Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Greenhill Manor |
| Service address: | 190 Princes Highway FIGTREE NSW 2525 |
| Commission ID: | 1030 |
| Approved provider: | Greenhill Manor Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 19 July 2023 to 21 July 2023 |
| Performance report date: | 21 August 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 Greenhill Manor (**the service**) has been prepared by A. Douglas, 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 the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 said they were treated with dignity and respect. Staff were observed treating consumers with dignity and respect and demonstrated an awareness of consumers’ identities, diversity, and culture. Care documents reflected consumers’ culture and identity.

Consumers provided feedback that their identity, culture, and diversity was valued. Staff were aware of consumers from different cultures and could explain how care and services were tailored to ensure their culture was valued. The Assessment Team reviewed policies and care documents which supported the cultural needs of consumers.

The service was found non-compliant in Standard 1 in relation to Requirement 1(3)(c) following an Assessment Contact conducted from 16 to 18 January 2023, which indicated the service was unable to demonstrate that each consumer was supported to exercise choice and independence. Evidence outlined in the site audit report dated 19 to 21 July 2023 demonstrated the service had since implemented improvement actions to address the non-compliance and is now complaint with this Requirement. Key improvements included a revision of assessment tools which capture consumers’ preferences and choices, and the addition of a monthly focus group meeting to encourage consumers to discuss choices and decision making. Overall, consumers and representatives were satisfied that consumers were supported to exercise choice and independence, had the ability to make their own decisions, and maintain personal relationships. Management and staff described how they supported consumers to make choices and maintain relationships of choice. The Assessment Team observed staff supporting consumers to maintain relationships of importance.

Consumers said they were supported by staff to understand the risks they chose to undertake. Staff provided examples of risks taken by consumers and described how they supported consumers to undertake these risks. Care documents demonstrated risks were identified using risk assessments, and appropriate risk mitigation measures were in place.

Consumers said the service provided them with information in a way they could understand. Staff could describe the ways in which information was provided to consumers in an easy and accessible way. The Assessment Team observed the service communicated through printed information, verbal reminders, consumer meetings, and email correspondence.

Consumers said the service protected their privacy and confidentiality. Staff described the practical ways in which they maintained consumers’ privacy when providing care. The Assessment Team observed staff conducting their roles in a way that protected consumers’ privacy.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 their involvement in assessment and planning processes and confirmed it was based upon their needs and preferences. Staff described the assessment and care planning processes, and how it informed the safe delivery of care and services. Care documents included comprehensive assessments and identified individual risks to consumers.

Consumers and representatives confirmed their involvement in conversations regarding advance care planning. Staff said advance care planning and end of life (EOL) care was discussed with consumers and representatives on admission, or as care needs changed. Care documents contained an advance care plan for sampled consumers, including EOL care if applicable.

Consumers and representatives reported they were involved in assessment and planning on an ongoing basis. Relevant staff could explain their roles in relation to care planning and assessments. Care documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers and representatives said they understood what was included in their care and services plan, and confirmed it met their needs, goals, and preferences. Staff detailed processes whereby they informed consumers and representatives of the outcomes of care planning and assessments. The Assessment Team observed the service used an electronic care management system (ECMS) to record all care planning and progress notes and care plans were readily available if requested.

Consumers and representatives confirmed care and services were reviewed regularly for effectiveness and when circumstances changed. Staff could describe how and when care plans were reviewed for effectiveness. Care documents confirmed the service conducted regular 3-monthly reviews of consumers’ care plans.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

The service was found non-compliant in Standard 3 in relation to Requirement 3(3)(a) following an Assessment Contact conducted from 16 to 18 January 2023, which indicated the service was unable to demonstrate that each consumer received safe and effective care. Evidence outlined in the site audit report dated 19 to 21 July 2023 demonstrated the service had since implemented improvement actions to address the non-compliance and is now compliant with this Requirement. Key improvements include a range of education and training provided to staff, the development of practices which easily identify risks associated with the care of consumers, and a review of care planning documentation to ensure information was relevant and up-to-date. Overall, consumers and representatives expressed satisfaction with the personal and clinical care that was being provided by the service and indicated it met the consumer’s needs and preferences. Care documents demonstrated consumers received safe and effective care that was best practice, tailored to their needs, and optimised their health and well-being.

Consumers and representatives expressed satisfaction with how the service managed high impact or high prevalence risks associated with care and services. Staff recognised high prevalence and high impact risks and were able to specify individual consumer risks and mitigation strategies which were in place. Care documents included the identification of risks, and strategies to manage these were recorded in assessment tools, care plans and progress notes.

Consumers and representatives confirmed advance care planning, including consumers’ EOL wishes, were discussed with them. Staff could describe how they adjusted care to support the needs and preferences of consumers receiving palliative and EOL care. Advanced Health Directives (AHD), or other EOL directives, were reflected on the consumer’s care plan.

Consumers and representatives expressed satisfaction with the service’s recognition of deterioration or changes in the consumer’s condition. Staff described the ways in which they responded to a change in a consumer’s condition. Care documents, progress notes and charting demonstrated deterioration in a consumer’s health, capacity and function were recognised and responded to appropriately.

Consumers and representatives said they were satisfied that their care needs and preferences were documented and communicated between staff. Staff described how information was shared and communicated throughout the service. Care documents included input from MO and allied health professionals. Care plans and handover reports provided adequate information to support effective and safe care.

Consumers confirmed the service had referred them to appropriate providers, organisations, or individuals to meet their needs. Staff were able to describe referral processes both internally and externally in consultation with consumers and representatives. Care documents included timely referrals to various health professionals when required.

Consumers and representatives said they were satisfied with the measures the service had in place for the management of COVID-19 and the minimisation of other infection-related risks. Staff could describe how they applied infection control practices in the service. The service had policies and procedures which underpinned their infection, prevention and control processes related to antimicrobial stewardship (AMS) and infection control management. The Assessment Team observed the service was following appropriate infection minimisation practices.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 confirmed consumers were provided with appropriate services and supports for daily living that met consumers’ needs and preferences. Staff could describe how they supported consumers to maintain a good quality of life in alignment with their preferences. Care documents included information about consumers’ lifestyle interests, preferences, and goals.

Consumers and representatives said they were provided with effective supports that benefited their emotional, spiritual, and psychological well-being. Staff described strategies they used to support consumers’ emotional and psychological well-being. Care documents identified emotional and spiritual well-being needs.

Consumers confirmed they participated in activities within and outside of the service. Staff were able to describe how they promoted a sense of community within the service and supported consumers to participate in the community. Care documents contained information about consumer interests and personal relationships.

Consumers confirmed staff were aware of their needs and preferences. Staff explained how they stayed informed about changing consumer needs and preferences and identified where they could access up to date information about consumers.

Consumers confirmed they were supported by other organisations, support services and providers of other care and services. Staff demonstrated an understanding of how they worked with other individuals, organisations, and providers of other care and services. Care documents identified engagement with other organisations and services.

Consumers expressed satisfaction with the quality, quantity, and variety of meals. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service had feedback mechanisms which allowed consumers to provide feedback on the performance of the kitchen.

Consumers said they found the equipment at the service to be suitable, safe, and well maintained for their use. Staff confirmed they had a good quantity of clinical and lifestyle equipment to deliver quality care. The Assessment Team observed equipment was clean, safe, and suitable for use.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 felt the service environment was safe and welcoming, and confirmed they could personalise their rooms. Staff described how they supported consumers to move comfortably around the service and feel at home. The Assessment Team observed the service had directional signage and pictures to assist consumers to navigate the service.

Consumers and representatives confirmed the service was cleaned to a satisfactory standard. Staff provided the Assessment Team with an overview of the service’s cleaning systems and processes. The Assessment Team observed walkways and communal areas were free of obstructions.

Consumers said the service’s equipment was clean and well maintained. Staff said they had access to a sufficient amount of well-maintained equipment needed for consumer care. The Assessment Team confirmed the service had effective processes in place for preventative and reactive maintenance.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 aware of avenues for raising a complaint. Staff demonstrated an awareness of feedback and complaints processes. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Consumers and representatives said they were aware of other avenues for raising a complaint, both internally and externally. Staff could describe how they accessed language and advocacy services on behalf of the consumer. The Assessment Team observed information displayed throughout the service relating to advocacy services, language services, and external complaints avenues.

Consumers and representatives said management promptly responded to and sought to resolve their concerns after they made a complaint. Staff demonstrated an understanding of open disclosure and complaint management processes. Review of the complaints data from the past demonstrated the service took appropriate and timely action in response to complaints.

Consumers and representatives said their feedback was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 confirmed there was a sufficient number of staff to meet consumers’ needs. Staff said they were satisfied with the current staffing levels, and confirmed they had the necessary time to complete their duties and meet the care needs and preferences of consumers. A review of staffing rosters evidenced staff were assigned to specific areas of the service with consideration to their qualifications, skills, and experience.

Consumers and representatives felt staff were kind and respectful when delivering care. Staff demonstrated they were familiar with consumer's individual needs and preferences. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers and representatives felt staff performed their roles effectively. Staff at all levels expressed confidence in their knowledge and skills to perform their roles. All staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Consumers and representatives felt confident staff were sufficiently skilled to deliver the care and services consumers required. Staff confirmed they received ongoing training and support to perform their roles. The Assessment Team reviewed the service’s education matrix which demonstrated the service had an effective system in place for monitoring the completion of mandatory training.

The service had a staff performance framework which identified appraisals were conducted annually to monitor performance. Management advised the service performed a 3-monthly performance appraisal for probationary staff and an annual performance appraisal for the remainder of the workforce. A review of the service’s ECMS evidenced management were appropriately tracking and monitoring performance appraisals.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 felt involved in the design, delivery, and evaluation of services. Management advised that all feedback or suggestions made by consumers and representatives were included in the service’s PCI. Documentation review showed consumers were meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitored the service’s compliance with the Quality Standards. The service’s General Manager advised they reported monthly to the Regional General Manager regarding all service data such as high impact and high prevalence risks, incidents, complaints, and clinical indicators. This information was provided to the governing body for review as part of a bi-monthly reporting process.

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 communication management system, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Staff confirmed they analysed incidents to identify issues and trends, and these were reported at governance committee meetings. The service had a wide range of frameworks, policies, and procedures to support the management of risks and incidents. In addition to reporting incidents falling under the Serious Incident Response Scheme (SIRS), the service maintained an incident register.

The Assessment Team noted the service had documented policies and procedures to guide staff practice which addressed antimicrobial stewardship, the minimisation of restraints and open disclosure practices. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

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)