Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Glasshouse Views |
| Service address: | 96 Peachester Road BEERWAH QLD 4519 |
| Commission ID: | 5510 |
| Approved provider: | McKenzie Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 25 October 2022 to 27 October 2022 |
| Performance report date: | 29 November 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Glasshouse Views (**the service**) has been prepared by M. Nassif, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 accepted and valued. Staff were observed treating consumers with dignity and respect during the audit. Staff had mandatory training in diversity and consumer-centred care and written policies and procedures reflected an inclusive consumer-centred approach to delivering care and services. Care planning documents included information on consumers’ identity and culture.

Staff understood individual consumer’s diverse backgrounds and cultural needs and explained how they tailored care and services to ensure cultural safety, for example by using consumers’ preferred names. Written polices and care plans showed the service supported cultural needs and interactions observed between staff and consumers were dignified and respectful of culture and diversity.

Consumers and representatives said they were supported to make choices about their own care and services, maintain important relationships and involve those they wished to involve. This was reflected in care planning documents.

Consumers said they are supported to understand the benefits and possible harms when they made decisions about participating in activities involving risks. Staff gave examples of how they supported consumers to exercise choice and independence, maintain connections and live the life they chose. Care planning documents showed the service conducted risk assessments in consultation with the consumers/representatives who wanted to take risks.

Consumers and representatives said they were provided with current and accurate information about their choices in a way they could understand. Staff described different ways information was communicated to ensure it was easy to understand, including for those with poor cognition or sensory deficits. Staff were observed talking with, and providing information on various topics, to consumers with hearing, visual and cognitive impairments.

Consumers and representatives were satisfied the service protected their privacy and confidentiality. Consumers said staff respected their privacy and personal space when delivering care and when their friends, family or significant others visited. Staff explained how they adhered to consumers preferences regarding privacy and dignity. Consumers’ personal information was stored on the electronic system and relevant staff had their own login and password.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 said care was well assessed and planned, and the staff took the time to understand how to support them. Staff described the assessment and care planning processes and said care and services were planned around what was important to the consumer and how they wanted their care delivered. Care planning documents showed the service identified and assessed risks with the consumer and risk management strategies were included in the care plans.

Staff described how assessment and care plans met the consumer’s needs, goals, and preferences, including their end of life wishes. The service had strategies, policies and procedures to guide staff in providing a consumer centred approach to assessment and planning of care and services, including end-of-life care. Care planning documents contained an end-of-life assessment and/or an end-of-life care plan.

Consumers said they are actively involved in the assessment, planning and review of their care and services. Staff described their role in partnering with consumers and / or their representatives to assess, plan and review care and services. Care planning documents evidenced integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers.

Consumers and representatives said staff explained their care plan to them and they knew it was available to them. Staff described processes for documenting the outcomes of assessment and planning.

Care planning documents evidenced the service conducts regular reviews. Staff described when and how they reassess a consumer’s needs, goals, and preferences, how reviews capture all aspects of a consumer’s health and well-being. Consumers said the service sought their input to update their care planning documents.

# Standard 3

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

Findings

Consumers and representatives were satisfied the care met their needs and optimised their health and well-being. Consumers and representatives felt the care provided was safe and effective and tailored to their needs. Staff demonstrated they were aware of the individual personal and clinical needs of consumers and how they met them. Care planning documents set out safe, effective, personalised care that was consistent with best practice. The service had documented policies and procedures and tools to support the delivery of safe and effective tailored care.

Consumers and representatives were satisfied that risks to their health and well-being were effectively identified and managed. Management explained how the service effectively managed high impact and high prevalence risks to consumers, including those involving lifestyle choices. Care planning documents identified risks and described effective strategies in place to manage them.

Consumers felt confident when they needed end of life care the service would support them to be as free from pain as possible, to have those important to them with them, and to for things to be in line with their social, cultural, and religious and spiritual preferences. Care planning documents contained advance care plans and end of life wishes. Staff described how they ensured the comfort and dignity of consumers near the end of life and met their needs and preferences.

Consumers and representatives were confident staff would identify a change in their condition, health or abilities and they would respond quickly and appropriately. Staff described how they used early warning cues to identify signs of deterioration and the steps they took in response. Care planning documents showed changes in consumers’ health were recognised and responded to in a timely manner.

Consumers and representatives said the service documented and communicated their condition, needs and preferences and they don’t have to repeat information to multiple people. Staff described how changes in consumers’ care and services were communicated through verbal handovers, meetings, accessing care plans, or through electronic daily reports or notifications. Staff described how accurate, up-to-date, and relevant information is shared with other providers as consumers move between care settings, such as between the service and the hospital.

Consumers and representatives said they were referred promptly to other organisations or individuals providing care, when appropriate. Clinical staff described the process for referring consumers to other health professionals and allied health services. Management said the referral process the service followed was documented and progress notes contained information from other providers such as medical officers, podiatrists, physiotherapists, speech pathologists and dieticians.

The service had documented systems to prevent and control infections and promote appropriate antibiotic prescribing. Consumers and representatives said they were satisfied with the service’s management of COVID-19, and their infection control practices. Staff said they had received training on infection control including hand hygiene, the use of appropriate personal protective equipment and outbreak management. Staff showed an understanding of how to minimise the use of antibiotics and to ensure they were used appropriately.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 were satisfied with services and supports for daily living and said the activity program met their needs, goals and preferences. Consumers were observed participating in many activities during the audit. Consumer’s needs and preferences are documented in their lifestyle care plans and updated every 3 months or when consumer needs change.

Consumers explained how the service supported and promoted their spiritual, emotional, and psychological well-being by facilitating appropriate activities, visits, special events and celebrations. Staff described how they supported consumer’s emotional, psychological, and spiritual well-being and provided examples from their everyday practice. Management explained how the service’s Resident Support Officer provided emotional support to all consumers, including those receiving palliative care.

Consumers said they were supported to maintain personal relationships, take part in their community and pursue their own interests. Staff described how they worked with other organisations, community members and groups to help consumers follow their interests, social activities and maintain their connections. Care planning documents, progress notes and Resident Relative Meeting minutes showed the services and supports for daily living were designed with each consumer to reflect their changing preferences.

Consumers and representatives said their consent was sought to communicate information about their condition, needs and preferences to those involved in their care. Staff described how accurate, up-to-date, and relevant consumer information was shared internally and with relevant external providers. The service had effective systems to capture, manage and communicate information about consumers.

Care planning documents showed the service collaborated with other individuals, organisations, and providers to support each consumer’s diverse and individual needs. Staff described how they referred consumers to external providers gave examples of the different organisations involved.

Consumers were happy with the quality, quantity and variety of food and said they were consulted when menus were developed. Consumers attended Food Focus meetings each month to provide feedback on the dining experience. Food was freshly cooked on site and menus developed in consultation with dieticians and nutritionists. The dining experience was observed to be comfortable and not rushed and consumers were being assisted in a dignified manner. Staff were aware of consumer’s nutrition and hydration needs, including preferred meal type, size, texture and their dietary needs.

Consumers said the equipment provided was suitable clean and well maintained and they felt safe when using it. The equipment was observed to be clean, well maintained and fit for purpose. Staff were trained to safely use the equipment and understood their responsibilities for the safety, cleanliness, and maintenance of equipment. Staff described how maintenance and cleaning routines for equipment were planned and implemented. Maintenance schedules and processes were observed to comprehensive and up to date.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

The service environment appeared welcoming, easy to understand and conducive to interaction and function, enabling consumers to remain as independent as possible. Consumers’ rooms were observed to be personalised with their own furniture and other possessions of choice. Staff described how they supported consumers, representatives and visitors to feel welcome and at home in the service. The environment was easy to navigate, and consumers could make their way around the service with ease.

Consumers and representatives said the service was cleaned very well and maintenance was completed quickly. Consumers were observed moving freely around the lounge and dining rooms, hallways, and gardens. Planned and preventative maintenance was conducted to ensure the consumers were safe and living in a well-maintained home. The service was observed to be clean and well maintained and cleaning and maintenance records supported this.

A range of suitable, clean, and well-maintained furniture, fittings and equipment were observed around the service. Consumers said the furniture, fittings and equipment was well maintained and clean. Staff said they had access to all the equipment they needed for consumer care. Equipment and furniture was maintained under scheduled maintenance plans with specialist contractors in place where required.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 confirmed they were encouraged and supported to make complaints and provide feedback and said they had no issues talking with staff or management if they had a concern. Management described multiple methods for consumers to complain including a formal feedback form, speaking directly with the management team, raising issues at the resident and relative meetings, phoning, or sending an email directly to the manager.

Consumers and representatives said they were provided with information on advocacy, translation services and external avenues for raising and resolving complaints. Management described the translation, advocacy and other specialist services made available to consumers. Consumers and representatives received printed information about these services on admission and reminders through flyers, posters displayed around the service and at the regular resident meetings. Staff described how they assisted consumers who had a cognitive impairment or difficulty communicating to complain or provide feedback.

Consumers and representatives said management promptly addressed and resolved their concerns when they made a complaint, or when an incident had occurred. Consumers and representatives confirmed staff provided an apology and practiced open disclosure when things went wrong, or they complained. Staff and management described the complaints management process in accordance with the service’s policy.

Consumers and representatives said management was responsive to their feedback and complaints and they were satisfied with the improvements made in response. Management described how feedback and complaints provided a key input for identifying actions on the service’s continuous improvement plan.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 there were enough staff, and none expressed any concerns about delays in responding to the call bell. Management explained the systems in place to calculate the number/type of staff needed to meet the needs of all consumers. The fortnightly planned roster scheduled all staff required and there was a system to fill unplanned absences. Records showed most call bells were answered promptly and any exceptions were investigated.

Consumers and representatives said staff were kind, caring and respectful. Staff were observed interacting with consumers in a kind, caring and respectful manner. Staff spoke clearly to consumers, addressed them by their preferred names, took time to deliver their care. Staff were aware of consumers’ cultural and personal backgrounds and diversity.

Consumers and representatives felt staff were competent and knowledgeable and performed their duties effectively. Records showed the recruitment, selection, onboarding and ongoing training was rigorous. Staff were recruited using a formal recruitment process that included interviews, referee checks and qualification checks. The service maintained an up-to-date register of staff qualifications, registrations and competencies which was regularly reviewed.

Consumers and representatives said staff knew what they were doing and were well trained. Management demonstrated there were appropriate systems and processes in place to ensure staff were recruited, trained, equipped and supported to deliver quality care and services. Records showed ongoing training and development was provided for all staff and their participation in the training programs was monitored and recorded. Staff said they received training in the Quality Standards as part of their orientation and they received ongoing formal and informal training on the job.

Management explained the service had processes to regularly assess, monitor, and review the performance of staff. Documentation outlined the staff performance framework which included annual performance appraisals and mandatory training. Staff described the service’s performance development processes and documentation showed performance appraisals, mandatory training and competency assessments were scheduled for completion annually.

# Standard 8

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

Findings

Consumers and representatives said the service seeks their input in a variety of ways and they were actively engaged in the development, delivery and evaluation of care and services. Management described a variety of mechanisms in place to ensure consumers could provide input and make decisions about the care and services provided. Records showed consumers’ and representatives’ suggestions were followed up by staff and used to make improvements.

Management described how the organisation’s governing body promoted a culture of safe, inclusive quality care and was accountable for the delivery of care and services and compliance with the Quality Standards. The Board received consolidated performance reports from the service to check compliance with the Quality Standards, initiate improvements, enhance performance and monitor care and service delivery. Reports to the Board and visits from the Aged Care Quality Safety Commission were used to drive continuous improvement and innovation.

The service had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, the organisation monitors changes to legislation and accesses external industry peak bodies and legal services to ensure timely updates of changes to legislation that impact on the organisation’s policies and overall operations. Management demonstrated that the service was aware of upcoming changes in aged care.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management described how assessments and incidents were used to identify risks and inform improvement actions. Comprehensive policies and procedures were in place to manage risks and staff were trained to identify risks and prevent incidents. Clinical staff demonstrated an applied understanding of the risks to consumers and how the service mitigates the risks in line with best practice.

The service provided a documented clinical governance framework with policies relating to antimicrobial stewardship and infection, minimisation of the use of restraint, and open disclosure. Staff demonstrated an applied understanding of the policies and how they implemented them in on a day-to-day basis. Clinical staff explained they don’t use antibiotics for suspected infections unless pathology results had confirmed the need for them.

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)