Performance

Report

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| Name of service: | Glen Waverley Nursing Home |
| Service address: | 982 High Street Road GLEN WAVERLEY VIC 3150 |
| Commission ID: | 4020 |
| Approved provider: | Menarock Aged Care Services (Victoria) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 October 2022 to 7 October 2022 |
| Performance report date: | 25 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 Glen Waverley Nursing Home (**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; and
* the provider’s response to the assessment team’s report received 24 October 2022.

# 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**

The Assessment Team recommended Requirement 1(3)(d) was not met. I have considered the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 1(3)(d), the Site Audit report brought forward one example of a named consumer was not allowed to walk outside the service anymore without staff supervision as requested by their representative who was concerned about the consumer’s safety. The consumer said they felt like they had lost their freedom. The Site Audit report also stated that staff were unable to explain how they can support consumers who may want to take risks.

The Site Audit report however clarified that management took immediate action to investigate the consumer’s feedback when the Assessment Team raised it with them. The consumer was supported with their choice and risk assessments were completed. The Site Audit report also evidenced staff able to provide examples of where consumers wanted to take risks, how the risk was assessed and discussed with the consumer and their representative.

The provider’s response provided clarifying information that, in relation to the named consumer who was unable to walk outside unsupervised, appropriate risk assessments are in place and the matter was investigated and actioned immediately. The provider’s response also acknowledged further staff training is required however demonstrated the completed of risk assessments to evidence consumers’ choice is considered.

I am satisfied that the provider has undertaken appropriate action to identify the deficiency brought forward in the Site Audit report. As no further examples of consumers’ not being supported to take risks was brought forward, I am satisfied each consumer is supported to take risks to enable them to live the best life they can. Therefore, based on the evidence before me, I find Requirement 1(3)(d) compliant.

I am satisfied the remaining 5 requirements in Quality Standard 1 are compliant.

Consumers said staff treated them with dignity and respect and can maintain their identity. Staff demonstrated familiarity with consumers’ backgrounds and described ways they enable and support consumers’ choices and preferences on a day-to-day basis. Care planning documents showed individual cultural and diversity needs were identified for each consumer.

Consumers said their culture was respected and staff supported them to meet their cultural preferences. Staff demonstrated knowledge of consumers’ identity and were able to articulate how they meet the individual needs of these consumers. Care planning documents described the cultural and religious needs and preferences of consumers.

Consumers and representatives gave examples of how the service supports consumers to make decisions about their care and maintain relationships. Staff provided overview of care planning documents which demonstrated consumers can exercise choice and independence. The service had a documented policy on dignity, choice and independence that guided staff on providing choices for consumers and promoting their independence.

Consumers and representatives expressed satisfaction with the timeliness and accuracy of the information they receive. Staff described how they review information provided to consumers to ensure it is current and relevant. Care plan documents indicated the different communication strategies required for consumers.

Consumers said staff respect their privacy. Staff were observed being respectful to the consumers and knocking on doors before entering their rooms. Staff were aware of their responsibility in relation to disclosing personal information. The service had a privacy policy outlining how the service maintains and respects the privacy and information of consumers.

# 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**

Staff indicated that assessment outcomes are reflected in the care planning documents, which guides them in the safe and effective care of consumers. Care planning documents demonstrated effective, comprehensive assessment and care planning processes were undertaken to identify the needs, goals, and preferences of consumers. Consumers and representatives expressed satisfaction with how consumers’ needs, and preferences were considered in the care planning process and in assessment of risk.

Consumers and representatives confirmed they have been given the opportunity to discuss their current care needs, including advance care or end of life planning. Staff demonstrated knowledge of what was important to consumers in relation to how their personal and clinical care is delivered. Care planning documents identified consumers’ needs, goals, and preferences.

Consumers and representatives said they are actively involved in assessment, planning and review of care and services. Staff described the process of referring consumers to relevant allied health professionals. Care planning documents identified consumers and their representatives were consulted in assessments and care planning and included input from other health professionals.

Consumers and representatives said they are informed about the outcomes of assessment and planning and have access to care and services plan. Management reported any changes to consumers’ care, or any incidents are communicated to families as soon as possible.

Care planning documents evidenced changes in consumer conditions trigger reassessment for consumers and appropriate changes to care and services. Staff described the three-monthly review process, where they review consumers’ care and service needs.

# Standard 3

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

## **Findings**

Consumers and representatives said consumers receive personal and clinical care that meets their needs and preferences. Care planning documents evidenced individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. Documentation evidenced, in relation to chemical restraints, non-pharmacological interventions were used prior to the use of pharmacological interventions and noted their effectiveness. Staff described policies, procedures, and work instructions for key areas of care.

Management and staff described the high impact and high prevalence risks for consumers at the service. Consumers and representatives said they felt that the service is adequately managing risks to consumers' health. The service had a documented risk management framework that guided how risk is identified, managed, and recorded.

Staff described the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised. Representatives expressed satisfaction with the care consumer received and confirmed that they were well informed of consumers condition.

Care planning documents demonstrated identification of, and response to, deterioration or changes in consumers’ condition. Consumers and representatives said the service recognised and responded to changes in condition in a timely manner. Staff explained how deterioration was discussed during handovers and staff meetings, subsequent actions and resulting review of care planning documentation. Staff were able to describe a range of signs of deterioration.

Staff explained how information is shared through staff meetings and handover when changes occur. Care planning documents provided adequate information to support effective and safe sharing of the consumer’s information to support care. Consumers and representatives said consumers’ care needs and preferences are effectively communicated between staff.

Care planning documents reflected referrals occur to medical officers and other health professionals. Allied health professionals described how they are notified of required reviews and changes through referral forms. Consumers and representatives said referrals are timely, appropriate and occur when needed.

Staff described how they minimise infection-related risks by following the service’s infection control policies and promoting antimicrobial stewardship. Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and other infection control practices.

# Standard 4

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| Services and supports for daily living | |  |
| 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 said they get services and support for daily living that meet their needs, goals, and preferences. Staff outlines consumers’ needs and preferences. Care planning documents identified consumers’ choices and provided information about the support that consumers require to do the things they want to do.

Consumers and representatives considered consumers’ emotional and spiritual well-being is supported. Care planning documents included information regarding the emotional, spiritual, and psychological needs of the individual consumers, and strategies to promote their well-being. Staff described how they identify changes in consumers’ mood and provide emotional support.

Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documents identified activities of interest for consumers and how they are supported to participate in these activities and in the wider community.

Consumers were confident that staff know them and were aware of their needs and preferences. Care planning documents included adequate information to support effective and safe care with respect to services and supports for daily living. Staff described ways in which they share information and are kept informed of the changing condition, needs and preferences of each consumer.

Staff provided examples of how consumers are referred to other providers of care and services. Care planning documents confirmed the service collaborates with external providers. Consumers said that the service offers to refer them to external providers to support their care and service needs.

Consumers were satisfied with the variety, quality and quantity of the meals provided. Staff described how they meet consumers’ dietary needs and preferences. The service had processes in place where consumers can order what they want each day from the various options on the menu. Consumers were observed finishing their meals.

Consumers interviewed together with management, and staff interviews and observations, indicate equipment to support consumer lifestyles is safe, suitable, and clean. Staff reported the shared equipment is kept clean as per infection control and were aware how to log maintenance issues.

# Standard 5

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

## **Findings**

Consumers said they feel at home and that the service optimises their sense of belonging and independence. The service environment was observed to be welcoming with plenty of space for consumers and clear signage to facilitate navigation around the service.

Consumers and representatives said the service environment is clean, safe, and well maintained. The service was observed to be clean, well-maintained, with outdoor areas easily accessible for consumers. Cleaning schedules were in place for consumer rooms and communal areas with guidelines for staff on processes, what is to be cleaned and the frequencies of detailed cleans and touch point cleaning.

Consumers and representatives said that the equipment and furniture at the service is safe, well-maintained, and suitable for their needs. Staff described how shared equipment is cleaned and maintained. Review of maintenance records demonstrated regular maintenance of equipment and furniture occurs and reported maintenance issues are resolved promptly.

# 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**

Staff described the feedback and complaint mechanisms available to consumers and representatives and how they support them to make complaints. Consumers and representatives felt encouraged, safe, and supported to provide feedback and make complaints and were aware of the processes on how to do so. Information was displayed at the service in relation to providing feedback and feedback forms and lodgement boxes were observed around the service.

Staff demonstrated shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services, available for consumers and representatives. Consumers and representatives were aware of other avenues for raising a complaint and advocacy service. Documentation confirmed that information on complaint process and advocacy services are discussed at resident meetings.

Consumers and representatives said they were satisfied with the way their concerns were addressed and resolved. The service’s feedback log identified that the service documented feedback and suggestions received from consumers and representatives, appropriate and timely action was consistently taken, and an open disclosure process was applied.

Consumers and representatives described the changes implemented at the service as a result of feedback and complaints, and said they are confident that these are used to improve the quality of care and services. Management advised that the service analyses feedback from consumers and representatives and used them to inform continuous improvement activities across the service. The service’s Plan for Continuous Improvement included feedback from consumers.

# Standard 7

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

## **Findings**

Consumers said call bells are answered promptly and observations indicated staff are available when consumers need them. Staff said there is lack of staff at times, however, did not impact on consumer care and services. Review of fortnightly roster showed all shifts were filled, and where staff were not able to attend their shift they were replaced.

Consumers and representatives reported that staff engaged with them in a respectful, kind, and caring manner. Staff interactions with consumers were observed to be kind, caring, and respectful. Management advised they monitor interactions through observations and feedback from consumers and representatives.

Consumers and representatives were confident that staff are sufficiently skilled to meet their care needs. The service had position descriptions that set out expectations for all roles. Review of staff documentation indicated that staff have the relevant qualifications to perform their duties.

Consumers and representatives felt staff know what they are doing and could not think of any additional training for staff. Staff described the orientation process and training requirements, both mandatory and those specific to their role. Training records reflected high completion rates of required training completed by staff.

Documentation evidenced performance appraisals of each member of the workforce being completed. Management confirmed staff performance appraisals were undertaken at individual staff anniversary dates.**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**

Consumers and representatives felt included in development and delivery of care provided. Management explained the process by which consumers are engaged to partner in the development, delivery and evaluation of the care and services. The service had clinical governance framework that included partnering with consumers and ensuring they are actively supported and encouraged to participate in care and service improvement.

The service had policies and procedures which included information as to how the governing body promotes a culture of safe, inclusive, and quality care and services, which was evident throughout documentation detailed in committee reports and consumer engagement information. Management monitors that the Quality Standards are being met through the various committee reviews on various lines of reporting that include a governance and quality component.

The service had policies and procedures that demonstrated effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, the general manager is responsible for monitoring aged care law and regulations, to identify changes and to communicate changes to the service.

The service had a risk management framework which included policies describing how high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers is identified and responded to, consumers are supported to live the best life they can, and incidents are managed and prevented. Staff explained the process of risk management, including key areas of risk that had been identified and were mitigated.

The service had organisational policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff described processes in relation antimicrobial stewardship, how the service minimises the use of restrictive practices and the principles of open disclosure used when things go wrong.

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)