Performance

Report

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| Name of service: | Performance report date: |
| Grafton Aged Care Home | 13 October 2022 |
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| 2554 | Site audit |
| Approved provider: | Activity date: |
| Fresh Fields Management (NSW) Pty Ltd | 20 September 2022 to 22 September 2022 |

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

**This performance report**

This performance report for Grafton Aged Care Home (the service) has been considered by Alice Redden, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.
* the provider’s response to the Assessment Team’s report received 12 October 2022
* other information and intelligence held by the Commission in relation to this 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 | | Compliant |
| 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 reflected the service supported them to make informed choices to live the life of their choosing. Consumers and representatives confirmed consumers were treated with dignity and respect, with their identity, culture, and diversity valued. Staff explained how they ensured care and services were delivered in a culturally safe manner, which aligned with strategies and information outlined in care planning documentation.

Consumers said they were able to make decisions about who should be involved in their care, and how their care and services should be delivered. Consumers reflected they were supported to make and maintain relationships. Staff explained how they supported consumers to exercise independence and communicate their decisions, for example, asking consumers about their hygiene, food, and clothing preferences, which aligned with observations.

Consumers said they were supported to undertake activities associated with risk, as confirmed by care planning documentation and staff feedback. Care plans evidenced consumers were supported in their choices through risk based assessments and consultation with the consumer, providers, and others involved in their care.

Staff said, and care planning documentation confirmed all consumers, including those with communication barriers, were supported to make informed decisions through information tailored to the needs of consumers. Consumers confirmed the service communicated information in an easy to understand, timely manner that helped with decisions.

Staff described how they upheld consumers privacy, such as, knocking on consumers’ doors before entering, and asking permission to undertake personal care. Consumers confirmed their personal privacy was respected by the service. Staff described how they maintain the privacy and confidentiality of consumers’ personal information which aligned with the service’s policy, for example, not discussing consumers details in public and keeping files in a secure area.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 confirmed they were involved in the ongoing assessment and planning of their care and services, to optimise their health and well-being. Care planning documentation demonstrated consumers’ health and well-being needs and preferences were considered against risk based assessment, to inform the delivery of safe and effective care services. Consumers were supported by a multidisciplinary team of medical professionals and other providers of care and services to best support their needs, as confirmed by care plans, consumer, and staff feedback.

Care plans were individualised, and included information about strategies and supports to meet consumers’ needs, goals, and preferences. Staff explained advance care and end of life directives were discussed upon admission to the service, and as needs changed. Consumers and representatives said, and care plans confirmed consumers’ end of life care preferences were supported by the service.

Care plans demonstrated ongoing consumer involvement in the assessment and planning of care and services, and inclusion of other organisations, individuals, and providers of other care and services, such as the National Disability Insurance Scheme and Dementia Support Australia. Consumers and representatives advised the outcomes of assessment and planning were explained to them in an easy to understand manner. Most consumers and representatives reflected they did not require a copy of the care plan, however, knew how to access a copy.

Consumers and representatives said the service regularly communicated with them to seek input and make changes to the delivery of consumers’ care and services, to meet current needs, goals, and preferences. Care planning documentation confirmed care and services were regularly reviewed for effectiveness, or when consumers circumstances changed. Some care plans were overdue in accordance with the service’s four monthly review policy. However, the overdue care plans were identified on the service’s continuous improvement plan and were scheduled for review with the registered nurse.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 reflected they received personal and clinical care which was safe and right for their needs. Care planning documentation, staff feedback, and policies confirmed consumers received personal and clinical care that was best practice, and tailored to individual needs to optimise health and well-being. Care planning documentation demonstrated several clinical domains, such as restraint, mobility, falls management, nutrition, skin integrity, pain management, and complex care were delivered in a safe and effective manner.

Consumers said risks to their well-being, such as infections, were assessed and explained to them, and were managed in a way to reduce risk. Staff explained and documentation confirmed high impact or high prevalence risks were managed through assessments, charting and planning tools, and evaluation of clinical data trends.

Staff explained in practical terms how care and services changed for consumers nearing end of life, to support consumers’ comfort and dignity, such as maintaining comfort, monitoring pain, and providing mouth care. Representatives said, and care plans confirmed the service adhered to consumers’ advance care and end of life preferences to ensure consumers were comfortable and supported.

Staff explained how they would identify and respond to changes in a consumer’s condition, including nursing and medical officer review, and hospital transfer as required, which aligned with the service’s policies and procedures. Care plans demonstrated and observations confirmed changes to consumers function, capacity or condition were responded to in a timely and appropriate manner.

Staff said, and care planning documentation confirmed information about consumers’ needs or conditions was shared with staff and other providers of care through case conferences, progress notes, verbal handover, referrals, and other notifications. Staff explained the service had a network of approved individuals, organisations, or providers they referred consumers to, such as allied health specialists and nurse specialists. Care plans confirmed consumer referrals were completed in a timely and appropriate manner to various allied health professionals and medical specialists.

Staff demonstrated an understanding of precautions required to prevent and control infection, such as maintaining good hygiene, wearing appropriate personal protective equipment. Staff described steps to minimise the need for antibiotics, such as encouraging fluids and obtaining pathology results before commencing antibiotics. Care plans confirmed clinical protocols were followed in line with antimicrobial stewardship principles, and monitoring for signs of infection.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Consumers said they received safe and effective services and supports for daily living, which was important for their health and well-being, and enabled them to do the things they wanted to do. Staff advised they partnered with consumers, representatives, and other providers of care and services to support each consumer’s lifestyle needs and preferences, in a safe and effective manner, tailored to individual needs.

Consumers said their emotional, spiritual, and psychological well-being needs were supported by the service. Care planning documentation included relevant information to guide staff in meeting consumers’ diverse needs.

Consumers reflected they were supported to make and maintain social and personal relationships within and outside the service environment, and do things of interest to them. Care planning documentation and staff feedback confirmed consumers were supported to participate in activities within and outside the service environment.

Consumers said staff were aware of their needs and preferences, and they did not need to repeat information to staff. Staff explained how they shared information about consumers’ needs and preferences within and outside the service, including progress notes, a communication book, shift handover meetings, and other notifications. Care planning documentation demonstrated timely and appropriate referrals to other organisations and providers of care, to supplement the lifestyle activities and services available at the service.

Most consumers reflected meals were of a suitable quality and quantity, and were able to source alternatives if meals were not to their preference. The service demonstrated it had processes in place to involve consumers in the development of the menu, and provide feedback on the quality of meals. Hospitality staff confirmed they had access to dietary assessments to ensure meals were provided in accordance with consumer preferences, dietician or speech pathology recommendations.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 and representatives said, and observations confirmed the service environment felt welcoming, safe, comfortable, and easy to understand and navigate. Consumer rooms were observed to be personalised to optimise consumers sense of belonging. Consumers were observed to freely move around the service environment, indoors and outdoors, using various mobility assistive equipment with no difficulty.

Consumers said the service environment was safe and clean, and confirmed maintenance issues were resolved in a timely manner. Documentation confirmed preventative maintenance and faults, relating to the service environment, were resolved in line with the service’s schedule and policies. Maintenance, environmental services, laundry, and hospitality provided documented evidence of preventative maintenance and faults actioned in line with service policy.

Staff said they had access to safe and well-maintained equipment to support consumers needs, as confirmed by maintenance documentation and observations. Consumers reflected furniture, fittings, and equipment were safe, clean, and suitable for their needs.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 were supported to provide feedback and complaints, and were engaged in processes to ensure appropriate action was taken. Staff explained and documentation confirmed consumers were able to provide feedback and complaints through various ways, such as a formal feedback form, surveys, consumer meetings, and direct feedback to staff. Information about complaints and feedback processes, external advocacy and language services, was observed throughout the service environment to support the diverse needs of consumers

Consumers and representatives said the service acknowledged and addressed complaints and incidents in a timely and appropriate manner. Staff described how they would escalate complaints for investigation, follow-up, and monitoring, which aligned with feedback, complaints, and incident documentation. Staff and management demonstrated an understanding of open disclosure principles, including providing an apology, and coming up with solutions to prevent recurrence of the incident, or complaint. Consumers said, and management confirmed feedback and complaints were analysed and monitored to improve the quality of care and services.

# Standard 7

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

## Findings

Consumers said they received care and services from staff who were knowledgeable, capable and caring, and felt confident the workforce was appropriately staffed. Staff rosters demonstrated the workforce was appropriately planned to deliver safe, quality care and services based on the needs of the consumer cohort. Various staff members were deployed across the service to meet consumer’s needs, such as nurses, hospitality, and allied health. Staff were observed to deliver care and services in a calm and organised manner, in which consumers confirmed their needs were met in a timely manner.

Consumers said, and observations confirmed consumers were treated in a kind and caring manner, with respect to their identity, culture, and diversity. Staff reflected they had the necessary skills to perform their role, and were supported by senior staff. Human resource documentation confirmed there were appropriate systems in place to ensure staff were appropriately qualified and skilled for their role.

The service demonstrated its recruitment processes ensured staff had the relevant qualifications, skills, and registrations required for their position, as validated against human resource documentation. Staff said, and training records confirmed staff were trained and equipped to deliver the outcomes required by these standards.

Management said, and documentation confirmed staff were reviewed on an annual basis through formal appraisals and mandatory training. Staff said they felt supported by the performance appraisal processes, and had the opportunity to request additional training as required.

# Standard 8

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| Organisational governance | | Compliant |
| 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 considered the service was well run, and their input was used in the development and delivery of care and services. Management said, and documentation confirmed consumers were supported in the development and evaluation of services through surveys, case conferences, monthly consumer meetings, and direct feedback to staff. The service’s continuous improvement register evidenced changes to care and services were influenced by consumer feedback, for example, the food focus forum.

The organisation’s governing body demonstrated it promoted a culture of safe, quality care and services accountable for delivery, through clear reporting lines, and using results from audits and reports to inform improvements to the service. Internal correspondence from the Chief Executive Officer confirmed staff, consumers and representatives were clearly informed of changes and actions within the service environment.

Management feedback, reports, and policies demonstrated the service had effective organisation wide governance systems relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

The organisational risk management framework included policies outlining how high impact, or high prevalence risks associated with the care of the consumers were managed. Management and staff explained how incidents were responded to and reported in line with legislative requirements, including investigation and analysis of the root cause to prevent reoccurrence. The Serious Incident Response Scheme register, care plans, feedback and complaints documentation, demonstrated staff applied risk management policies into daily practice, indicative of an effective risk management framework.

Policies, care plans, progress notes, incident reports, and notifications demonstrated the service had an effective clinical governance framework to ensure safe, quality care, including but not limited to: antimicrobial stewardship, minimising the use of restraint, and open disclosure.

1. The preparation of the performance report is in accordance with section s 40A – site audit of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)