Performance

Report

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| Name of service: | Grange Residential Care Services |
| Service address: | 17 - 19 Gray Street HAMILTON VIC 3300 |
| Commission ID: | 3391 |
| Approved provider: | Western District Health Service |
| Activity type: | Site Audit |
| Activity date: | 8 May 2023 to 10 May 2023 |
| Performance report date: | 8 June 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 Grange Residential Care Services (**the service**) has been prepared by D. McDonald, 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 consumers are treated with dignity and respect, and staff value their identity, culture, and diversity. Staff described how they incorporated their knowledge of the consumer’s background and personal identity into the service and supports they provide to the consumers. Staff were observed treating consumers with dignity and respect by using their preferred names, knocking on doors before entering and closing doors when providing personal care to the consumers.

Consumers and representatives said the service delivers culturally safe care and services. Care planning documentation described consumers’ individual religious denomination, country of birth and preferred language. Diversity and inclusion policies guide staff practice. Brochures and posters were observed to be available in different languages on notice boards within the service.

Consumers and representatives said consumers are supported to make choices regarding their care, the way services are delivered and whom they want involved in their care. Staff described how consumers are supported to maintain relationships, such as regular family visits and taking consumers on outings. Care planning documentation included nominated contact information for the consumer’s representative, enduring power of attorney, family and friends, and their preferred contact method.

Consumers and representatives said the service supports them in taking risks to enable them to live the best life they can. Care planning documentation identified risks and strategies to mitigate risks and ensure consumer safety. Risk assessments evidenced consumers and representatives understood the potential harm when making decisions about taking risks. The service has a policy on respecting dignity and choice to guides staff practice.

Consumers and representatives advised they receive up-to-date information about activities, meals, COVID-19, and other special events organised at the service. Management advised the service has a monthly ’residents and relatives’ meeting, and a copy of the meeting minutes is kept in an accessible area and on noticeboards. Staff described, and were aware of, interpreter services available to them, if required.

Consumers reported their privacy is well respected, and their personal information is kept confidential. Staff described keeping computers locked and using passwords to access consumers’ personal information. Staff were observed knocking on bedroom doors, waiting for response before entering and closing doors when providing care. The service has an up-to-date privacy policy which guides staff practice.

# 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 they were involved in assessment and planning processes and were satisfied with the management of identified risks for consumers. Staff described initial and ongoing assessments including identifying risks and interventions. Care planning documentation evidenced a range of assessments completed on entry and on an ongoing basis, including considerations of risks through validated risk assessment tools.

Consumer and representatives said they are consulted in relation to the needs, goals and preferences of consumer care and confirmed discussions with the palliative care consultant regarding advance care directives and end of life planning with consumer wishes documented in their care plan. Staff demonstrated an understanding of consumers’ needs and preferences and said they refer to handover sheets, and care planning documentation for information on consumer needs.

Consumers and representatives confirmed they were partners in assessment and care planning process. Staff reported regularly liaising with consumers, health professionals and family members to ensure a partnered approach. Care planning documentation reflected the involvement of a range of care and service providers in consumer assessment and planning.

Consumers and representatives said information provided regarding outcomes of assessments and care delivery is accurate and provided in a timely manner. Staff confirmed they have easy access to consumer care documentation through the services’ electronic care management system. Care planning documentation reflected regular communication with consumers and representatives.

Representatives said they are regularly informed if their consumers’ care needs changed or when an incident occurs. Care planning documentation evidenced review on both a regular basis and when circumstances change, or incidents occurred. Staff confirmed care plans are reviewed 3 monthly or how an incident may generate a reassessment or review of a consumer’s current needs.

# 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 consumers receive personal and clinical care, which is safe and effective, tailored to their needs and optimises their health and well-being. Staff said clinical management support and guide them in relation to best practice care and processes, or if care needs have changed. Care planning documentation reflected consumers are receiving individualised care based on their specific needs and preferences.

Consumers said high impact or high prevalence risks are effectively managed, in relation to falls, weight loss, skin integrity and pain. Staff identified individual consumer’s risks and care plans included the strategies in place to mitigate these. A suite of policies and procedures guided staff practice in relation to high impact or high prevalence risks, including falls, weight loss, skin integrity and pain.

Consumers and representatives confirmed advance care directives and end of life care, were discussed with them. Care planning documentation highlighted the end of life preferences for each consumer in an individualised way. Staff described how care delivery changes for palliating consumers with increased monitoring and observations and consulting with the medical officer, the representative, and palliative care services to ensure the consumers’ comfort is maximised and their dignity preserved.

Consumers and representatives provided positive feedback about the service responding to a change or deterioration of the consumer. Staff explained the process when they identified changes in a consumers’ condition. Care documentation reflected response to a change in a consumer’s condition was actioned promptly.

Consumers and representatives said consumer information was well documented and shared between staff and service providers. Staff said information on consumers’ conditions, needs and preferences is documented in the electronic care management system and communicated via handover. Staff were observed a handover between staff, discussing updates related to consumer’s needs and conditions.

Consumer and representatives said the service has facilitated appropriate referrals when required by consumers. Staff discussed the various referral options available dependent on the consumer’s needs. Care planning documentation reflected referrals to a range of services and providers.

Consumers and representatives said staff consistently wearing their personal protective equipment when applicable. Staff demonstrated knowledge of infection control practices relevant to their duties, and policies and procedures guide staff practice in relation to infection control, appropriate antibiotic use and outbreaks. Documentation confirmed principles of antimicrobial stewardship are implemented, including confirming suspected infections through pathology tests prior to commencing antibiotics.

# 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 said they felt supported to do the things of interest to them including participating in the lifestyle program and/or spending time on independent activities of choice. Staff said they ask consumers about their needs and preferences, and they receive feedback from consumer/representatives’ meetings. Care documentation identified the needs and preferences of consumers.

Consumers said they feel supported to maintain social, emotional, and religious connections which are important to them. Staff said they take account of consumers social, emotional and religious needs in the way they provide care. Care planning documents detailed consumers’ emotional, spiritual and psychological needs, as well as strategies on how to support consumer well-being.

Consumers said they are supported to participate in activities inside and outside the service. Care planning documentation identified consumer activities of interest and relationships important to them. Consumers were observed participating in lifestyle activities such as a crocheting group and staff described the service’s connection to local schools and volunteers who attend the service regularly.

Consumers and representatives said information about their daily living choices and preferences is effectively communicated to staff and other services who provide care and support to them. Staff said information is shared via the handover process and recorded on consumers’ files on the electronic care management system. Care planning documentation reflected loved ones involved in consumer care, as well as their conditions, needs and preferences.

Care planning documentation confirmed the service collaborates with external providers to support the diverse needs of consumers. Lifestyle staff demonstrated an understanding of what organisations, services and supports were available in the community should a need be identified for a consumer. A variety of brochures and resources were available to support referral to external organisations as required.

Consumers said they were satisfied with the variety, quality and quantity of food being provided at the service. Staff said they seek feedback from consumers at mealtimes, and during consumer/representative meetings. Consumers acknowledged, and meeting minutes confirmed, continuous improvement initiatives in relation to food have commenced due to consumer feedback.

Equipment, including walking aids and wheelchairs, used to support consumers was observed to be safe, suitable, clean, and well maintained. Consumers said there is sufficient equipment provided to support consumer needs. Maintenance records demonstrated consumer equipment is regularly maintained and new equipment is ordered when required.

# 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 said the service environment is open and welcoming and they feel at home. The service was observed to be light filled with comfortable temperatures maintained throughout the day. Staff described how different areas of the service are utilised by consumers, including common areas, as well as private enclaves which consumers could use for reading and relaxing.

Consumers and representatives expressed their satisfaction with the safety and cleanliness of the service. Consumers and representatives were observed moving freely, both indoors and outdoors. Staff described the process for documenting and reporting maintenance issues. The service was observed to be safe, clean, well serviced and maintained at a comfortable temperature.

Consumers advised they feel furniture, fittings and equipment are safe, clean, well maintained and suitable for them. Management and maintenance staff advised furniture, fittings and equipment are assessed for suitability prior to purchase to meet consumers’ personal and clinical needs. Staff confirmed they have adequate equipment to provide consumer care.

# 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 comfortable raising concerns and feedback with management and staff. Staff said they assist consumers to raise a complaint by helping them to complete a feedback form if required or providing feedback to management. Management described additional opportunities available to consumers and representatives to provide comments including surveys and consumer/representatives’ meetings. Consumer feedback was observed recorded in meeting minutes and surveys.

Consumers and representatives said they know of external advocacy services but felt comfortable raising any issues with management and staff directly. Staff described external resources available and how they access family and internal resources to resolve concerns. Posters and leaflets advertising the Commission and other services available, including advocacy, were displayed in English and other languages.

Consumers and representatives described how staff followed a process of open disclosure when things go wrong and how the service has responded in a timely manner. Management demonstrated effective and timely reporting mechanisms and staff training on open disclosure. Staff and management demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong.

Consumers and representatives said their feedback and complaints are reviewed and used to improve the quality of care and services. Staff and management described how trending and analysing feedback and complaints have resulted in improvements at the service, these are evaluated in consultation with consumers/representatives at meetings, case reviews, surveys and were evidenced in the plan for continuous improvement. Meeting minutes and plan for continuous improvement confirmed feedback and complaints are reviewed to make improvements.

# 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 there are enough staff at the service. Staff indicated when they are short staffed; they work as a team to get the work done and confirmed management do try to fill vacant shifts. Management said there are enough sufficiently skilled staff at the service, with mainly clinical staff employed at the service. Management stated the roster can be difficult to fill at times, however, they have a casual pool of staff, and are actively recruiting on an ongoing basis. Staff said there are no impacts in the quality of care and services to consumers.

Consumers and representatives said staff treated them with dignity and respect and were very caring and considerate towards each consumer's needs. Staff were observed treating consumers with care, dignity, and respect when providing care to consumers during activities, meal services, and general interactions. Management described how the service promotes a culture of respect through available resources and training.

Consumers and representatives said they felt staff were effective in their roles and were skilled to meet consumers’ care needs. Staff said they were supported by management in completing orientation, ongoing and annual training and completed competencies from their employment commencement to date. Documentation reviewed showed position descriptions provide staff guidance relating to their responsibilities and duties for each role. Staff training records showed staff receive orientation, ongoing and annual training and complete competencies on a range of topics.

Consumers and representatives confirmed staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff said they receive orientation training upon commencement of their employment and receive ongoing training, including annual mandatory training and completing core competencies. Education and training records confirmed staff received their orientation, ongoing and annual training and completed competencies.

Consumers and representatives were satisfied with the quality of staff employed at the service. Management advised the service has a probationary and ongoing performance review system in place, performance reviews are conducted within 6 months for new staff and annual performance reviews thereafter. The service has policies and procedures in place to guide staff in managing their performance.

# 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 is well-run and confirmed they participate in consumer/representatives’ meetings, individual case reviews and care planning meetings and surveys. Consumers and representative confirmed care and services change as a result of their engagement. Staff advised consumers/representatives are encouraged and supported to be involved in meetings. Documentation such as meeting minutes, consumer experience survey results and the feedback and complaints register confirmed consumers are engaged and supported in the development, delivery and evaluation of care and services.

Consumers and representatives said the service was well managed and management consistently ask for their feedback on many matters. Staff described mechanisms for having input into service decisions through staff meetings, surveys and having direct access to managers, whom they stated were available on site and approachable. Management described how the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and its involvement in this delivery including how clinical indicators, quality initiatives and incidents are discussed at relevant meetings.

The service demonstrated effective governance systems guide information management, continuous improvement, financial governance, workforce management, regulatory and legislative compliance, and feedback and complaints. Staff confirmed an effective information management system supported them. Management described how the Board maintained effective oversight through a structured organisational reporting and management framework.

The service has risk management systems in place to monitor and assess high impact or high prevalence risks associated with care of consumers whilst supporting consumers to live the best life they can. Risks are identified, reported, escalated, and reviewed by management at the service level and then at the organisational level by subcommittees and the Board. The service completes incident reports through the electronic incident reporting system. Management confirmed they analyse incidents and identify issues or trends which are reported to various sub committees and to the Board leading to improvements to care and services for consumers.

The service demonstrated a clinical governance framework and systems to ensure the quality and safety of clinical care and promote anti-microbial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. The service has policies, procedures and other tools in place supporting effective clinical governance. Clinical staff said the service's clinical governance framework functioned effectively and they are trained in supporting clinical governance systems.

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)