Performance

Report

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| Name of service: | Grand Cedar |
| Service address: | 61-63 High Street Road ASHWOOD VIC 3147 |
| Commission ID: | 3986 |
| Approved provider: | Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 January 2023 to 20 January 2023 |
| Performance report date: | 12 April 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 Grand Cedar (**the service**) has been prepared by G-M. Cain, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* other information and intelligence held by the Commission in relation to 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 | |  |
| 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 that staff treated them with dignity and respect. Observations demonstrated that staff treated consumers with awareness of individual choices, preferences and cultural needs, as recorded in care plans on admission, including how consumers wanted care delivered.

Consumers and representatives stated care delivered was relative to their needs and culture. Staff identified consumers with diverse cultural backgrounds and explained how care was delivered with respect. Care planning documentation reflected consumers' cultural needs and preferences. The Assessment Team observed how staff engaged consumers with diverse cultural and linguistic needs in their activities of interest.

Consumers and representatives said they were supported to make decisions about delivering their care and services, how they maintained relationships and who was involved. Staff described how consumer decision-making was supported and maintained through the care planning process. Care planning documentation reflected consumers' individual choices for care delivery. Observations showed consumers engaging with each other and visitors throughout the Site Audit.

Consumers said they felt supported in taking a risk. Staff described how risk assessments were documented and how consumers were supported to take risks. Care documentation showed individualised consultation with the consumer, including describing and mitigating risk. A dignity of risk policy and procedure guided staff.

Consumers and representatives said they were provided information in a timely manner which assisted them in exercising choice. Staff described how information was shared with consumers and modified for those with cognitive impairments. Observations confirmed that information about activities and newsletters was shared in consumers' rooms and noticeboards around the service.

Consumers said their privacy was respected, and they were confident that information was kept confidential. Staff were observed knocking on doors, and staff explained how computers were locked and password protected. The service had a privacy and confidentiality policy, and meeting minutes showed privacy and confidentiality as a standing agenda item.

# 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 they were involved in the assessment and care planning process. Care planning documentation showed assessments performed, identification of risks and risk mitigation strategies implemented by the service. Staff demonstrated knowledge of consumer risks to ensure the delivery of safe and effective care. Staff were guided by policies and procedures for assessment, risk identification and care planning.

Consumers and representatives said the service discussed and documented their preferences, including end-of-life care. Staff described consumer needs and preferences, which aligned with consumer feedback and care planning documentation. Care plans were individualised and reflective of consumers’ personal preferences.

Consumers and representatives said they were involved with the care planning process through formalised conversation and regular feedback. Staff reported regular communication with consumers during the care planning process. Care planning documentation showed the involvement of multiple allied health professionals and external health services.

Consumers said they had copies of care plans, and representatives confirmed they received regular updates. Staff confirmed they had ready access to consumer care planning documentation. Care plans documented outcomes of assessment and planning for each consumer and evidenced communication with consumers and representatives.

Consumers said they were regularly involved in care plan reviews. Staff said, and care planning documentation confirmed that 3 monthly clinical care reviews were undertaken to address evaluation outcomes and any changes or incidents. Service documentation showed that care plans were scheduled for review monthly and every 3 months.

# 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 the care consumers received was safe and tailored to them. Staff described consumers' needs and preferences for personal and clinical care and how this was delivered. Care planning documentation confirmed that staff followed strategies, clinical management policies and advice from relevant health specialists. Consumers and representatives said high impact or high prevalence risks were managed effectively. Staff explained the strategies to manage risk, and a review of care planning documentation showed evidence of assessment and planning considering these. Policies and procedures about fall management, skin integrity, weight management and pain management guided staff.

Care plans evidenced end-of-life care delivered according to consumers' documented needs and preferences. Staff gave practical examples of care provided in line with the consumers' and representatives' preferences. Staff were guided by policies and procedures about responding to clinical deterioration, end-of-life and palliative care.

Consumers and representatives said the service responded to deterioration in a timely manner. Staff described how they would respond to the consumer's clinical deterioration. Care planning documentation evidenced how consumer health changes were recognised and responded to promptly after hospitalisations and incidents. Policies and procedures outlined steps to manage clinical deterioration.

Consumers and representatives said consumer information was well documented and shared between staff and external services. Staff reported that the information was documented in the service's electronic care management system and shared during shift handover. Allied health professionals were observed discussing changed care needs, and a review of care plans confirmed that the information discussed was captured.

Consumers and representatives stated they had access to relevant health professionals and advised timely and appropriate referrals to occur as required. Staff described the process for referring consumers to health professionals. Care planning documentation evidenced timely and appropriate referrals to various allied health professionals, specialists, and medical officers.

Consumers and representatives were happy with how the service managed COVID-19 outbreaks and infections. Staff confirmed that infection prevention training, including COVID-19, had been received and demonstrated an understanding of antimicrobial stewardship. All COVID-19 and influenza vaccination records for consumers and staff were current. Observations showed that infection control supplies were available to the workforce, and staff adhered to infection control practices.

# 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 daily living needs were met, and consumers were supported to maintain their independence through various activities. Lifestyle staff were aware of consumers' interests and correctly identified each consumer's needs, goals and preferences. Care planning documentation evidenced active participation by consumers in various activities. The Assessment Team observed consumers engaging in a broad range of activities.

Consumers said their needs were met and felt supported by the service to get comfort from friends and family. Staff explained how emotional, spiritual, and psychological needs were documented on entry to the service and updated as required. Care planning documentation detailed individual emotional support strategies and how these were implemented.

Consumers said they felt supported to participate in activities important to them and were provided with an opportunity to express their interests. Staff described how they supported consumers to do things of interest. Care planning documentation identified consumers' interests, preferences and the people important to them. Observations showed consumers attending and participating in activities after staff encouragement.

Consumers and representatives said that the services delivered were consistent and they did not need to repeat themselves. Staff described ways information was shared and updated when changes occurred, including verbally and through the ECMS. Care planning documentation reflected consumer preferences and needs, including dietary requirements and activities of interest.

Consumers and lifestyle staff confirmed that the service engaged external providers for specific activities. Care planning documentation showed the involvement of outside organisations and providers in the delivery of activities. Observations showed that strategies recommended by specialist dementia services were implemented by staff during morning walks with a consumer living with dementia.

Consumers said meals were of varied and suitable quality and quantity, and they had the opportunity to influence the menu and provide feedback. Staff demonstrated an understanding of individual consumers' preferences and dietary requirements, and a review of care plans was confirmed. Meals were appealing and appetising, with consumers providing positive feedback during meal service.

Consumers said the equipment was clean, suitable, and well-maintained. Staff said any maintenance repairs were reported and resolved in a timely manner. Preventative and reactive maintenance records were up to date. The Assessment Team observed lifestyle equipment being cleaned before and after use.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said it was easy to navigate around the service, and they felt comfortable at the service. Staff said they assisted consumers to mobilise around the facility and supported them in going where needed. Observation showed that the service environment was free of obstructions, and consumers' rooms were personalised with artwork and photos.

Consumers said the environment was safe, clean, well-maintained, and comfortable. Consumers confirmed they could move around freely both indoors and outdoors. Staff said consumers could access all areas as they wished and were not confined to their rooms. The internal and external spaces were clean and well maintained, with maintenance and cleaning staff performing relevant duties.

Consumers said their rooms were well maintained, fittings worked, and concerns were resolved promptly. Staff knew the maintenance process, where to locate relevant documents and demonstrated maintenance processes. A review of the preventative and reactive maintenance records confirmed that any issues were resolved promptly. Furniture in communal areas was observed to be clean, in good condition and enjoyed by consumers.

# 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 were supported in providing feedback and complaints. Staff interviewed described the avenues open for consumers to provide feedback and complaints and how they supported consumers to do so. Meeting minutes evidenced that consumers and representatives raised feedback about the service. The Assessment Team observed feedback forms in multiple languages and collection boxes to assist with anonymity.

Consumers and representatives said they were aware of other avenues for raising a complaint; however, they felt comfortable raising concerns directly with management. Staff understood internal and external complaint mechanisms and explained how consumers who could not access the conventional feedback methods were supported to provide feedback. Advocacy service signage was displayed in the service, and the complaints register evidenced feedback raised by staff on behalf of consumers.

Consumers said that when feedback was provided, the service responded appropriately and timely. Representatives provided practical examples of action taken in response to concerns raised and confirmed they were satisfied with the resolution. The complaints register demonstrated the use of open disclosure and timely management of complaints in accordance with the service’s policy.

Consumers and representatives said they have seen how the service has used feedback and complaints to improve care and services. Staff provided practical examples of how feedback and complaints have improved care and service. Meeting minutes showed how ongoing issues raised by consumers and representatives about call bell response times and meals were resolved by management.

# Standard 7

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

Findings

Consumers and representatives said that while there were staff shortages due to unplanned leave, there have been no adverse impacts to care or services. Care staff said the service was sometimes short-staffed; however, the level of care given to consumers was not affected. Call bell data confirmed that call bells were answered within 10 minutes the month before the Site Audit.

Consumers and representatives said staff engaged with them respectfully, kindly and caringly and were gentle when providing care. Staff demonstrated an understanding of consumers’ needs and preferences in line with care planning documentation, observations and consumer feedback. Staff were observed respecting consumer privacy by knocking on doors before entering rooms and using the consumer’s preferred name.

Consumers said staff were skilled and competent to meet their care needs. Staff said they were supported by management through orientation and ongoing training. Position descriptions outlined core competencies and capabilities for each role. Policies and procedures guided staff for specific tasks.

Consumers said they were confident in the staff’s abilities and practices. Staff described regular mandatory training available and how they accessed additional training if required. Management described the systems and processes in place to ensure the timely completion of training by staff. Training records showed that the majority of mandatory training was completed by staff.

While management acknowledged the service had yet to complete formal performance appraisals due to ownership changes, staff said their performance was observed and monitored through other means, including observations, competencies and training. Staff performance issues were also identified and managed through audits and incidents. The performance appraisal report shows that management commenced conducting performance appraisals the month before the Site Audit.

# 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 said the service was well run, and they could provide input into the delivery of care and services. Consumers gave practical examples of how their suggestions to improve the service were actioned by management following consultations held in consumer and representative meetings. Consumer experience surveys were conducted monthly, with results directly accessible by the governing body.

Staff discussed clinical indicators, quality initiatives and incidents at relevant meetings. The consumer handbook captured consumers' rights and the service's values and strategic intent, which was available for all consumers and representatives. Clinical meetings reviewed clinical practice monthly, including serious incidents and audit results reported directly to management and the governing body.

Management and staff described processes and mechanisms in place for effective organisation-wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective ECMS, continuous improvement framework and plan for continuous improvement, established financial governance arrangements, and processes for workforce governance, feedback and complaints.

Staff described, and document review confirmed, the use of policies, procedures, and practises to minimise high impact and high prevalent risks. Staff said they received risk management training and described their responsibilities concerning reporting incidents. A review of the service's plan for continuous improvement reflected planned improvement actions for managing skin integrity and the use of psychotropic medications.

The service had a clinical governance framework with a suite of policies and procedures to guide clinical care, including antimicrobial stewardship and a process for open disclosure. All consumers and representatives interviewed said they were impressed with how the service handled the COVID-19 pandemic. Staff described strategies to minimise infection risks, including hand hygiene, donning, and doffing personal protective equipment. Staff demonstrated an understanding of antimicrobial stewardship and restrictive practice.

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)