Performance

Report

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| Name of service: | Glendale Aged Care |
| Service address: | 265 Heaths Road WERRIBEE VIC 3030 |
| Commission ID: | 3130 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 30 January 2023 to 2 February 2023 |
| Performance report date: | 15 March 2023 |

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

**This performance report**

This performance report for Glendale Aged Care (**the service**) has been prepared by G Hope-Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said they were treated with dignity and respect, and their identity, individual culture and diversity were valued. Staff demonstrated an understanding of consumers’ care and preferences, delivered care respectfully, and supported consumers’ cultural needs. Care planning documentation reviewed reflected consumers' preferences, significant relationships, and religious beliefs.

Consumers and representatives said they were supported to exercise choice and they were provided with the opportunity to maintain relationships and receive regular communication from the service regarding choices that were available for them. Staff provided examples of how they helped consumers to make choices, and these were reflected in their care plans.

Consumer and representatives said the service supported them in taking risks to enable them to live the best life they can. Staff understood, and provided examples of, how the sampled consumers took risks and their role in supporting the consumer to take those risks. Risk assessments were carried out to ensure consumers and representatives made informed risk-taking decisions and used risk mitigating strategies. Education records showed staff had been provided with education on dignity on risk.

Consumers and representatives were satisfied the information they received was current, accurate, timely and communicated in a clear and easily understood manner. Staff described ways they kept consumers informed of what was going on in the service and stated they reminded consumers about the activities of the day as well as the meals for the day. The Assessment Team observed the weekly activity calendar, weekly menu, displayed throughout the service.

Consumers and representatives said they were confident their information is kept confidential, and all consumers said their privacy was maintained. Staff described strategies for ensuring confidentiality while providing care and accessing sensitive information. Staff were observed knocking on doors and awaiting a response before entering and closing office doors when talking to the Assessment Team about 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

Consumers and representatives provided positive feedback on their involvement in the assessment and care planning process. Staff demonstrated knowledge of consumer risks to ensure safe and effective care. Care documentation showed care planning included assessments and the identification of risks in relation to clinical and personal care.

Consumers and representatives said the service demonstrated awareness and support of the needs and preferences of consumers and had discussed and documented their preferences for end of life (EOL) care. Staff described the needs and preferences of consumers which aligned with consumer and representative feedback and care planning documentation. Care planning was individualised to consumers’ needs and reflective of their personal preferences and included EOL wishes.

Consumers and representatives said they provided input into the assessment and care planning process, through formalised conversations and regular feedback. Staff reported regularly liaising with consumes and representatives to ensure a partnership throughout the assessment and care planning process. Care planning documentation shows the involvement of multiple health services and organisations.

Consumers and representatives recalled being offered a copy of their care plan as part of the review process. Clinical staff confirmed they notify and involve consumers and representatives of the resident of the day review outcome and 6 monthly clinical care reviews, evaluation outcomes and if there were changes or incidents. Care plans showed the outcomes of assessment and planning for each consumer including changes, reviews, updates, and communication with consumers and representatives.

Consumer and representatives were regularly contacted to discuss care and services. Representatives confirmed the service communicates with them following any change in circumstance or incident, including an update of any changes to the consumers’ care plan due to a care change or unexpected incident. The service completes 6 monthly care plan evaluations and staff followed a schedule to ensure they were done in a timely manner.

# 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 were receiving care that was safe, tailored to them and which meets their needs and preferences. Staff could describe consumers’ individual needs, preferences, personal and clinical care, and how they were delivered as per their care plan. Care documentation reviewed confirms staff were following documented strategies and clinical management policies to deliver individualised care to consumers.

Consumers and representatives said high impact or high prevalence risks were effectively managed by the service. Staff were able to explain high impact high prevalence risks and the strategies in place to manage them. Care planning showed assessment and planning, with consideration to care risks which were highlighted to guide clinical and care staff.

A review of care documentation for a recently deceased consumer demonstrated the service had preserved the dignity of the consumer and the care provided was in accordance with their documented needs and preferences. The clinical manager provided a detailed recollection of care provided in line with the consumer and representative preferences. Clinical staff reported they involved specialist palliative care services to assist with symptom control.

Consumers and representatives said they were confident consumer information was well documented and shared between staff and services. Staff report information relating to consumers’ conditions, needs and preferences were conveyed in a variety of ways. Staff handovers ensure information regarding consumers is consistently shared and understood.

Consumers and representatives said they were confident the service will respond in a timely manner and address any deterioration in their health status. Staff demonstrated an understanding of identifying and managing a deteriorating consumer. Care planning documents showed how deterioration of named consumers is managed with escalation to Medical Officers and appropriate and timely monitoring.

Consumers and representatives said they were satisfied timely and appropriate referrals occur when needed, and the consumers have access to relevant health care support. Staff described the process for referring consumers to the clinical manager and other health care professionals and how this informs care and services provided to consumers. Documentation showed consumers were referred to geriatricians, Allied Health, and Medical Officers.

One representative said the service managed the recent COVID-19 outbreak very well. Staff demonstrated an understanding of precautions to prevent and control infections and the steps they could take to minimise the need for antibiotics. The Assessment Team observed the screening process for all staff and visitors entering the service.

# 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 staff support their individual need, goals and preferences. Staff described how the service supports consumers to maximise their independence, well-being, and quality of life. Care planning documentation identified consumers’ choices and provided information about the services and support needed to help them do what they like to do.

Consumers described services and supports available to promote emotional, spiritual, and psychological wellbeing. Staff provided examples of supporting consumers for their emotional and psychological wellbeing. Care planning documentation recorded consumers' individual emotional support strategies and how these were implemented.

Consumers and representatives said the service offers services and supports that enable consumers to participate in the community, have relationships and do things of interest to them. Staff described how they support consumers to do things of interest to them, participate within and outside the service environment and have social relationships. Care planning documentation contained information on individual consumer interests and identified the people important to them.

Consumers said they were confident staff were aware of their needs and preferences. Staff advised consumer care and other needs were shared internally at handovers and recorded in progress notes. Care documentation confirmed changes in condition, needs and preferences were documented in progress notes and care plans and is readily accessed by people involved in the consumers’ care.

Consumers said if the service was unable to provide the support they needed, they would be confident they would be referred to an appropriate provider. Staff said the service engaged external service providers when the service could not provide specific activities the consumers wished to do. Care planning documentation showed the service collaborates with external providers to support the diverse needs of consumers.

Consumers and representatives provided mixed feedback regarding food. In response to feedback, the service has hired a new chef and new equipment to keep meals warm. Staff were knowledgeable about individual consumers’ preferences and dietary requirements. Staff were observed to be assisting, encouraging, and offering choices with meals during the Site Audit. Care planning documents note consumers’ dietary needs, dislikes, allergies, and preferences which were communicated to the kitchen.

Consumers felt safe when using the service's equipment and said it was easily accessible and suitable for their needs. Maintenance staff described how maintenance requests were logged in the electronic system. Equipment used for activities of daily living were observed to be safe, suitable, clean and well-maintained.

# 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 the service environment was welcoming, easy to navigate and they felt comfortable. The service environment is welcoming, living areas have natural light and corridors were sufficiently lit. The Assessment Team observed signage to support consumers and representatives to navigate around the service.

Consumers said the service environment was safe, clean, well maintained, and comfortable. Consumers said they can move around freely both indoors and outdoors. The maintenance officer described the process for reporting safety issues and said this worked effectively. The service environment was observed to be well-maintained.

Consumers said the furniture, fittings, and equipment were safe, clean, and well maintained. Staff advised how they lodge maintenance requests. Thorough maintenance logs were kept and actioned in a timely manner. Throughout the Site Audit the equipment and furniture were observed to be 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

Consumers expressed confidence the service has an open-door policy, management were visible and were available via phone or email, with matters addressed promptly. Management demonstrated numerous avenues for obtaining consumer feedback. The Assessment Team observed a variety of methods of collating feedback including feedback registers, completed forms, emails and monthly surveys.

Consumers and representatives said they knew they could raise concerns externally, but they felt most comfortable raising any issues with management and staff directly. Staff and management described how to access advocacy services and external complaints bodies. The service has staff who were bi-lingual and they act as advocates and translators for consumers when appropriate. The Assessment Team observed posters for external complaints and advocacy agencies displayed in English and in other languages.

Consumers and representatives and staff to provided examples of when things had gone wrong, how open disclosure had occurred, and how the service had responded in a timely manner. Staff and management demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. The Assessment Team observed emailed complaints were recorded and actioned on the complaints register.

Consumers and representatives said the service is listening to feedback provided and improvements occur as a result of the feedback, such as improvements in the quality of meals. Management discussed how feedback and complaints were collected and reviewed to assist in improving care and services at the service. The Assessment Team confirmed feedback received during various committee meetings involving consumers and associated trends inform continuous improvement of the care and services at the service.

# Standard 7

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

Findings

Consumers and representatives said that while there were sufficient staff to meet their needs, at times the staff were rushed however, this had not affected their care. Management said there is an ongoing recruitment drive. Management said at times, due to emergency leave, agency staff were used to fill shifts or roster extra staff on the floor when possible. The service has a system where vacant shifts were posted as soon as they become available giving a chance for existing staff to pick up those shifts before management consider the use of agency staff. Call bell data indicated call bells were answered in a timely manner.

All consumers and representatives said, and observations confirmed staff interactions with them were kind, caring and respectful. Staff demonstrated an understanding of the sampled consumers, including their needs and preferences.

Overall consumers and representatives said that staff performed their duties effectively, and they were confident staff were trained appropriately and were competent and skilled to meet their care needs. The Assessment Team verified position descriptions, police checks, and relevant registrations for staff.

Consumers said staff were trained and consistently preformed their duties. Staff described how training is delivered. Management demonstrated the service has a robust system in place to ensure the staff members complete scheduled training by the due date. The service’s training records demonstrated that most active staff were up to date with their mandatory training.

Consumers reported they were happy with staff abilities and practices. Staff said the performance appraisal process provides them with an opportunity to evaluate their own performance and receive feedback on what they were doing and how they can improve. The Assessment Team observed all staff had completed performance reviews in a timely manner.

# 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 confirmed they could provide feedback to the service through feedback forms and during resident and representative meetings, and other committees. Management stated the service has recently established various consumer committees, which consumers attend alongside management to improve service delivery to consumers. Management provided examples of improvements which included changes in meal provisions and installing safety mirrors on the walls.

The service demonstrated the Board is accountable for delivering care and services and promotes a culture of safe, inclusive and quality-driven care. Consumers expressed feeling safe at the service and said the environment was inclusive. Staff confirmed the service promotes and maintains a culture of care which is safe and inclusive. A documentation review showed the service has a policy framework to maintain a culture of safe and inclusive care. The Assessment Team observed Board meeting minutes, audits and clinical indicators which were reported to respective sub committees and benched marked across the organisation to identify and address further trends.

The service demonstrated effective governance systems which guided information management, continuous improvement, financial governance, workforce management, regulatory and legislative compliance, and feedback and complaints. Staff members confirmed an effective information management system supported them. Management described how the Board maintained effective oversight through a structured organisational reporting and management framework.

Risks were identified, reported, escalated, and reviewed by the management at the service level and then at the corporate level through various meetings and committees. Board reporting is conducted as part of clinical indicator reporting. Management confirmed they analyse incidents and identify issues or trends. These were reported to various committees, with final data going to the Board, leading to improved consumer care and services.

The service demonstrated a clinical governance framework in place including policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these concepts and gave practical examples to demonstrate how the principals applied to their work.

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)