regularly cleaned. Maintenance records demonstrated safety checks were attended in line with schedules.

# Standard 5

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

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 5(3)(c) Not Met, as evidence did not support that fire extinguishers were tested and tagged in line with legislative requirements, and maintenance processes had not identified this as overdue. Testing and tagging dates on fire equipment was October 2022. Whilst management could locate an inspection report from May 2023, they were unable to locate any evidence of checks undertaken within the previous 6 months, as required by legislation.

The Approved Provider’s response confirmed they accepted the finding and recommendation, providing further information and actions undertaken. They report their investigation found whilst an external contractor was appointed to undertake monthly monitoring process including for fire equipment, this was subcontracted to a third party who did not attend, with the service unaware of the breach. A change of process has been implemented to ensure testing and tagging will be undertaken in line with legislation, and evidence of testing and replacement of out-of-date fire extinguishers submitted. The report states several units could not be accessed and will be serviced next visit.

I acknowledge the Approved Provider’s response, and responsive actions. I consider the Approved Provider’s actions appropriate to address deficiencies, although would strongly encourage them to ensure processes are embedded to identify and address overdue safety checks. My finding of compliance is supported by further evidence within the Site Audit report, including effective cleaning and maintenance processes for other items, including manual handling equipment and call bells, and positive feedback from consumers and staff in other Requirements in this Standard.

For these reasons, I have determined Requirement 5(3)(c) is compliant.

I am satisfied the other Requirements are compliant.

Consumers said they could easily find their way around the service environment. Consumer rooms were personalised to facilitate the sense of belonging. The organisation’s Home like environment policy and procedure detailed how a home-like environment is achieved.

Consumers and representatives described the service as clean and well-maintained. Staff were aware of cleaning and maintenance processes and could explain actions taken to report hazards and safety issues.

# Standard 6

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

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they were aware of how to provide feedback or make complaints and felt supported to do so. Management explained opportunities for feedback and complaints, including meetings and surveys. Information was displayed in each consumer room with details on complaint processes, and feedback forms and a suggestion box was available in the reception area.

Staff were aware of external translation services and advocates to support consumers. Consumers and representatives were aware of external complaint services. Information was included in consumer compendiums about available advocates and complaint services.

Consumers and representatives felt staff apologised and took appropriate action to respond to complaints and feedback. Staff demonstrated understanding of steps in an open disclosure process. Documentation, including feedback and complaint forms, detailed actions taken to address complaints.

Consumers said they had observed changes made in response to feedback and complaints. Meeting minutes included record of communication of improvements being made to address consumer feedback. Management said they encourage feedback and complaints to be recorded so they can identify trends and develop follow up actions, recorded into the Quality improvement plan. Staff provided examples made in response to consumer feedback.

# Standard 7

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said there were enough staff at the service and calls for assistance were responded to quickly. Staff said there were enough staff to provide timely care without rushing. Management explained processes to cover unfilled shifts. The service has exemption from legislated nursing hour requirements until 30 June 2024, with ongoing recruitment programs for staff.

Staff interactions with consumers were observed to be caring and respectful, and consumers and representatives confirmed this as their experience. Management described regular contact with consumers and representatives and said action would be taken if there was ever feedback suggesting issues with staff interactions.

Management described how they determined staff competency and capability in their role, including recruitment screening processes to ensure staff were suitably qualified, and providing ongoing supervision and training. Staff records reflected appropriate qualifications, training, and experience to perform the duties of their roles, and monitoring for compliance with workplace clearance checks. Staff said they have documented position descriptions outlining required competencies.

Staff said they received adequate training and support to perform their roles. Training compliance was recorded within an electronic register and included topics to support outcomes required within the Quality Standards, such as identifying and reporting elder abuse and infection prevention and control principles. Management said the training program was developed through identifying consumer needs and staff feedback and may be considered in response to errors or incidents.

Management explained how staff performance was continuously assessed and monitored, including through ongoing supervision, discussion, training, feedback, and addressing issues. Staff said they participated in a performance review or had one scheduled, and documentation within staff personnel files included completed performance review documents or probation checklists.

# Standard 8

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 8(3)(c) Not Met, relating to deficiencies in complying with legislative and regulatory requirements. Fire safety equipment had not been tested and tagged in accordance with state-based safety requirements (see Standard 5 Requirement 5(3)(b) for further detail), and the service was unable to demonstrate activities to form a Consumer advisory body, required to be in place by 1 December 2023. Consumers and representatives said they had not received information regarding development of a Consumer advisory body, and management advised they did not believe there was an interest from consumers or representatives. A flyer was circulated to consumers and representatives following feedback during the Site Audit.

The Approved Provider’s response confirmed they accepted the finding and recommendation, providing further information and actions undertaken. In response to the invites sent to consumers and representatives during the Site Audit, they have had nominations and an individual nominated to chair the group, with first meeting scheduled late April 2024. A copy of the invitation to participate, dated 12 March 2024, which included information on the role of the Consumer advisory body.

I acknowledge the Approved Provider’s response, and responsive actions. I have considered deficiencies relating to the fire equipment within my decision in Standard 5 Requirement 5(3)(c) and believe this sufficient, as the matter was an oversight rather than a systemic failure of the organisation’s governance systems relating to regulatory compliance.

In coming to a finding of compliance, I have considered all evidence before me. The Approved Provider’s response included evidence to address the absence of the Consumer advisory body, and I am satisfied with this action. Whilst this process should have been commenced by December 2023, the organisation otherwise demonstrated effective governance systems to monitor and communicate legislative and regulatory changes and evaluate improvements for consumers. The Site Audit report also includes evidence of effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints, comprising policies, procedures, oversight, and accountability practices.

For these reasons, I have determined Requirement 8(3)(c) is compliant.

I am satisfied the other Requirements are compliant.

Consumers explained their input into how the service was run, through feedback and suggestion processes and meetings. Management also identified engagement through surveys. A Consumer engagement policy detailed importance of consumer feedback and input. Meeting minutes included suggestions and consultations used to make improvements. As outlined above, the Consumer advisory body was being formed with meetings commencing April 2024.

Management described the involvement of the governing body in delivery of care and services, with oversight maintained through meetings and reporting of service performance and trends. Information about the service performance reported to the governing body included clinical indicators, complaint trends, and incidents including within the Serious Incident Response Scheme. A Clinical governance policy outlined the accountability of the governing body to promote a culture of safe, inclusive, quality care and services.

The risk management framework was supported through policies to define accountabilities and responsibilities for identifying, managing, reporting, and escalating risks. Staff demonstrated understanding of processes to identify, manage, and minimise risks and incidents, including recognising elder abuse and neglect. An incident management system was used to capture incidents and identify trends, which were reviewed within staff and management meetings. Consumers were supported to live their best lives through policies enabling choices, preferences, and wishes to maintain independence and lifestyle as best as possible.

The organisation’s Clinical governance framework supported the workforce in provision of safe and quality clinical care. Policies and procedures supported staff practice, including for infection prevention and control, antimicrobial stewardship, application of restrictive practice, and use of open disclosure. Monitoring processes included monthly Medication advisory committee meetings, and records of restrictive practice use. Staff could describe their responsibilities in provision of safe and quality clinical care.

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)