Performance

Report

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| Name: | Glanville Village |
| Commission ID: | 3660 |
| Address: | 66 Haverfield Street, ECHUCA, Victoria, 3564 |
| Activity type: | Site Audit |
| Activity date: | 2 April 2024 to 4 April 2024 |
| Performance report date: | 3 May 2024 |
| Service included in this assessment: | Provider: 404 Echuca Regional Health  Service: 5520 Glanville Village |

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 Glanville Village (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity and respect and gave practical examples of how their cultures and identities were valued, such as being supported to enjoy activities reminiscent of their lifestyle before entering the home. Staff were familiar with consumers’ backgrounds and cultures and were observed showing respect by asking for their preferences at the time of care delivery. Care documentation evidenced consumers’ backgrounds, life history, care preferences and what made them happy.

Consumers confirmed their cultural identities were valued and staff were familiar with their cultural needs and interests. Staff said they were trained in providing culturally safe care, and described how a consumer’s cultural needs were supported, such as tending to a garden which honoured a past profession integral to their culture. Care documentation evidenced sensitivity towards consumers’ cultural needs and preferences, which included their spirituality.

Consumers and representatives confirmed they were supported to make decisions about their own or their relative’s care, had choice in how care was delivered and how consumers wanted to maintain important relationships. Staff gave practical examples of how they supported consumers’ independence and decision making, such as ensuring choice during activities of daily living. Staff said a person-centred approach was used during care delivery, and explained how couples were supported to spend time together. The consumer information handbook promoted consumer choice and control of their care, and encouraged consumers to maintain relationships, friendships and community connections.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as leaving the service independently to spend time with family and community groups. Staff explained where consumers wished to take risks, those risks were discussed and mitigation strategies implemented to promote their safety. Care documentation evidenced consumers were supported to take risks with strategies in place to manage the risks taken.

Consumers and representatives confirmed they received timely information which enabled them to make informed choices about consumers’ care and daily living needs. Staff explained information about menus was shared with consumers through a dedicated food monitor, with other information provided in a range of ways which supported decision making. Care documentation evidenced consumers’ communication assessments and needs, whilst menus, activities calendars, newsletters, feedback mechanisms, and advocacy and complaints supports, were observed to be current.

Consumers gave practical examples of how their privacy was respected, such as staff did not disturb them when spending time alone, and doors were closed when providing care. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and sensitive discussions were held in private areas. Staff were guided by a privacy policy which addressed the importance of maintaining consumers’ privacy and gaining consent to share their personal 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave practical examples of risks identified during the assessment and planning of consumers’ care, such as changed behaviours related to overall health conditions. Staff used clinical assessment tools embedded in the electronic care management system (ECMS) to assess risks to consumers such as pain, cognition, nutrition, mental health, psychogeriatric issues and falls, which informed care plan development. Care documentation evidenced individualised assessments which identified risks to consumers’ health and well-being.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning. Staff confirmed discussing end of life wishes with consumers during entry and scheduled care plan reviews. Care documentation evidenced consumers’ daily care needs, goals and preferences, as well as advance care directives.

Consumers and representatives said they and health professionals participated in the assessment, planning and review of consumers’ care. Staff explained input from consumers, representatives and health care providers informed the assessment and planning of consumers’ care. Policies and procedures guided staff in the assessment and planning of consumers’ care and identified consumers, representatives and relevant health professionals were partners in care planning.

Consumers and representatives said staff provided detailed explanations of the outcomes of assessment and planning of consumers’ care, including after changes occurred in response to scheduled reviews. Staff explained the outcomes of assessment and planning were documented in the ECMS and shared with consumers and representatives in person and by phone. Care documentation was observed to be readily available through the ECMS.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as falls. Staff said consumers were reviewed monthly and explained incidents may result in a review of consumers’ need and preferences. Care documentation evidenced consumers’ needs and preferences were reviewed for effectiveness, regularly or following an incident, such as in response to wound care treatments.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about the personal and clinical care consumers received, which they said addressed their needs. Staff were knowledgeable about consumers’ individual personal and clinical care needs, and explained staff shared information throughout the day to ensure consumers’ needs were monitored during care delivery. Care documentation evidenced consumers with a range of complex health needs received individualised care in line with their assessed needs and preferences.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, changed behaviours and weight management, and explained how these were managed. Care documentation evidenced risk assessments were appropriately used to identify risks in consumers’ care and plan responsive management strategies.

Care documentation, for a consumer who had recently passed away, evidenced they were kept comfortable through provision of regular comfort cares, pain management medications and family members were provided with emotional support, as per the consumer’s and representative’s wishes. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives gave positive feedback about how changes to consumers’ conditions were recognised, and said staff responded accordingly, with representatives informed of changed care needs. Staff explained consumers were monitored for changes through observations, completing assessments and seeking after-hours support from medical officers and the local hospital, if needed. Care documentation evidenced deterioration in consumers’ conditions were identified and responses were timely.

Consumers and representatives gave positive feedback about how information was shared relating to their conditions, particularly as staff understood the care they needed. Staff explained information about consumers’ conditions was documented and shared during shift handovers, which supported them in being current with consumers’ care needs. Staff were observed during a shift handover, where information about consumers’ conditions, needs and preferences, and upcoming evaluations and appointments, was confidentially shared.

Consumers confirmed they had access to other health care providers and referrals were timely. Staff explained the referral process and said consumers had access to a network of allied health professionals, wound specialists, pharmacists, Dementia Services Australia and mental health care, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals in consultation with them and their representatives.

Consumers gave positive feedback about how infection-related risks were prevented and managed, particularly in relation to COVID-19. Staff understood infection prevention and control and described how they minimised consumers’ need for antibiotics. Documentation was in place to guide staff in the event of an infectious outbreak, including the management of a COVID-19 outbreak.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and said they were supported to pursue activities of interest to them and achieve goals on their lifetime ‘bucket list’. Staff explained consumers’ well-being was promoted by tailoring activities to their needs, based on a lifestyle assessment conducted during the entry process. Care documentation evidenced consumers’ lifestyle preferences, activities of interest and their ‘bucket list’ goals.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff. Staff advised they supported consumers by arranging fortnightly church services, supporting them to participate in activities of their choice and spending one on one time with them when their mood was low. Care documentation evidenced consumers’ emotional, psychological and spiritual needs were captured, as well as strategies on how staff could provide support.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as helping with craft activities and going out for lunch at a local club. Staff explained consumers were supported to maintain family connections through in-person visits and video calls, and consumers were encouraged to build friendships with each other. Consumers were observed socialising with each other and with visiting family members.

Consumers said information about their daily living needs were effectively communicated, particularly as staff understood their daily routines and supported their independence during care delivery, in line with their preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, between staff during the day as needed and they accessed care documentation for updates. A shift handover meeting was observed and staff were actively engaged as information was shared about consumers’ needs.

Consumers confirmed when additional support was needed, they were referred to other organisations and service providers, such as volunteers who visited to reminisce and spend time with them. Staff explained community and volunteer groups were engaged to offer emotional support, provide entertainment and spend one-on-one time with consumers. Care documentation evidenced timely referrals were made to other service providers to meet consumers’ needs.

Consumers said meals were enjoyable, aligned with their preferences and dietary requirements, and staff were responsive to feedback about the menu and requests for changed portion sizes. Staff were aware of consumers’ individual dietary requirements and explained a non-seasonal, 4-week rotational menu was in place, with food monitors available to support consumers and communicate their feedback and meal choices to hospitality staff. Care documentation evidenced consumers’ food preferences, dietary needs and requested portion sizes.

Consumers said they had access to safe, clean equipment which was well maintained. Staff explained, and maintenance documentation evidenced, damaged or broken equipment was replaced. Lifestyle equipment was observed to be safely stored, clean and in good repair.

# 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 assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers said they felt safe mobilising within the service, understood how to find their way around and it felt like home, particularly as rooms were personalised with their own belongings. Staff explained the service environment supported consumers’ independence by ensuring the space could be used in a way which met their needs. The service was observed as welcoming, with design principles to facilitate consumers of varying mobility levels to access gardens and outdoor lounge areas.

Consumers said they had free movement between indoors and outdoors, gave positive feedback about cleanliness of the service and said they were confident raising maintenance issues, which staff promptly addressed. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely around a clean and well-maintained service, either independently or with staff assistance.

Consumers confirmed fittings and equipment were clean, well maintained, suitable for their use and they felt safe when staff used equipment during care delivery. Staff explained, and maintenance documentation confirmed, cleaning was conducted routinely, and maintenance attended to promptly. Furniture, fittings and equipment, such as handrails and fire extinguishers, were observed to be safe, clean and well maintained.

# Standard 6

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

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they felt safe and comfortable to provide feedback and raise concerns and gave practical examples of avenues available to them, such as speaking with staff and attending consumer meetings. Staff explained consumers and representatives were also encouraged to make complaints and provide feedback during care plan reviews. Minutes from the resident advisory committee evidenced consumers provided feedback on menu items they found unsatisfactory, whilst feedback forms were observed to be easily accessible and written in a way which encouraged consumers to raise concerns.

Consumers understood how to access external complaints and advocacy groups, though they were comfortable providing feedback to staff. Staff described the advocacy and language services available to consumers and confirmed they would assist them to access these, if required. The resident handbook and brochures available in several languages promoted access to the Commission, advocacy services and language services.

Consumers gave practical examples of how the electronic exit doors stay open longer to allow people on electric scooters to safely pass through, as appropriate action taken in response to their complaints of the doors closing too quickly. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced the use of open disclosure and a collegiate approach to complaints management.

Consumers confirmed their feedback and complaints were used to improve the quality of their care and services. Staff gave practical examples of how feedback and complaints were used to improve consumers’ services, such as introducing a menu monitor role in response to feedback about food and menus. Complaints documentation evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about staffing levels and said their needs were promptly met. Management explained, and staff confirmed, staff were being actively recruited and when shifts could not be filled, the workforce was organised so all duties were completed. Rostering documentation evidenced, and observations confirmed, the workforce was adequate in number and skill mix to deliver care, with a registered nurse always available.

Consumers said staff were kind, caring and respectful when providing care. Staff were familiar with consumers’ backgrounds and explained person-centred care was delivered in a way which respected their dignity. Staff were observed greeting consumers by their preferred names, and interactions with consumers were kind, attentive, considerate and respectful.

Consumers and representatives confirmed staff were suitably skilled and competent in meeting consumers’ care needs. Management explained staff competency was determined through the recruitment process, use of an aged care experience tool to determine levels of support staff may need, buddy shifts, review of incidents, mandatory training and performance reviews. Personnel records evidenced staff had position descriptions and held qualifications and clinical registrations relevant to their roles.

Management explained, and staff confirmed, the work environment was supportive and provided access to professional development and training which reflected the Quality Standards. Staff said they had ready access to support from management and experienced staff, with specialised training organised in response to consumers’ changing or emerging needs. Training records evidenced a significant number of staff had completed mandatory training topics, such as in medication safety, and staff yet to complete training had received written reminders.

Management advised staff performance was continually assessed and monitored on an informal basis, with a formal appraisal once a year. Staff confirmed they participated in performance reviews, which they said were a positive experience, supportive of their professional development goals. Personnel records evidenced staff performance appraisals were completed in line with the organisation’s policy, with staff training needs identified during the process.

# 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

The Quality Standard is assessed as Compliant, as 5 of the 5 specific requirements were assessed as Compliant.

Consumers confirmed they were supported to evaluate their care and services through direct feedback and attending a range of meetings, such as the resident advisory committee, where their input was used to improve care and services. Management explained consumers and representatives further contributed to service evaluation through involvement in developing the organisation’s strategic plan. Terms of reference for the resident advisory committee evidenced its purpose was to encourage consultation on many service-related issues, such as continuous improvement activities and any matter of concern to consumers.

Consumers said they were safe and lived in an inclusive environment with access to quality care and services. The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through executive committees with responsibility for monitoring key performance indicators, investigating underperformance and preparing the aged care operational and quality committee report, for the board’s analysis. Documentation evidenced senior management and the board had oversight of the quality of consumers’ care and services, particularly concerning aged care incidents and consumers’ feedback.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff were trained in risk management, consumer dignity of risk and understood their reporting responsibilities under the Serious Incident Response Scheme. Staff were guided by policies and processes in identifying and managing risks to consumers.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Staff practice was guided by clinical governance policies and procedures.

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)