Performance

Report

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| Name: | Greenway Gardens |
| Commission ID: | 3686 |
| Address: | 27-29 The Greenway, HEATHMONT, Victoria, 3135 |
| Activity type: | Site Audit |
| Activity date: | 7 May 2024 to 9 May 2024 |
| Performance report date: | 20 June 2024 |
| Service included in this assessment: | Provider: 6076 Menarock Aged Care Services (Victoria) Pty Ltd  Service: 5805 Greenway Gardens |

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 Greenway Gardens (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The Approved Provider submitted an email on 31 May 2024 accepting the findings.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Consumers reported they were treated with dignity and respect and felt valued as individuals. Staff were familiar with consumers’ backgrounds and preferences and described how the delivery of care aligned with consumer identity and culture. Care planning documentation identified consumers’ backgrounds and cultures.

Staff identified consumers’ culture, and outlined how it influenced the delivery of daily care and services. A cultural safety, diversity and inclusion policy was in place to guide staff practice and ensure consumers’ cultural backgrounds and values were respected. Consumers confirmed their culture was respected, and they received care which was consistent with their cultural preferences.

Consumers advised they were supported to maintain their relationships of importance, make decisions regarding the delivery of their care, and their choices were respected. Care planning documentation captured consumers’ choices around how care was to be delivered, who should be involved in the decisions regarding their care and services, and the supports in place to maintain personal relationships. Staff confirmed they supported consumers to make their own decisions, and respect their decisions around when family and friends were involved in their care.

Staff demonstrated an understanding of the activities which contained an element of risk that consumers chose to engage with, and the strategies in place to promote safety. Consumers advised they were supported to engage in their chosen activities which contained risk. Care planning documentation reflected the use of assessments to identify risks, and evidenced risks and mitigation strategies were discussed with consumers and their representatives.

Consumers confirmed they were provided with current information through printed information and verbal reminders. The lifestyle activities schedule and menu was observed to be displayed on noticeboards throughout the service. Staff advised lifestyle activity calendars and a quarterly newsletter was provided to consumers which outlined relevant updates and information was also shared through available meetings.

Overall, consumer advised staff were respectful of their privacy, however one consumer stated that staff did not consistently seek permission to enter their room after knocking on the door. This feedback was raised with management, who advised reminders and education would be provided to staff. Management advised all personal information was kept securely in locked rooms, and staff were provided with training to ensure consumers’ information was only disclosed to authorised parties. Staff were aware of the requirement to seek consent to enter consumer rooms following knocking, and were observed to consistently apply this.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Staff demonstrated a detailed understanding of the assessment and care planning process, and how it was utilised to inform the delivery of care and services. A checklist was utilised to ensure care and service plans, assessments and chartings were completed during the consumer’s initial entry to the service. Care planning documentation evidenced risks to consumers’ health and well-being were identified to inform risk mitigation and management strategies.

Care planning documentation reflected consumers’ current needs, goals and preferences, inclusive of their end of life goals. Staff described how they approached end of life planning conversations with consumers and representatives during their entry to the service and care and service plan reviews. Consumers and representatives advised consumers’ needs, goals and preferences were addressed within the assessment and planning process.

Representatives confirmed their involvement in care planning conversations which included collaboration with allied health professionals. Care planning documentation evidenced ongoing partnership with consumers, representatives, allied health professionals and specialist providers. Staff described the systems in place to enable consumers and representatives to be involved in the care planning process.

Consumers and representatives confirmed they received regular updates and were kept informed of consumer care and services, although some consumers could not recall being offered a copy of the care and services plan. Management stated consumers were routinely offered a copy of their care and services plan, as it was within the agenda items of the care planning review meeting, and said they would follow up to provide the named consumers. Staff confirmed they communicated assessment and planning outcomes with consumers and their representatives in person, by telephone or by email, and offered them a copy of the care plan during 3 monthly care and service plan reviews. Care planning documentation evidenced assessment outcomes were communicated with consumers and representatives, and a summary care and service plan was able to be generated and printed.

Care planning documentation evidenced assessments were reviewed for effectiveness following incidents. Policies and procedures were in place outlining required reviews of consumers’ care and service plans on a 3 monthly basis and when changes occurred. Staff described care and service plans were reviewed during monthly Resident of the Day case conferences and through regular 3 monthly care and service plan reviews in collaboration with consumers and representatives.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives advised consumers received personal and clinical care which was tailored to their needs. Staff demonstrated an understanding of consumers’ personal and clinical care needs, and the strategies in place to ensure the delivery of care optimised consumers’ health and well-being. Care planning documentation evidenced care directives and monitoring and review practices informed the delivery of best practice care.

Staff were aware of the high impact or high prevalence risks associated with the care of consumers, and described the risk mitigation strategies were guided by policies and procedures. Consumers reported their risks were effectively managed, and were satisfied with the strategies in place to promote their health and well-being. Care planning documentation evidenced risk assessments were updated following incidents to ensure the effective management and oversight of risks.

Staff described how they would provide support to consumers during end of life care, including by providing regular comfort, including pain management and hygiene, and emotional supports. A representative advised the delivery of end of life care for a late consumer was in alignment with their wishes and goals. Care planning documentation for a late consumer evidenced monitoring and management of comfort.

Care planning documentation evidenced deterioration or changes in consumers’ health were recognised and escalated for management in a timely manner. Staff described monitoring for a range of signs related to deterioration and outlined how they would escalate their concerns. Consumers advised staff were responsive in identifying and managing deterioration to their condition.

Staff advised information regarding the consumer’s condition, needs and preferences was communicated through handover, staff meetings and documentation within the electronic care management system. Care planning documentation evidenced information was communicated and accessible by staff, medical officers and allied health professionals. Consumers stated they did not have to repeat their care needs and preferences to staff.

Care planning documentation evidenced referrals to allied health professionals and specialist providers were made in a timely manner. Staff described how consumers were referred to various providers of care and services. Policies and procedures detailed the referral process to guide staff practice, including outlining referrals to be made following change in condition or incidents.

Staff demonstrated an understanding of antimicrobial stewardship, including awaiting pathology results prior to the commencement of antibiotics. Consumers expressed satisfaction with the management of infections, and observed staff to regularly sanitise their hands. Management advised 2 Infection Prevention and Control leads were appointed, and an outbreak management plan was in place to minimise and/or manage infectious outbreaks.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers advised services and supports were appropriate for their needs, goals and preferences. Staff were familiar with consumers’ daily living needs and this information aligned with care planning documentation.

Staff advised they supported consumers’ emotional and psychological well-being by providing consumers with emotional support and facilitating connections with people of importance to them, however, could not demonstrate understanding of consumer’s spiritual needs nor describe how religious needs were met. Consumers confirmed they were provided with emotional supports, including one-to-one conversations, when they were feeling low.

Consumers advised they were supported to participate in activities within the internal and external community, engage in activities of interest and to maintain relationships of importance. Consumers were observed to receive visits from friends and family members throughout the duration of the Site Audit. Staff demonstrated an understanding of the supports required by consumers to assist them to maintain personal relationships and engage in the wider community. Activities were tailored to consumer interests, outlined within care planning documentation.

Consumers reported information relating to their conditions, needs and preferences was effectively communicated within the organisation and with others where responsibility for care was shared. Staff advised consumers’ information was communicated during handover and meetings, and kitchen staff confirmed consumers’ meal preferences were accessible. Care planning documentation contained detailed information to support safe and effective care and services.

Kitchen staff demonstrated an understanding of consumers’ dietary needs and preferences and described the rotating seasonal menu. The daily menu was observed to include the availability of two options for the lunch and dinner service. Overall, consumers were satisfied with the quality and quantity of meals provided, however some expressed dissatisfaction with the variety within modified texture meals of and quality of meals. The food focus group minutes also reflected issues relating to the quality of meat, which management explained resulted in removal of some of the tougher proteins, evidencing improvement actions already developed, with intent to seek more feedback and work with the chef to improve food quality.

Consumers reported having access to equipment, which was clean and suitable for their needs, and enabled them to engage in daily living activities. Equipment was observed to be clean and well-maintained. Staff described how equipment was kept safe, clean and well maintained.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers and representatives described the service environment as welcoming and easy to understand, enabling consumers to feel at home. Staff described how they enhanced consumers’ sense of belonging by providing new consumers with a tour of the service and encouraging personalisation of rooms. The service environment was observed to be well-lit with wide corridors and handrails to assist consumers to navigate.

Consumers expressed satisfaction with the cleanliness of the service, and most advised they could move freely through indoor and outdoor areas. However, 2 consumers advised they did not know the code of the locked front entry door and further expressed they were unaware they could exit the service independently. Management was made aware of this feedback and advised they would speak with these consumers to ensure they understood how to unlock the door and exit the service independently. The 2 wings of the service were connected by a lift and key coded interconnecting doors, however, one of the doors did not display the code. Management was advised of this issue and added the code next to the door. There were no adverse impacts on consumers identified through interviews or observations. Preventative maintenance documentation evidenced the regular inspections of fire safety systems, pest control and water safety.

Staff outlined their roles and responsibilities to ensure personal equipment, furniture and fittings were clean and well maintained. Consumers confirmed the equipment and furniture was kept clean. Maintenance documentation evidenced furniture, fittings and equipment were regularly checked to ensure they were clean and suitable for 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers advised they were comfortable to provide their feedback or make a complaint verbally to staff or by written feedback forms. Staff described the various processes in place to encourage consumers to provide their feedback and complaints. Feedback forms and boxes were observed to be displayed throughout the service. The consumer advisory body provides an alternate avenue for feedback and complaints.

Consumers reported they were aware of external advocacy supports to assist them to raise complaints and confirmed advocacy services have visited to speak with consumers. Staff demonstrated an understanding of the advocacy and language services available to consumers, and described the process to refer a consumer to an external advocacy service when required. Information regarding advocacy and language services was accessible within reception.

Consumers confirmed their complaints were responded to appropriately, and were provided with an apology and transparent communication. Staff demonstrated an understanding of open disclosure practices, including acknowledging concerns when they were raised. The complaints register evidenced open disclosure practices were applied when responding to complaints, and incidents were escalated as required.

Consumers advised their feedback leads to care and service improvements. Staff provided examples of improvements made to the meal service in response to feedback provided by complaints. The continuous improvement plan documented the source of the complaint and outlined care and service improvements implemented from resolving the complaint.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Generally, consumers and representatives confirmed there were enough staff to meet the care needs of consumers, however, one consumer advised they recently experienced a lengthy wait after using their call bell to request staff assistance. Management responded by reviewing call bell data, identifying instances of delayed responses, and sent communication to staff reminding them to promptly attend to call bells. Staff confirmed staffing levels were sufficient and were observed attending to consumers in a timely manner. Management advised staffing rosters were developed in consideration with regulatory care minute requirements.

Consumers reported interactions with staff were kind and caring, and management acted in response to any exception of this. Management advised they monitored consumer feedback to ensure staff were interacting respectfully with consumers. Staff demonstrated familiarity with consumers’ identity, culture and diversity, and staff behaviour was guided by the employee handbook and code of conduct which outlined appropriate behaviour.

Consumers confirmed staff were skilled and competent to perform their roles. Personnel records evidenced most staff had the appropriate registrations and checks for their respective roles, however security checks for 2 staff members had expired. Management were aware of this issue and advised these staff members were not rostered on. Staff confirmed they had the appropriate qualifications for their roles, and received buddy shifts when they commenced their employment.

Staff advised they completed mandatory training during the orientation process and on an annual basis, with topics including open disclosure, infection control and responding to changed behaviours. Training records evidenced most staff had completed their mandatory training modules, management advised other staff have been sent an email to remind them to complete their outstanding training. Staff stated they received regular toolbox training sessions, and felt comfortable to request further training when required.

Staff confirmed their performance was monitored through annual performance appraisals, whereby they completed an appraisal form and discussed their performance with their manager. Management advised performance appraisals were monitored by an appraisal calendar which tracked the completion of appraisals. A review of the appraisal calendar evidenced most staff were up to date with their performance appraisal. Management was aware of staff with outstanding performance appraisals, and offered explanation and plans.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives reported the service was well run and confirmed their involvement into the development of care and services. Management advised consumers and representatives were actively engaged in the development, delivery and evaluation of care and services through consumer meetings, feedback processes, surveys and care and service plan reviews. Management demonstrated actions to form a Consumer Advisory Body, and consumer meeting minutes evidenced consumers were encouraged and supported to be actively involved in the evaluation of care and services.

Management advised the organisational structure allowed for regular and reciprocal communications between management and the governing body. Management advised monthly reports were provided to the governing body to ensure effective oversight of trending issues, feedback and plans of action. The meeting minutes from the Board and medication advisory committee demonstrated the governing body monitored and maintained quality care and services.

Staff reported they could readily access the information required to perform their roles through various information management systems. Management described the governing body maintained oversight of feedback and complaints processes, and continuous improvement opportunities were informed through a variety of mechanisms. Management outlined the governing body’s oversight of the budget approval process, and advised they were able to request additional funding to ensure the service environment was suitable for consumers. Management advised legislative and regulatory compliance changes were monitored, and information was circulated throughout the organisation.

Management outlined the risk management systems to ensure high impact or high prevalence risks were identified through the analysis of clinical indictors, audits and reports. Staff described their responsibilities to recognise and escalate incidents of elder abuse or neglect through the incident management process. Consumers were supported to live the best life they can through the identification and assessment of risks to consumers. An incident management system was in place to support the reporting, recording and review of incidents, and a review of a reportable incident evidenced the incident was reported to the Commission within the required timeframe, and actions were taken to prevent the reoccurrence of the incident.

A clinical governance framework with supporting policies, procedures, training and monitoring practices was in place to guide staff practice. Staff demonstrated an understanding of antimicrobial stewardship, including obtaining pathology results prior to use of antibiotics. Management and staff described how open disclosure was applied in practice, including by providing an apology and communication when something goes wrong. Management described how restrictive practices were managed by conducting regular reviews and by ensuring alternative interventions were trialled first.

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)