Performance

Report

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| Name of service: | Greenwood Aged Care |
| Service address: | 9-17 Hinemoa Avenue NORMANHURST NSW 2076 |
| Commission ID: | 2509 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 21 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.**This performance report**

This performance report for Greenwood Aged Care (**the service**) has been prepared by G-M. Cain, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Commission in relation to 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 their identity, culture and diversity are valued. Staff described how they demonstrated this, for example acknowledging consumers’ choices and respecting consumers religion and culture. Staff knew consumers' cultural backgrounds and could explain how this influenced the delivery of consumers' care and services. Observations showed staff interacting with consumers respectfully and in a caring manner. Staff are trained on consumer dignity and choice.

The service demonstrated delivering care and services that are culturally safe. One consumer practising Buddhism said they like to meditate and listen to Buddhist chants in her room. And that the service supported them in celebrating the Lunar New Year recently. Care documentation evidenced that consumers' cultural, spiritual and individual needs are identified and documented upon entry to the service. These are available to staff in the electronic care management system, including catering staff, to provide meals tailored to consumers' preferences and cultural needs. The service maintains records of consumers' religion/s and provides mass services and pastoral care support to consumers with different religions and beliefs.

Consumers are supported to exercise choice and independence, make decisions about the delivery of care and services, including whom they wish to have involved in their care, and maintain relationships of importance. Consumers are supported to live their best lives, including if their choices involve risk. Risk assessment includes supporting consumers/representatives to understand the potential harm associated with their choice and strategies implemented to minimise these risks. The staff demonstrated an understanding of the services' risk assessment processes and decisions regarding consumers' choice to take risks, which was documented in care plans.

Consumer information provided by the service is current, accurate, timely and communicated clearly and easily to understand, for example, the menu choices and the activity calendar. The service provided information to consumers via various avenues, including consumer meetings, discussions with staff, information displayed on noticeboard and feedback mechanisms.

The service respects consumers' privacy. Staff were observed to knock on the consumers' door before entering and ensuring consumers' personal information remained confidential, for example, ensuring computers were password locked when not in use. The service had a privacy policy that outlined how the service maintains and respects the privacy of personal and health information for consumers.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives confirmed they had been involved in the assessment and care planning process, describing how the service included consumers’ individual needs and preferences to ensure safe and effective care delivery. Consumers and representatives are included in ongoing discussions about consumer care, including when there are changes and said a copy of the care plan is readily available should they request it. Information on advance care planning is provided upon entry to the service. Consumers stated that staff had explained their care plan to them, and they consider it meets their needs, goals, and preferences.

Registered and care staff understood the service’s assessment and care planning processes, which included monthly reviews, 6 monthly care plan reviews, consumer care conferences and ongoing discussions with staff. Staff understood what was important to consumers about how their personal and clinical care is delivered. Staff, including visiting health professionals, can access consumers’ care documentation via the electronic care management system.

Care documentation demonstrated an integrated and coordinated approach to assessment and planning, including the involvement of other organisations, individuals, and service providers. Care documentation evidenced review and reassessment of consumers when there has been a change in their health and/or well-being.

The service had policies for advance care planning and end of life planning to guide staff practice.

# 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 stated that consumers received safe personal care and clinical care, which is right for them and tailored to their individual needs, and that they can access medical and health professionals when needed. Consumers said that they received safe care, including managing risks associated with their health. Care planning documentation reviewed for consumers requiring management of diabetes and pain demonstrated that consumers were receiving individualised care based on best practice and tailored to their needs.

High impact and high prevalence risks to consumers were managed effectively via risk assessment and care plans, which included other health professionals when required. Staff described the main risks to the consumers and the risk mitigation strategies in place. Care documentation evidenced that risk mitigation strategies were implemented as required.

Consumers said their wishes about end-of-life care are known to family and staff. Staff are trained in palliative care, and a specialist palliative care team from the local hospital supports the service. The service supports family and those important to the consumer to stay with their loved one during the end-of-life. Care plans contained information on consumers' end-of-life care in line with the consumer's end-of-life care needs, goals, and preferences.

Consumer representatives confirmed that they are contacted by the service whenever there are changes to their consumer's condition. Clinical staff explained how deterioration is recognised, responded to, documented and monitored at the service, including supported by training for all staff in the early detection of deteriorating health signs. Consumers’ care planning documentation and progress notes evidenced the identification of, and response to, deterioration or changes in condition. The service had access to support from a nurse practitioner. Clinical procedures included parameters for variances and established protocols for deterioration surrounding diabetes, cellulitis, unstable vital signs, urinary tract infections, dehydration, falls and fever.

Consumers and representatives said the service regularly discussed the consumer's care. Information about consumers' conditions, needs and preferences is documented in the electronic care management system and communicated via shift handover. Observations showed shift handovers between staff, including staff accessing the care management system.

Referrals to other health professionals are appropriately made, and care documentation directives from health professionals guide staff in consumer care. The medical officer, other health professionals and services support the service in consumers' personal and clinical care.

The organisation has a suite of policies and procedures to guide staff in infection prevention and control processes, including an outbreak management plan, antimicrobial stewardship and infection control guidelines. The service had a nominated infection prevention and control lead. Staff demonstrated an understanding of how to minimise the need for antibiotics and ensured they were used appropriately. Staff adhered to infection control practices and appropriate use of personal protective equipment.

# 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 feel supported to pursue activities of interest to them that optimise their independence and are provided with appropriate support. One named consumer said they enjoyed watching Greek television and listening to Greek music and hymns. Staff support by switching on the television and playing Greek music. A lifestyle assessment collects the consumer's preferences, including leisure likes, dislikes and interests, and social, emotional, cultural or spiritual needs and traditions. Staff could explain what is important to the consumers and what they like to do, and this aligned with the information in the consumer's care plan.

Consumers reported that their emotional, spiritual and psychological needs were supported and that they could stay in touch with family, friends and religious leaders for comfort and emotional support. Consumers' emotional, spiritual, and psychological needs, goals and preferences were reflected in care documentation.

Consumers are supported by the service to participate in their community and do things of interest. Staff described the support for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care documentation identified the people important to individual consumers, those involved in providing care and things of interest to the consumer. Observations showed consumers spending time around the service, such as in the courtyard, café and common sitting areas with their visitors.

Consumers and representatives said the consumer's condition, needs and preferences are effectively communicated within the service and with others responsible for care. Staff demonstrated how information is communicated with other care providers and how each consumer's change in condition, needs and preferences is kept current. A review of care documentation evidenced adequate information to support safe and effective care related to services and supports for daily living.

Consumers said they are supported with appropriate referrals to outside organisations, such as hairdressers. Staff described how they work with other individuals, organisations, and other care and services providers. Care documents identified engagement with other organisations and services.

Most consumers expressed satisfaction with the variety, quality and quantity of meals, snacks, and drinks and said there are at least 3 choices of main meals. If they chose not to have the meal on offer, alternative meal options were offered to consumers. Staff demonstrated knowledge of consumers' dietary preferences and assessed needs, evidenced in the consumer's care plan. Consumers are consulted in developing menus.

Consumers and representatives confirmed that consumers had access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist with daily living activities. The service also provides resources and equipment for leisure and lifestyle activities. There were processes in place for preventative and corrective maintenance. Staff described how the service trained them to use the equipment safely, including identifying any potential risks to the safe use of the equipment and their responsibilities for its safety, cleanliness, and maintenance.

# 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

Observations showed the service was welcoming, with consumers moving freely and interacting with staff, family and among themselves. Consumers said they could personalise their rooms, including bringing furniture and possessions of choice. Staff described how consumers are supported to make the service feel like home and how they support consumers to maintain independence. The service had a café, and at 10 am every morning, a consumer exercise group was held. Outdoor areas are accessible to consumers in each neighbourhood, and consumers' rooms have small balconies. The outdoor areas were decorated with plants, outdoor furniture and garden planters.

Consumers and representatives said the service is clean, and maintenance is attended to promptly. Observations showed consumers move freely throughout the service, including using the lifts independently or supported by staff. Codes for doors in the main lobby were available at the pin code to lock for consumers to enable access and open the door. The service's secure living environment had a large open courtyard accessible to consumers at all times. Staff escorted consumers from the secure living environment to access other parts of the service for activities, church service and other reasons.

Observations showed a range of furniture and equipment available, and furniture, fittings and equipment were clean, well maintained and used safely. Consumers confirmed equipment was well-maintained, clean, and suitable for their needs. They said they report maintenance issues to the staff or maintenance officer, and the service is very responsive to any maintenance issues reported.

Staff had access to the equipment needed for consumer care. Furniture and equipment are maintained under a scheduled maintenance plan with external contractors used when required.

# 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 their representatives said they felt supported and comfortable providing feedback and making complaints and reported that their concerns were addressed promptly. They described various avenues to make a complaint and provided feedback and options to access external bodies and advocates. Consumers and representatives said they are more comfortable raising concerns directly with the service.

Staff described the service’s complaints management process and their role in supporting consumers and representatives to raise feedback and complaints and external access complaints bodies and advocates.

Observations showed information about the service’s feedback and complaints processes, advocates and external complaints avenues, feedback and complaints forms, and posters and brochures throughout the service.

The service has an open disclosure process and a complaints management system detailing actions to address or resolve complaints. Consumers and representatives stated that management promptly addresses and resolves their concerns after making a complaint or when an incident has occurred. Management provided examples of recent actions in response to complaints and feedback from consumers and representatives, which evidenced a timely resolution.

The service analyses and trends feedback and complaints, using this information to inform continuous improvement activities. Consumers and representatives described the changes implemented at the service because of feedback and complaints. They said they are confident that feedback is used to improve the quality of care and services. For example, the service cafe extended its opening hours, resulting from consumer feedback.

# 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

Most consumers and representatives were satisfied with the number of staff and that consumers' requests for assistance were answered promptly. Observations throughout the site audit showed that staff are generally available when consumers need them. Staff described working together to ensure that the care needs of consumers are met. Management reviews consumers' changing needs and ensures the base roster is designed to cover the care of their consumers. The service had a registered nurse allocated to all shifts; shifts were planned and filled, and the staff was replaced on emergent leave.

Overall, consumers and representatives said staff are kind, caring and gentle when delivering care and services. Some consumers and representatives did provide feedback that some staff were not always kind; however, they were satisfied that management had addressed this appropriately. Consumers and representatives said staff respect their identity and diversity and understand their background and cultural preferences. Interactions observed by the Assessment Team appeared kind, caring and respectful of each consumer's identity, culture, and diversity. The service had documented behaviours expected of staff and provided examples of how the workforce interactions are monitored, such as through observation and consumer or representative feedback. The service demonstrated actions taken when staff conduct is outside the expected standard of behaviours of the organisation.

Consumers and representatives expressed confidence that staff are sufficiently skilled to meet consumers' care needs. The service demonstrated that each staff member had the relevant qualifications and knowledge to perform their roles. For example, the service's management team detailed that the clinical staff administering medications to consumers had all undertaken relevant training to ensure they were competent, for example, through observations, buddy shifts and feedback from staff and consumers. The organisation's human resources team supports the service to ensure that workforce qualifications are evidenced during onboarding. Staff said they felt competent to provide the care the consumers needed at the service. The service has documented policies concerning key qualifications and knowledge, which are outlined in position descriptions.

Consumers and representatives said staff generally know what they are doing. They did not identify areas where staff required more training. Staff are supported by a comprehensive orientation program and mandatory training including, but not limited to, manual handling, infection control, fire safety and the Serious Incident Response Scheme. Ongoing training is supported by an annual training calendar prepared to guide staff on general topics delivered online or in toolbox education. Training records showed that staff were current with mandatory training and received training relevant to their roles.

The service had processes to assess, monitor and review the performance of each member of the workforce. Management described how consumer feedback is considered when completing regular reviews of each member of the workforce. They also described other methods for monitoring and reviewing the performance of the workforce and actions taken if this performance is outside of behaviours expected by the organisation.

# 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

The service demonstrated that consumers and representatives are engaged in developing, delivering and evaluating care and services through various avenues, including consumer meetings, regular surveys and feedback management systems. Consumers confirmed they are involved in developing, delivering and evaluating care and services.

The organisation had systems and processes to monitor the service's performance and ensure the governing body was accountable for the delivery of safe, inclusive, and quality care and services. Management provided examples of changes driven by the governing body resulting from consumer feedback, experience, and incidents. Various quality, clinical and executive committees and leaders at the service report information to the Board. Reports included information on high-impact and high-prevalence risk, incidents, Serious Incident Response Scheme, complaints and clinical indicators.

The organisation has effective governance systems relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

Consumers and representatives said the service encourages feedback and complaints and uses this information for continuous improvement. The service has policies and procedures that detail processes around each governance system to guide staff practice.

The service demonstrated effective risk management systems to monitor and assess high-impact or high-prevalence consumer care risks. These include identifying and responding to abuse and neglect and supporting them to live their best lives. Risks are reported, escalated, and reviewed at the service and organisational level using an incident management system.

The service demonstrated that the organisation's clinical governance systems, including a clinical governance framework, ensured the quality and safety of clinical care. These included antimicrobial stewardship, minimising restrictive practices, and an open disclosure process. The service had policies relevant to these, and staff demonstrated a shared understanding of these and described how they apply these as relevant to their roles.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)