Performance

Report

**1800 951 822**

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| Name of service: | Glenview Community Care Nursing Home |
| Service address: | 168 High Street RUTHERGLEN VIC 3685 |
| Commission ID: | 4393 |
| Approved provider: | Indigo North Health Inc |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 29 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 Glenview Community Care Nursing Home (**the service**) has been prepared by K. Spurrell, 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.
* 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 by staff, and their identity and culture are valued. Staff were observed greeting consumers and their family members with familiarity and interacting with consumers in a dignified and respectful manner. Care planning documentation showed individual cultural and diversity needs were identified for each consumer.

Consumers said individual care and services were tailored to their beliefs and customs, they could express their cultural identity and interests and staff supported them to meet their cultural preferences. Staff had in-depth knowledge of each consumer’s identity and described how they meet the individual needs of each consumer. Care planning and documentation specified individual cultural preferences.

Consumers and representatives said consumers are supported to exercise choice and independence regarding how their care and services are delivered and to maintain connections and relationships. Information regarding the rights of aged consumers was displayed throughout the service and policy and procedures guide staff practice on dignity, choice and independence and ensuring choice for consumers.

Consumers are supported to make choices based on risk assessments and awareness of consequences to promote independence of choice for their care, to live the best life they can. Staff described how they provide relevant information, so consumers can make risk-based decisions on how they live their life. Staff demonstrated they are aware of the risks taken by consumers, and said they support the consumers’ wishes to take risks to live the life they choose. Consumers described how the service supports them to take risks such as choosing to smoke and providing designated smoking area and smoking aprons to prevent accidents.

Consumers said information provided to them assists them to make choices about their lifestyle and care such as for activities occurring inside the service, meal options and activities of daily living. Staff described ways information was delivered to consumers such as displaying the daily menu on a whiteboard to enable meal choices, additionally each consumer is asked daily for their choice for the main meal. Activity calendars and food menus were observed displayed in the service.

Consumers confirmed their privacy is respected. The service has policies and procedures regarding privacy and the protection of personal information, to guide staff practice. Staff described practical ways they respect the personal privacy of consumers and were observed knocking on doors before entering rooms and closing doors when care was being provided.

# 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 said risks are assessed and identified and then managed to promote their independence and safe care. Staff described the assessment and planning process, including the identification and acknowledgement of key risks to consumers. Care planning documentation identified key high impact and high prevalence risks such as falls, pressure injury development, weight loss, swallowing difficulties and changed behaviours. A consumer admission process guides staff in the assessment of consumers on entry to the service.

Consumers and representatives said they have discussed their current care needs, goals and preferences, including advance care planning and end of life care. Staff described a range of assessment tools used by the service including for sleep, personal hygiene and communication to determine individualised preferences and goals of care. Care planning documentation reflected end of life care wishes and advance care directives.

Consumers and representatives said assessments and planning are based on a partnership with them and includes others they want involved in their care. Staff described the process of referring consumers to relevant allied health professionals, such as physiotherapists and podiatrists. Care planning documentation identified that consumers and their representatives are consulted in assessments and care planning and reviews include other multidisciplinary team members, such as medical practitioners, physiotherapists, speech pathologists, wound consultants, dieticians, and podiatry services.

Consumers and representatives said outcomes of assessments and planning are communicated to them and they are offered a current copy of the care plan and know where to access one if they chose to. Staff described how they access care planning documentation on the electronic care management system and communicate outcomes to consumers by talking to consumers and allowing time for them to ask questions. Where consumers have difficulties communicating, families will assist with communication or staff use verbal and nonverbal cues during assessments, such as monitoring for pain. Care planning documentation is regularly updated relevant to consumer’s needs, goals, and preferences.

Consumers and representatives said they are notified when circumstances change or when incidents occur such as falls, pressure injuries or medication incidents. Staff were familiar with reporting and recording incidents in the electronic system, updating care plans and reporting events as per the Serious Incident Response Scheme. The service is guided by policies and procedures for recording and reporting incidents when circumstances change.

# 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 care delivered is tailored to their needs and optimises their health and well-being. Staff demonstrated an understanding of individualised personal and clinical needs of consumers. Care planning documentation reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer.

Consumers and representatives said high impact or high prevalence risks are effectively managed by the service. Care planning documentation identified effective strategies to manage key risks. The service has care policies and procedures to guide staff on clinical management of a range of complex health care needs.

Consumers and representatives said care delivered is tailored to their needs, goals, and preferences and confirmed that staff have spoken to them about advance care planning and end of life care. Staff knew how to attend to end of life care such as mouth care, skin care and pain management and said they involve families during the palliation of the consumer. Care planning documentation detailed advance care planning information, including choices and end of life preferences.

Consumers and representatives said they are satisfied with the delivery of care, including the recognition of deterioration or changes in consumers’ conditions. Staff provided recent examples of when a deterioration or change in a consumer’s condition was recognised and responded to, for example, early detection of COVID-19. Care staff said they are supported by registered staff who are responsive when they report any changes to consumers’ conditions. Care planning documentation including progress notes and charting demonstrated that deterioration in a consumer’s health, capacity and function are recognised and responded to effectively.

Consumers and representatives said the service communicates changes to consumers’ condition. Staff described how changes in consumers’ care and services are communicated through verbal handover, meetings and accessing care plans. Care planning documentation reflected adequate and accurate information to support effective and safe sharing of the consumer’s care and include information specific to each consumer, such as falls risks, pain, skin care, mobility changes, dietary changes, and appointments.

Timely and appropriate referrals are made, consumers and representatives said they are satisfied with referral processes. Care planning documentation included input from other services such as medical practitioners, podiatry services, physiotherapists, and dieticians.

Consumers said if they were unwell with cold or influenza-type symptoms, they would notify staff and stay in their rooms until they were better. Consumers and representatives said the service managed COVID-19 precautions and infection control practices effectively. Staff said they had received training on infection-minimising strategies including hand hygiene, the use of appropriate personal protective equipment and outbreak management processes. Staff demonstrated an understanding of how to minimise the need for antibiotics and ensure they are used appropriately. The service has appointed an infection prevention and control lead who works closely with clinical management to oversee infection control. Incidences of consumer infection are registered on the electronic system and analysed at a service and organisational level. Data is used to inform improvements for consumers in relation to infection prevention. The service has policies to guide infection control practices including antimicrobial stewardship, infection control guidelines and handwashing.

# 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 and representatives said the service provides supports for daily living and to meet their needs, goals and preferences and optimise their overall health and well-being. Staff described how lifestyle and spiritual assessments are conducted to identify consumer’s preferences, leisure likes, dislikes and interests, and social, emotional, cultural and/or spiritual needs. Care planning documentation demonstrated that assessment and care planning processes capture what and who is important to each consumer to promote their well-being and quality of life.

Consumers said the service provides supports for daily living to promote their emotional and spiritual well-being. Staff described how they support consumers by spending one-on-one time with consumers who don’t wish to participate in group activities. Staff described how they facilitate contact between consumers and family members and church service visits to the service that enhances consumers’ emotional and spiritual well-being. Care planning documentation outlined consumers’ emotional and spiritual needs and the strategies in place to support and promote these needs being met.

Consumers said they are supported by the service to participate in their community within and outside the service environment as they choose. Staff described how the service actively promotes community engagement through local church groups, volunteer programs and library support organised by the lifestyle team, a volunteer comes in bi-weekly to assist consumers with lifestyle activities and bus outings. Care planning documentation identified activities of interest for the consumers, and how they are supported to participate in the wider community. The lifestyle program for the day was observed displayed on the main noticeboards throughout the service.

Consumers and representatives said the consumer's condition, needs and preferences are effectively communicated within the service and with others responsible for care. Staff described ways in which they share information and are kept informed of the changing condition, needs and preferences of each consumer at handover and through updated care plans. Care planning documentation for consumers reflected adequate information to support safe and effective care as it relates to services and supports for daily living.

The service has documented policies and procedures in place for making referrals to individuals and other providers outside of the service to support the lifestyle needs of consumers. Management described how the service works in conjunction with external individuals and organisations to supplement the services and supports for daily living offered to consumers. Lifestyle staff described an arrangement with the local primary school and kindergarten for the students visit the service and engage with consumers and consumers enjoyed it when the students came to visit and interact with them over the Christmas period.

Consumers and representatives said they were satisfied with the meal variety, quality and quantity at the service. The service has processes in place where consumers can order what they would prefer each day from the various options on the menu, including a main meal, an alternative of sandwiches and salads, and desserts. Staff described how they meet individual consumers’ dietary needs and preferences and how information is shared by the clinical staff via an electronic documentation system to the kitchen staff, who refer to it when preparing the meals.

Consumers and representatives reported having access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities as well as accessing equipment for leisure and lifestyle activities. Staff confirmed they can access equipment when they need it and were familiar with how equipment is kept safe, clean, and well maintained. Consumer equipment including wheelchairs, four-wheeled walkers and lifting machines were observed to be 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

The service environment was observed to be welcoming with large gardens and seating areas throughout, consumers were observed walking inside and outside freely and staff described how they support consumers to maintain their independence. Consumers said they can personalise their rooms, with furniture and possessions of choice and the service monitors the condition of the building.

Consumers said the service was safe, clean, well maintained and comfortable. The service was observed to be clean, well-maintained, and free from any obstructions and hazards and cleaning staff were observed cleaning consumer rooms, communal areas, staff rooms and high touch points areas. The cleaning staff were observed maintaining a regular cleaning schedule which showed regular cleaning of various areas throughout the service.

Consumers said equipment including walking aids are well maintained and staff clean equipment and fittings on a regular basis. Furniture, fittings and equipment throughout the service was observed to be clean, in good working order and ready for use. The service has an electronic maintenance system for logging maintenance requests which are actioned by the maintenance team within 24–48 hours.

# 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 said they are encouraged and supported to provide feedback regarding care and services and would feel comfortable in raising concerns. Staff described the feedback and complaints process available for consumers and representatives and knew the process should a consumer or representative raise an issue with them directly. The monthly newsletter reminds consumers and representatives of the avenues available to them to express views, suggestions and complaints.

Consumers and representatives said they are aware of other avenues for raising a complaint but were comfortable raising concerns with management and staff directly. Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms as required. Staff and management were aware of how to access interpreter and advocacy services for consumers.

Consumers and representatives said management promptly addresses and resolves their concerns following the making of a complaint, or when an incident has occurred. Staff described the process followed when feedback or a complaint is received, including escalation to senior clinical staff or management if applicable. Management described recent complaints lodged by consumers and representatives which evidenced a timely resolution and appropriate actions were taken inclusive of an open disclosure policy.

Staff detailed processes which ensure feedback is used to improve services. Consumers and representatives said they can provide feedback and complaints at consumer/representative meetings and other mechanisms to improve the quality of care and services. The service has documented processes in relation to using feedback and complaints information to identify areas for continuous improvement.

# 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 they are satisfied with the number of staff to meet consumers’ current needs. Consumers said call bells are answered promptly and observations confirmed that staff are available to consumers when they need them. Staff described how agency staff are used where they are short staffed, and they work together to ensure care needs of consumers are met.

Consumers and representatives said staff are kind, caring and gentle when delivering care and services. Consumers said staff are respectful of their identity and diversity and understand their background and cultural preferences. Staff interactions with consumers were observed to be kind, caring and respectful of each consumer’s identity, culture and diversity.

Consumers and representatives said staff are sufficiently skilled to meet their care needs. Management described processes for ensuring the workforce is competent and has the qualifications or knowledge to effectively perform their roles such as using positions descriptions. The service has documented policies in relation to key qualifications and knowledge requirements of each role employed by the service.

Consumers and representatives said there were no areas where staff required more training and staff generally know what they are doing. Staff said they the service provided them with adequate resources and training to perform their roles. Training records evidenced staff are trained, equipped, and supported to deliver care and services that meets consumers’ needs and preferences; high completion rates for mandatory training were observed.

The service has processes to systems to regularly undertake assessment, monitoring and review of staff performance for each member of the workforce. Management detailed ways that consumer feedback is taken into consideration when completing staff performance reviews. Staff performance appraisals are undertaken on a 3-monthly basis for new staff, as well as an annual performance review. The service has policy guidelines in place for staff performance development reviews.

# 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 said they are involved in the development and delivery of services provided by the service through avenues such as consumer experience surveys, feedback mechanisms and consumer/representative meetings. Staff outlined the process by which consumers and their representatives actively partner with the service in the development, delivery and evaluation of services through avenues such as the resident and relative meetings.

The organisation’s governing body promotes and is accountable for the delivery of quality care and services and a culture of safe and inclusive care for consumers at the service. The board consists of members with skills and expertise from ranging from audit and risk, clinical and corporate governance, financial management and registered nurses. The organisation’s policies and procedures include information as to how the governing body promotes a culture of safe, inclusive, and quality care and services. Consumers and representatives felt that the organisation promotes a culture of safe, inclusive, and quality care and that it is accountable for its’ delivery.

The service demonstrated effective organisation-wide governance systems in relation to areas including, but not limited to, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Consumers and representatives said the service encourages feedback and complaints which it uses for continuous improvement. Staff familiar with key principles of organisation-wide governance systems such as feedback and complaints, workforce governance and regulatory compliance. The service has policies and procedures that detail processes around each governance system to guide staff practice.

The service has risk management systems implemented to monitor and assess high impact or high prevalence risks associated with the care of consumers, including identifying and responding to the abuse and neglect of consumers and supporting consumers to live the best life they can. Risks are reported, escalated, and reviewed by management at the service level and to the organisation’s senior management team and executive management, including the board, using an electronic incident management system. Feedback is communicated through service and organisation meetings, leading to improvements to care and services for consumers. Staff described processes of risk management at the service, including key areas of risk which were being mitigated.

The service has a clinical governance framework in place and management and staff apply the principles of the framework when providing clinical care. Staff described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong. Documentation such as quality reports and meeting minutes discussed key areas and strategies for implementing this framework.

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)