Performance

Report

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| Name of service: | Greenview |
| Service address: | 33-37 Mitcham Road DONVALE VIC 3111 |
| Commission ID: | 3982 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 23 May 2023 to 25 May 2023 |
| Performance report date: | 5 July 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 Greenview (**the service**) has been prepared by J Howard, 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 conducted from 23 May 2023 to 25 May 2023. 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 Aged Care Quality and Safety 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 | | 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

The Quality Standard is assessed as Compliant, as six of the six specific requirements were assessed as Compliant.

Consumers confirmed they were treated with dignity and respect, and staff valued them as individuals. Staff were respectful to consumers and understood their individual backgrounds, needs and preferences. Information about consumers’ preferences were recorded in their care plans. Consumers confirmed they received culturally safe care and services. Cultural days were celebrated and, for consumers of faith, the service held four religious services each week. Consumers were supported to communicate their decisions, maintain relationships of choice and choose when family and friends were involved in their care. Consumers’ care choices, preferences and goals were recorded in their care plans.

Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, staff completed a risk assessment and this was documented in their care plans. Staff were guided in conducting risk assessments by the service’s Choice and Dignity of Risk policy, which supported consumers to have control over their care. Consumers confirmed they were provided with information that was accurate, clear, easy to understand and enabled them to exercise choice. For example, information was disseminated via the resident handbook, daily menus and noticeboards which promoted activities at the service.

Consumers’ personal information was kept confidential in the nurse’s station and staff knocked on people’s doors before entering.

# 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers confirmed their involvement in the assessment and planning process and said the care they received met their needs. Staff understood the assessment and planning process, which identified risks to consumers’ health and well-being. A review of consumers’ care plans confirmed they were individualised, identified risks to health and well-being and updated when new risks were identified. Consumers’ care plans identified and addressed their current needs, goals and preference, which included end-of-life planning where they wished. The service partnered with consumers, their representatives and external service providers when assessing, planning and reviewing care needs.

A review of care plans showed consumers were involved in a coordinated needs assessment which involved medical officers and allied health professionals. The outcomes of assessment and planning were documented in consumers’ care plans, which were readily available to consumers and representatives. Consumers said staff explained their care plans to them if needed. Consumers and representatives confirmed they were involved in bi-annual care plan reviews and notified when incidents occurred or care needs changed. A review of consumers’ care plans confirmed they were regularly reviewed, current and updated when circumstances or health status changed.

# 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers confirmed they received safe and effective clinical care which met their needs. Clinical staff understood consumers’ care requirements and described how they met those needs through monitoring, reporting and promoting care strategies to reduce clinical risks. Staff were guided by policies and procedures which addressed high-impact risks to consumers such as pain, falls, restraint management and pressure injuries. A review of consumers’ care plans confirmed staff provided clinical care and risk interventions in line with individuals’ assessed needs.

Consumers confirmed staff discussed their end-of-life preferences with them, which were recorded in care plans. Staff who provided palliative care described how consumers nearing the end-of-life were supported. For example, staff made consumers comfortable by repositioning to minimise pressure injuries; pain monitoring; providing emotional support; use of music therapy; gentle massage and supporting family to spend time with the consumer. Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans.

Consumers were satisfied with the delivery of care, including how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions were communicated at each shift handover through a verbal and documented process. Consumers said referrals to other providers of care and services were timely, appropriate and occurred when needed, which was confirmed by a review of care plans. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers received safe and effective services that met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. Clinical and care staff said consumers’ independence was promoted by encouraging them to make their own choices and asking for their preferences before any activity occurred. Consumers’ emotional, spiritual and psychological well-being was enhanced by a variety of activities such as a morning walking group, church services, one-on-one social support, bus trips, bingo, a ladies’ group, a mens’ group, happy hour and afternoon movies at the on-site café. Throughout the course of the site audit, the Assessment Team observed consumers participating in various activities.

Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. Lifestyle, care and clinical staff spent time with consumers to understand their needs and facilitate social connections. A review of consumers’ care plans confirmed a lifestyle assessment was conducted upon entry to the service, whereby their needs and preferences were considered and documented. Consumers were mostly satisfied with the quality, quantity and variety of food provided by the service. Consumers were offered meal options and could request an alternative if the menu was not to their liking. Consumers confirmed staff understood their dietary needs and as such, preferences were met.

Where the service provided equipment, consumers said it was safe, comfortable and well maintained. Staff said equipment was available when needed and a review of documentation confirmed equipment was regularly maintained. Care staff said shared equipment was cleaned between each use with consumers.

# 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

The Quality Standard is assessed as Compliant, as three of the three specific requirements were assessed as Compliant.

The service environment was welcoming, easy to understand and promoted a sense of independence and belonging. Consumers felt safe and at home within the service, particularly as they personalised their rooms with possessions of their choice. The service environment was clean, well maintained and consumers moved freely within and outside of the building. Each wing of the service had its own dining and lounge areas and doors to the gardens and courtyard were unlocked for ease of consumer use. The Assessment Team noted the service’s corridors were spacious, well-lit and easy to navigate.

The Assessment Team noted furniture, fittings and equipment were safe, clean, well maintained and suitable for use by consumers. Furniture and equipment was maintained under a preventative and corrective maintenance plan, which was up to date. The Assessment Team observed shared equipment was clean and in good condition.

# 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

The Quality Standard is assessed as Compliant, as four of the four specific requirements were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers and representatives were comfortable raising concerns directly with staff or management. Feedback and complaints could be made via email, resident meetings, a quarterly consumer experience survey, using a paper-based form or contacting the Commission. Information about how to make an internal or external complaint, provide feedback and access advocacy and interpreter services was available in the resident handbook, in brochures throughout the service and during an arranged presentation by an advocacy organisation.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong and this was confirmed by consumers and representatives. Staff and management understood their responsibilities in relation to complaints management. Feedback, complaints and actions taken in response were recorded in the service’s electronic management system. A review of complaints records confirmed the issues raised were discussed with complainants and appropriate actions taken in response.

The service used feedback and complaints to improve the quality of care and services. For example, when consumers provided feedback about call bell response times, the service responded by upgrading the system and purchasing additional television monitors and phones in January 2023, which resulted in a significant decrease in staff response times.

# 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers and representatives reported some staffing challenges at the service, but also confirmed consumer care was not adversely impacted and staff responded to call bells in a timely manner. Management advised any vacant shifts were filled from the wider organisation’s pool of staff. With respect to staffing, the Assessment Team noted call bells were responded to in a timely way, staff were visible, consumers’ rooms were neat and tidy, there was no malodour and no signs of consumer neglect. Consumers and representatives confirmed staff were kind, caring and respectful when providing care and services.

The service’s workforce was competent and had the qualifications and knowledge to effectively perform their roles, which was reflected in positive consumer feedback. Staff were equipped with the knowledge to perform their roles and guided by position descriptions which identified the responsibilities, accountabilities, qualifications, personal attributes, skills, training and experience relevant to the role. New staff participated in an orientation program and buddy shifts. All staff received training in how to deliver care and services in a way which met the Quality Standards, as well as in restrictive practices, the Serious Incident Response Scheme, incident management, infection control, open disclosure and elder abuse. Management determined staff competencies through both informal and formal performance reviews.

# 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Input was provided via resident meetings, surveys and feedback from consumers and representatives. The organisation’s governing body both promoted, and was accountable for, a culture of safe, inclusive and quality care and services. The board of directors (the board) satisfied themselves the Quality Standards were being met via executive committees which reported directly to the board. The board had governance sub-committees which were focussed on clinical care, operational risk management, strategic business review, risk and audit, medication management, infection prevention and control, consumer outcomes and financial capital.

The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. For example, the service identified some consumers were at risk of developing pressure injuries, following which discussions occurred with affected consumers and mitigation strategies were implemented to optimise their health and well-being.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something went wrong.

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)