**Performance**

**Report**

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| Name: | Glenvale Villas Aged Care |
| Commission ID: | 701072 |
| Address: | Glenvale Villas, 182-184 Hursley Road, TOOWOOMBA, Queensland, 4350 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9053 Futurecare Group Pty Ltd  
Service: 26955 Futurecare Group Pty Ltd

**This performance report**

This performance report for Glenvale Villas Aged Care (**the service**) has been prepared by J Earnshaw, 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 Quality 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 known to the Commission.

# Assessment summary for Home Care Packages (HCP)

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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 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 | | HCP |
| 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 reported services are delivered in accordance with what is important to them and they feel respected, valued and safe. Staff spoke respectfully about consumers and described what is important to individual consumers and displayed knowledge of the consumer’s background, needs and preferences.

The service demonstrated consumer’s cultural needs and preferences are supported when providing care and services. Staff demonstrated awareness of culturally safe care and services and what this means in practice. The workforce receives cultural safety training which addresses expectations about being culturally aware and respectful.

Consumers and representatives reported the service involves them in making decisions about the care and services consumers receive. Care documentation reflected consumer choice about who should be involved when decisions are made about the services received. Staff and management described how they support consumers and their representatives to exercise choice and make decisions about services through the assessment and planning process.

The service has policies and procedures related to this Standard accessible to staff. Staff and management described how consumers are supported to make informed decisions and described how services are provided in accordance with the consumers’ preferences.

The service demonstrated information is provided to each consumer is current, accurate and timely. Consumers and representatives confirmed they receive information in a way they understand. Staff and management described how they provide information to consumers at the commencement of services and regularly provide updated information to consumers.

Consumers and representatives confirmed consumer privacy is respected and they reported being confident the service keeps personal information confidential. Staff and management described how consumer privacy and confidentiality is respected. The service demonstrated it has effective systems in place to protect consumers’ privacy and personal information and is in the process of improving information management systems.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1 Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

The service has a suite of assessment and care planning policies and procedures that are available to guide staff in assessment and care planning processes, including the use of information from other services.

The service has processes to support the identification of individual consumer goals and preferences. Clinical staff advised, and consumers agreed, consumers are provided an opportunity to identify their end of life preferences and advance care directives.

Consumers and representatives reported being involved in assessment and planning processes. Documentation demonstrated assessment and planning is based on ongoing partnership with the consumer and others involved in the consumers’ care.

Care planning documentation confirmed that outcomes of consumers’ assessment and planning were documented and provided to consumers. Consumers reported their care plan had been discussed and provided to them.

The service has processes to ensure care planning documentation is regularly reviewed and meet the consumer’s current needs including when changes in the consumer’s health condition or personal preference occur. Consumers and representatives advised they are informed and supported by the service when changes occur, and staff described the circumstances that prompt a review or reassessment of consumers' needs or preferences.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 personal care is provided safely and considered the clinical care consumers receive is right for them, providing examples of the care provided. The service is delivering personal and clinical care for each consumer that is safe and effective, tailored to their needs and optimising health and well-being. The service supports the consumer and their representatives to make informed decisions about the consumer's care and involvement of others, including medical professionals.

The service demonstrated personal and clinical care is individually tailored based on assessment of the consumer’s needs, goals, and preferences.

The service demonstrated an understanding of risk management, including high impact and high prevalence risks associated with the care of individual consumers. The service has policies and procedures to provide guidance to staff.

Staff demonstrated knowledge of consumers who have high prevalence/high impact risks and documentation confirmed risk including but not limited to falls, weight loss, changed behaviour, wounds and pressure injuries are documented. The service demonstrated that identified concerns are escalated to senior staff and referrals are issued to other health care providers for the consumer’s ongoing care.

The service collaborates with palliative care organisations and medical practitioners to support end of life care needs and wishes. Care planning documents showed that advance care directives are discussed with consumers and outcomes are documented within care documentation.

Staff described how they recognise deterioration of consumer health conditions and care documentation identified how the deterioration of consumers’ health was responded to, such as referrals to health professionals.

Consumers and representatives said they feel consumer needs, and preferences are effectively communicated between staff. There are reporting and escalation processes to ensure information is communicated effectively within the organisation and with those who are involved in the consumer’s care. The service demonstrated how staff receive information and processes to refer consumers for additional services through an internal or external referral processes.

Staff and management described, and documentation identified, the service has processes to support the minimisation of infection related risks, through infection prevent and control practices. Documentation confirmed staff have completed training on infection control measures.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 3 Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 is providing safe and effective services and supports for daily living that meet the consumer’s needs, goals, and preferences and optimises their independence, health, well-being, and quality of life.

Consumers reported they are supported with safe and effective services and supports for daily living that meets their needs, goals and preferences as well as maintaining their independence. Management described, and documentation showed, the service identifies consumers’ interests and preferences to inform services and supports.

Staff demonstrated an understanding of what is important to the consumer and provided examples of how the well-being of consumers is supported. Consumers and representatives said the service supports consumers to take part in community and social activities that align with the consumers' preferences. The service demonstrated that services and supports for daily living promote each consumer’s emotional and psychological well-being.

Consumer information informs of the individual consumer interests to support the provision of social support services and to meet consumer preferences.

The service demonstrated how information about the consumer’s condition, needs and preferences is communicated within the service and with others, where responsibility for services and supports for daily living is shared. Staff advised how they access detailed, up-to-date information in the electronic care system and electronic application on their mobile devices.

Management, staff and documentation demonstrated the services internal and external referral process facilitates access to additional services to supplement supports and services for daily living.

Consumers and representatives expressed satisfaction with the quality, quantity and choice of meals provided by the service. Meals are prepared at the service and consumers have a choice of having meals in their homes or in the service dining room.

Consumers and representatives where equipment was provided in the consumer home reported that the equipment was safe, suitable, clean and well-maintained. The service provides transportation services and holds a maintenance register demonstrating that vehicles are serviced as per the manufacturer's recommendations. Documentation showed the involvement of allied health clinicians in assessing consumers’ needs and regular monitoring of equipment to ensure it is clean and well maintained.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 4 Services and supports for daily living.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

The service demonstrated there are various methods for consumers to provide feedback or to raise a complaint. The service responds to feedback and complaints and uses this information to identify opportunities for improvement.

Consumers and representatives said they are encouraged and supported to provide feedback and complaints to the service regarding the care and services they receive. The service provides an information handbook to consumers which includes how to access advocacy services, the consumer’s right to contact the Commission to make a complaint, as well as information on how to access translation and relay services for assistance if required.

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers and representatives stated they are satisfied with how the service handles feedback and complaints.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services for consumers. Consumers described how services have improved after a complaint was raised. Management described how feedback and complaints are analysed and trended, and how the information is used to inform continuous improvements.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements in Standard 6 Feedback and complaints.

# Standard 7

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| Human resources | | HCP |
| 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

The service has workforce management processes, including workforce planning, recruitment and performance monitoring processes, to ensure there is a sufficient and competent workforce to deliver safe and quality care and services to consumers.

Consumers and their representatives stated consumers receive quality care and services, and staff are not rushed.

Consumers said they are treated in a kind, caring and respectful manner which is inclusive of their identity and culture.

Staff were able to demonstrate they have the knowledge to effectively perform their roles. Consumers expressed confidence in staff competency and said their needs are met. The service ensures staff are recruited with the appropriate qualifications and are provided with ongoing training.

On commencement of employment, role specific mandatory training is provided to staff as well as any additional training needs identified on an ongoing basis. Staff provided positive feedback on the induction process and said they received the information and training they needed to perform their duty. Staff are required to undertake performance appraisals annually. Further support is provided to staff when there is a n identified need for improvement. Staff said they feel supported in performing their roles and are comfortable in making suggestions on additional training needs and management is responsive to these requests.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7 Human resources.

# Standard 8

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| Organisational governance | | HCP |
| 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 are encouraged and engaged in the development, delivery and evaluation of care and services. The service is currently forming a consumer advisory group. The service has organisation-wide governance systems relating to continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, information management and complaints. The service is in the process of forming a board of directors with current oversite being undertaken by the executive, consisting of the Chief Executive Officer and the sole proprietor of the service.

The service has policies and procedures in place to guide staff across the governance systems and staff have received relevant training to assist them in performing their roles. Staff confirmed they have access to information to guide how they deliver care and services.

Continuous improvements are identified through various mechanisms including feedback, complaints, incidents and changes in compliance requirements. The plan for continuous improvement identified actions the service has identified for improvement.

The service demonstrated there are systems in place for assessments to be completed using validated clinical assessment tools and other available information to identify high impact and high prevalence risk. Consumer care documentation demonstrated risks to consumers are managed individually and outlined in each consumer’s care plan. The service provides mandatory staff training and provides role specific position descriptions to guide staff practise.

The organisation’s clinical governance framework guides staff, sets out responsibilities, accountabilities, and how the service will deliver safe and quality clinical care for consumers. This framework includes processes for antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Management advised, and documentation demonstrated the use of open disclosure processes, with consumers and representatives confirming the service apologises and advises of actions taken to rectify their concerns.

Based on the above evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)