Performance

Report

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| Name: | Glengollan Village |
| Commission ID: | 3631 |
| Address: | 97 Underwood Road, FERNTREE GULLY, Victoria, 3156 |
| Activity type: | Site Audit |
| Activity date: | 8 October 2024 to 10 October 2024 |
| Performance report date: | 12 November 2024 |
| Service included in this assessment: | Provider: 788 Glengollan Village  Service: 5379 Glengollan 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 Glengollan Village (**the service**) has been prepared by N Chahal, 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
* the provider’s response acknowledged the assessment team’s report on 24 October 2024.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The service has a strong culture of inclusivity which ensures each consumer is treated with dignity and respect and identify and personal background is considered. Consumers confirmed staff are supportive and they feel safe to be themselves. The service has a range of policies to support person centred care, and a range of culture and diversity training modules are completed by staff.

Staff understand each consumer’s story and preferences. The service has a range of policies to support staff in understanding and practising cultural awareness and culturally safe consumer engagement. Staff receive training to support their knowledge and understanding of culturally safe practices and care.

Consumers and representatives confirmed consumers make choices regarding meals, activities, and care provision. A representative described regular consultation regarding consumer care. Consumers are supported to maintain important relationships and staff demonstrate respect for these connections. Care plans record consumer choices and preferences.

There was evidence consumers are supported to take risks where this enables them to engage in their preferred activities. A consumer example involving the choice to continue smoking demonstrated that strategies to manage risk are implemented. Such choices are documented using the service’s ‘dignity of risk’ form.

Consumers and representatives confirmed they receive the daily menu and the activity planner, and that staff also provide information verbally. Consumers can also choose to participate in bi-monthly consumer advisory meetings. The service has access to cue cards and an electronic translation application for use with consumers who do not speak English. Posters, programs and notice boards at the service were observed to also provide relevant information.

Consumers were satisfied their privacy is respected and their information kept confidential. Electronic devices at the service are password protected and staff ensure they log off after using computers. Handover meetings are conducted in nurses’ stations to protect privacy, and the doors to nurses’ stations and medication rooms are kept locked.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 1.

# 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 confirmed staff plan care that meets consumers’ health and care needs. The service’s assessment and care planning process incorporates the use of standardised assessment tools and charting, with timeframes determined by whether a consumer has entered the service for respite or permanent care. Review of consumer files confirmed risks to consumers’ health are identified and effective care is planned. A consumer example provided within the Assessment Team report evidenced assessment of pain, falls risk, nutritional risk, swallowing, and pressure injury risk, and geriatrician involvement in relation to strategies to manage changed behaviours.

Consumers confirmed care is provided in accordance with their needs and preferences. Goals of care are discussed with representatives and general practitioners when a consumer’s condition deteriorates, to determine whether active treatment or palliative care is pursued. Consumer care files reviewed by the Assessment Team were all found to contain advance care directives.

Representatives confirmed their participation in consultations with specialists and other clinicians as part of the assessment and care planning process. The service’s contracted physiotherapist has comprehensive input in relation to mobility, transfer and equipment recommendations in accordance with the admission process. Consumer care documentation also reflected the communication of recommendations by other clinicians and healthcare organisations. Representatives also confirmed the service offers a copy of the consumer’s care plan following a consumer’s entry to the service and following regular reviews. The outcomes of assessment and care planning are available to staff within the electronic care system and information is also provided on daily handover sheets.

Care plans are reviewed every regularly and when there are changes to a consumer’s condition, an incident occurs, or changes to medications or treatments are required. There was evidence of comprehensive review of consumer care in response to changed behaviours.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 2.

# 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 confirmed satisfaction with the personal and clinical care provided which meets consumer needs and preferences. Staff are aware of consumer care needs and preferences, and documentation review demonstrated clinical oversight of restrictive practice, pain management, skin care and wound management. There are policies and processes in place which reflect best practice principles. There was evidence of wound consultant involvement, and the provision of recommendations regarding wound and pressure area care. The care observed by the Assessment Team was consistent with recommendations and positive representative feedback was received. Pain is considered prior to and during care, and when changes are recognised in consumers. Pain charting is undertaken when an incident occurs, when behaviours change, and when a medical review of a chronic pain condition occurs. The Assessment Team report reflected restrictive practices are managed in accordance with legislative requirements.

The service effectively manages high-impact and high-prevalence risks associated with consumer care. Consumers and representatives confirmed the care provided is safe, and risks are effectively mitigated. Consumer care documentation demonstrated assessments, interventions and strategies to guide safe practice. The service has policies and processes that reflect best practice principles for clinical risk reduction including a post-fall protocol, weight management protocol, and behaviour management guidelines. The management of falls risk was reviewed and incorporated physiotherapy review, geriatrician review of medications, the introduction of regular sighting of the consumer, and the introduction of sensor equipment.

Staff are aware of the needs of consumers nearing the end of life and demonstrated an understanding of appropriate interventions. The service is supported by a community palliative care team and a residential in-reach service to assist with the provision of best practice care for consumers nearing the end of life. Positive representative feedback was provided regarding the provision of comfort care to a consumer.

Consumers and representatives confirmed staff recognise changes in consumer condition and respond in a timely manner. Consumer care documentation supported that staff take appropriate action in response to deterioration. The service has an established protocol to support the identification, reporting and management of clinical deterioration. The implementation of this was demonstrated through the example of a consumer experiencing swallowing difficulties with resulting ill-health.

There was evidence consumer information is effectively communicated within the organisation via handovers, clinical meetings, and the electronic care document system. Communication occurs with general practitioners during their visits to the service, and care files were observed to contain reports from external services.

Consumers are referred to contracted health providers and external services for allied health, mental health, and medical specialists. Regular weekly or monthly appointments are booked for general practitioners, a dietitian, a podiatrist and a physiotherapist.

Consumers and representatives confirmed the service takes appropriate actions to minimise infection-related risk. There is visitor screening on entry, and staff employ standard infection control practices such as handwashing and the use of personal protective equipment (PPE). Staff undergo mandatory infection control training. Antibiotic use at the service is monitored and evaluated to ensure best practice in relation to antimicrobial use. COVID-19 and influenza vaccination registers are maintained for staff and consumers.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 3.

# 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

The service supports consumer independence and encourages participation in daily activities to enhance quality of life. Consumers are consulted in the design of activities with consumer goals and capabilities considered. One-to-one time is provided to consumers who prefer to stay in their rooms than engage in group activities.

Consumers and representatives confirmed the service supports their psychological, emotional and spiritual well-being. Staff said they identify where consumers may need additional support and provide this. The service has established referral pathways to support consumers who require psychological support.

Positive feedback was provided by consumers and representatives in relation to the activities offered at the service and the support for consumers to pursue their own interests. Consumers spoke of enjoying their interactions with other consumers and staff and conveyed that the other consumers are like family. Activity calendars are displayed throughout the service.

Consumer needs and preferences are communicated through handover meetings, emails updates, and alerts in the care document system. Where changes or updates occur, documentation is updated and shared with relevant staff. Representatives were satisfied with the level of communication received from the service.

The Assessment Team report reflected the service collaborates with a volunteer program and supports consumers to attend external services and clubs. Representatives confirmed that service undertakes appropriate referrals to providers of care and services.

Consumers were satisfied with the meals provided by the service in regard to quality, quantity and variety. They confirmed there are numerous choices if consumers do not like what is on the menu. Consumers can provide feedback on meals through monthly food forums, and consumer preferences are considered in the development of the seasonal menu. The menu is reviewed by a dietitian, and alterations can be made based on consumer suggestions.

Consumers access equipment via referral to the organisation’s allied health team. The maintenance department inspects and maintains equipment in accordance with a scheduled maintenance calendar, and equipment requiring repair receives prompt attention. Staff confirmed equipment is cleaned before and after use.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 4.

# 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

The service environment has features which enable consumers with differing mobility requirements and cognitive abilities to navigate with ease. Staff outlined how they support consumers to personalise the environment. Consumers were observed utilising communal spaces and garden areas.

Consumers confirmed they can access indoor and outdoor areas of the service freely. The service was observed by the Assessment Team to be clean and well maintained. Hazards are reported through an electronic system and actioned according to priority, based on risk to consumer safety. Consumer rooms and communal areas were observed to have appropriate lighting and space.

Fittings were also observed by the Assessment Team to be clean and safe. Furniture is fit for purpose and meets consumer needs. Carpets have recently been replaced in some areas and the memory support unit has recently been refurbished.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 5.

# 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 and representatives confirmed they are encouraged and supported to provide feedback and make complaints. Feedback can be submitted verbally, using feedback forms, via email, or at consumer and representative meetings. Secure boxes for feedback forms are located throughout the service and consumer feedback demonstrated consumers are aware of where to locate forms.

Information regarding advocacy services is displayed within the service and provided in the consumer handbook. Written information regarding external complaints services is also available, and feedback evidenced consumer awareness of the Aged Care Quality and Safety Commission (Commission). Staff use an online translation application to communicate with consumers who do not speak English.

The Assessment Team report reflects consumers and representatives were satisfied with the process used by management to resolve complaints. Open disclosure principles are employed, the service works collaboratively with consumers and representatives and apologises when appropriate. Staff described resolving a consumer’s complaint regarding the temperature of food delivered to their room, to the consumer’s satisfaction.

The Assessment Team found feedback, suggestions and complaints are collated and reviewed and used to improve the quality of care and services. There was evidence of improvements made to meals in response to consumer feedback.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 6.

# 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 expressed satisfaction with staffing levels at the service, consumers confirming they do not wait long when requiring assistance. Staff can complete their assigned tasks when no unplanned leave occurs, and confirmed consumer care needs are met. Staffing is planned based on consumer acuity, care minutes requirements, and feedback from consumers and representatives. Review of the service’s master roster evidenced vacant shifts that will be covered by new staff commencing soon. Call bell analysis for the period early September to early October 2024 showed an average call bell response time of 5 minutes.

Consumers confirmed staff interact with them in a kind and caring manner, speaking highly of staff at the service. Staff are familiar with consumers’ identities and individual needs.

The Assessment Team report reflected staff are competent and have the necessary qualifications to fulfil their roles. Consumers provided positive feedback regarding staff skills and knowledge. The service has a robust recruitment process and ongoing monitoring of skills and qualifications occurs. Interviews, reference checks and registration checks are undertaken before staff are employed. The onboarding process incorporates orientation and ‘buddy’ shifts, along with training in key areas such as infection prevention and control.

Consumers and representatives confirmed satisfaction that staff are adequately trained. Mandatory training provided at the service includes infection prevention and control, elder abuse, restrictive practice, and Serious Incident Response Scheme (SIRS) reporting requirements. Completion of mandatory training is monitored, and additional training needs are identified through consumer and representative feedback, performance appraisals, incidents, and audit results.

There are processes in place to assess, monitor and review staff performance. Performance review occurs 6 months after staff commence at the service then annually thereafter. Unsatisfactory performance during the initial probation period may lead to termination of employment.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 7.

# 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 are invited to attend consumer meetings. Input from consumers is sought through consumer meetings including food focus meetings, surveys, and individual conversations with management. The service has a Quality Care Advisory Body (QCAB), and a consumer confirmed their participation. A Consumer Advisory Body (CAB) is incorporated into resident and representative meetings, at which a consumer acting as the CAB representative advocates on behalf of other consumers.

The Board is actively involved in the operational management of the service. It is informed of quality indicators, feedback, and compliance issues. The Assessment Teams’ review of Board meeting minutes evidenced discussion regarding care minute requirements, legislative and regulatory changes, and clinical indicators. The clinical governance committee has oversight for clinical care, discussing and rating risks at the service. The quality team reports consumer incidents, SIRS reports, hazards, and audit results quarterly. Clinical data such as falls are benchmarked against national quality indicators.

The service has effective organisation wide governance systems. Staff confirmed they can access necessary information via the electronic care system and other avenues. Policy changes are communicated to staff and policies are available in the service’s online portal. Opportunities for improvement are identified through feedback, audits, incidents, general discussion, and meetings. Improvement actions were evident. Delegation for financial approvals enables the purchase of necessary equipment for consumers. The service has policies and procedures relating to workforce planning, staff recruitment and screening, orientation and mandatory training and performance monitoring. Regulatory compliance is overseen by the chief executive officer and supported by the quality and risk team, and policies and practice were observed to be consistent with current legislative requirements. The service has a feedback and complaints management system which enables management and the quality team to monitor trends. Open disclosure principles are incorporated into complaints management.

The service has a risk management framework that identifies, manages and reports high-impact and high-prevalence risks and facilitates actions to mitigate risks. There are processes in place to ensure action is taken and consumers are supported to live their best lives. Risks are reported, escalated and reviewed by management and the Board. The service has an incident management system incorporating an incident management and reporting procedure, and staff confirmed they receive education in relation to abuse and neglect and incident reporting. Management reviews all progress notes and incident reports, and there was evidence demonstrating incidents reportable under SIRS are appropriately reported. The service has a dignity of choice policy which outlines the consumer’s right to participate in activities which may involve a degree of risk in order to live their best life.

The service has a clinical governance framework which provides overarching monitoring systems for clinical care. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 8.

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)