Performance

Report

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| Name: | Groves House |
| Commission ID: | 0894 |
| Address: | 131 Main Road, Cardiff Heights, New South Wales, 2285 |
| Activity type: | Site Audit |
| Activity date: | 27 November 2023 to 29 November 2023 |
| Performance report date: | 4 January 2024 |
| Service included in this assessment: | Provider: 1278 Christian Brethren Community Services  Service: 5718 Groves House |

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 Groves House (**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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider did not submit a response to the Site Audit report.

# 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

The Quality Standard is assessed as Compliant as 6 of the 6 requirements have been assessed as compliant.

Consumers said they feel accepted and valued and are treated with dignity and respect. Staff explained training on guidance material and policies available to ensure consumers are treated with dignity and respect using a consumer centred approach to delivery of care and services. Staff were observed respecting consumers and supporting individual choices, and assessments and care planning documentation reflected consumer identity and cultural preferences.

Consumers, representatives, and staff described the service’s provision of culturally safe care, demonstrated through food choices, including sourcing ingredients and learning cooking styles, lifestyle activities, and spiritual supports. Staff receive training on diversity and cultural differences and are informed through policies on cultural diversity and dignity and choice.

Staff explained their role in supporting consumers make and communicate decisions, including maintaining relationships. Consumers said they were encouraged to make choices relating to care and services, decided who was involved in care, and developed and maintained relationships of choice. Staff were observed providing information to enable consumers make decisions and supporting outcomes.

Consumers and representatives said consumers were supported to take risks, and staff described working with consumers to assess and communicate risks and develop mitigating strategies in line with relevant policies. Dignity of risk assessments were incorporated into care planning documentation for consumers choosing to take risks.

Consumers and representatives explained sufficient availability of information to make informed choice, communicated in a manner appropriate to the physical or cognitive needs of the consumer. Staff and management described different methods of communication to keep consumers and representatives informed and ensure sufficient options available to suit consumer needs. Information, such as activities calendar, meals menu, newsletters, and upcoming meetings, were available to consumers through displays on noticeboards and brochure stands.

Consumers and representatives were confident personal information was kept confidential, and privacy was respected by staff. Management explained staff training on privacy and confidentiality, and staff were observed taking relevant actions in accordance with expectations outlined in policies and procedures.

# 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

The Quality Standard is assessed as Compliant as 5 of the 5 requirements have been assessed as compliant.

Consumers and representatives said they were informed of risks to consumer health and well-being and consulted on management solutions. Clinical staff described how assessment and planning processes were used to identify risks and development mitigating strategies, and care staff demonstrated awareness of outlined risks and strategies. The admission procedure, embedded within the electronic care management system, outlined required clinical assessments for new consumers to identify risks and inform care needs in care planning documentation.

Staff could identify needs, goals, and preferences for consumers in line with care planning documentation and consumer feedback. Consumers and representatives said end of life care preferences were discussed and documented, and management advised this was reviewed regularly, including following changes of consumer health. Care planning documentation was observed to be individualised to consumer needs, reflecting preferences for care including advance care directives and end of life planning.

Consumers and representatives described partnering with the service and external providers through assessment and planning processes and involved in changes to care processes. Care planning documentation demonstrated involvement of consumers, representatives, and providers of care within assessment and planning processes.

Staff explained regular communication of assessment outcomes and strategies, and consumers and representatives said they are always offered explanations and a copy of the care plan following review. Care planning documentation detailed the outcome of assessment and planning for each consumer along with changes, reviews, updates, and communication with consumers and representatives.

Care planning documentation demonstrated regular review, in line with 3 month scheduled review, and consideration of consumer needs, goals, and preferences following incident or change of circumstance. Staff explained processes for evaluation and review of assessments and care planning documentation, ensuring information was updated as required.

# 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

The Quality Standard is assessed as Compliant as 7 of the 7 requirements have been assessed as compliant.

Consumers and representatives said they received personalised care to support their health and well-being. Staff demonstrated awareness of individual needs and strategies for delivery of personal and clinical care to consumers, and policies and procedures were available to direct care in line with best practice guidelines. Care planning documentation in relation to restrictive practices, wound care, and pain management demonstrated development of personalised strategies and delivery of tailored care to meet consumer needs and optimise health and well-being.

Consumers and representatives discussed how risks were assessed and explained, and felt strategies were effective for risk management. Staff explained how they identify, assess, and manage consumer risks, and care planning documentation demonstrated use of monitoring processes to detect new risks and effectiveness of management strategies.

Staff described adapting care for consumers nearing end of life to ensure comfort is maximised and dignity preserved. Palliative care assessments and end of life care pathways were commenced following consultation with the consumer and/or representative. Palliative care training is provided to staff, and available as an ongoing program to inform staff.

Documentation demonstrated deterioration of consumer condition was promptly identified and responded to. Staff detailed the escalation processes following identification of change in consumer condition, and policies and procedures, including a clinical pathway change process, were available to guide staff on appropriate action.

Consumers and representatives said information about consumers, including needs and preferences, were effectively communicated and staff were well informed. Staff explained they were updated with changes to consumer condition or need during handover processes and reviewing care planning documentation, with visiting staff also identifying use of emailed updates. Care planning documentation and progress notes provided adequate detail to inform staff of incidents or changes.

Clinical staff described referral processes for health care professionals, including allied health providers. Care planning documentation demonstrated referrals were timely and appropriate to the consumer’s needs.

Staff said they received training in infection control and minimisation and could explain actions to minimise antibiotic use. The Infection prevention and control lead has responsibility for ensuring staff implement infection control practices in line with policies and procedures. Staff were observed complying with use of precautions to prevent and control infection, including handwashing and 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

The Quality Standard is assessed as Compliant as 7 of the 7 requirements have been assessed as compliant.

Staff explained use of assessment processes to understand consumer needs, goals, and preferences and used to identify relevant services and supports and inform staff. Consumers explained how services and supports to maintain independence had been adapted to meet consumer’s physical needs, with staff demonstrating awareness of assistance required to participate in group activities.

Consumers and representatives said their emotional and psychological wellbeing was supported and spiritual needs met. Staff explained how knowing consumers well and spending extra time to provide emotional support for consumers when needed, and pastoral care visits were available for all consumers. Care planning documentation identified personalised emotional and spiritual supports for consumers.

Consumers said they felt supported to participate in activities within the service and in the broader community. Lifestyle staff explained how they supported consumers participate in activities in the community, and adapted activities to meet consumer needs and preferences. Activities are discussed within consumer meetings, and feedback captured within dedicated surveys, and care planning documentation identified people of importance and preferred activities for consumers.

Consumers and representatives said staff were sufficiently informed of consumer condition, needs and preferences. Staff explained communication pathways, including handover and through care planning documentation, and communication with external providers, such as pastoral care. Dietary changes were communicated through a nutritional needs report sent to the chef.

Management and staff explained available services and supports within the community and provided evidence of timely referrals for consumers. Assessment and care planning documentation was used to identify organisations and providers relevant to consumer needs. Consumers described involvement of external services and supports, including volunteer visits.

Overall, consumers were satisfied with the quality and quantity of provided meals, with all consumers identifying recent improvement. Feedback is sought each mealtime and through consumer meetings and food focus groups, and this is trended, reported, and used to drive improvements. Management and kitchen staff advised they were aware of required improvements and were implementing plans for significant change to meet consumer needs and satisfaction. Care planning documentation included likes and dislikes, and dietary requirements due to religious or medical needs.

Consumers and representatives said provided equipment was safe, suitable to consumer needs, clean, and well-maintained. Staff described processes for cleaning and reporting repairs, and maintenance logs demonstrated prompt action taken.

# 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

The Quality Standard is assessed as Compliant as 3 of the 3 requirements have been assessed as compliant.

Consumers and representatives described the service environment as welcoming and home-like, with sufficient measures to enable independent movement for consumers with ambulation and visual needs. Staff explained consumers were encouraged to personalise their rooms with belongings and photographs, and management described improvements being made to the coffee shop to create a more welcoming atmosphere for consumers and visitors. Communal areas were observed to be well used by consumers, accessible through corridors with sufficient lighting and handrails to support mobility.

Consumers and representatives said the service was clean and well-maintained, and consumers were observed moving freely through indoor and outdoor communal areas. Maintenance staff described scheduled preventative activities, and processes for managing hazards and repairs, including involvement of external specialist contractors. The environment appeared clean, comfortable, and well-maintained.

Whilst some furnishings were showing sign of wear and tear, management explained planned refurbishments, providing evidence of quotes and/or purchase orders and timeframes for improvement. Staff explained processes for cleaning shared equipment and processes for reporting required repairs, and maintenance staff explained monitoring processes through feedback and daily visual inspections.

# 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

The Quality Standard is assessed as Compliant as 4 of the 4 requirements have been assessed as compliant.

Consumers and representatives said they were comfortable expressing concerns and providing feedback, and felt encouraged to do so, with some reporting new management were very approachable. Staff said they address concerns immediately where possible or escalate for follow up. Management described available pathways for feedback, including consumer meetings, case conferences, and feedback forms and collection boxes were observed to be readily available.

Consumers and representatives confirmed they were aware of external complaint mechanisms and supports. Staff received training in complaint management, and said they were aware of advocacy and language services if required. Complaints brochures were displayed in several languages, and information on complaint agency, advocacy groups, and language services was observed in written materials including admission pack, feedback forms, and posters.

Consumers and representatives said they were satisfied feedback and complaints were addressed promptly and appropriately and described actions taken. Staff said they were trained on use of open disclosure process, and ensured all steps were applied in response to complaints or incidents. Management explained the maintenance of records of complaint or feedback with regional oversight to ensure appropriate and timely action.

Management explained how feedback and complaints is monitored, analysed, and used to identify improvement activities which are added to the continuous improvement plan. Consumers, representatives, and staff said they were aware of changes made in response to feedback and were informed and included in planning for changes.

# 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

The Quality Standard is assessed as Compliant as 5 of the 5 requirements have been assessed as compliant.

Consumers, representatives, and staff said there were enough staff with suitable knowledge and skills to meet consumer care needs without rushing. Management described processes utilised to ensure there were sufficient staffing levels and skill mix when developing rosters. Staff confirmed shifts were always filled, and the master roster demonstrated ability to cover unplanned leave within sampled periods. The service demonstrated compliance with nursing hours and care minute targets.

Consumers and representatives said staff were respectful, caring, and considerate. Management explained building a culture of respect through resources, training, and appropriate care planning. Staff interactions with consumers were observed to be caring and respectful.

Management described how they ensure staff members have appropriate qualifications, registrations, work visas, and police clearances required to meet expectations within recruitment processes. Staff detailed the onboarding processes, including orientation, mandatory training, buddy shifts, and management supports, to competently perform their roles in line with their position descriptions. Compliance with employment requirements, including vaccinations, registrations, police checks, and registrations was accessible through reporting and all records up to date.

Staff described mandatory and ongoing training opportunities, and management said training can be assigned to staff at any point if a need is identified. Consumers and representatives said they regarded staff as well trained and competent. Compliance with mandatory training requirements was monitored and actions taken if staff did not complete as expected.

Management explained the performance review process for new and ongoing staff, and formal and informal monitoring processes used in between, especially following incidents or complaints. Consumers said they were encouraged to provide feedback on staff performance. Staff explained the performance appraisal process offered opportunity to evaluate their own performance and receive constructive feedback. Whilst some scheduled performance appraisals were overdue, management demonstrated this had been identified and schedules had been created to ensure all completed by end of December 2023.

# 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 Quality Standard is assessed as Compliant as 5 of the 5 requirements have been assessed as compliant.

Consumers and representatives described being engaged in the development, delivery, and evaluation of care and services through feedback avenues, including meetings, the food focus group, and surveys. Staff and management explained how they engaged consumers in decisions on improvements, including the planned refurbishment. Consumer meeting minutes demonstrated consultation to develop lifestyle program. A consumer advisory body was being formed with meetings scheduled to commence early 2024.

Management described the governing body’s structure, and how information is communicated to and from the executive team, including the Board and subcommittees. The Board meets monthly to monitor and review the performance of each service through review of data reporting and analysis, including information relating to consumer experience and clinical indicators, and each service within the organisation is benchmarked to identify and address trends.

Organisational governance is applied and controlled through a framework including central management policy and statement of standards relating to continuous improvement, information management, financial and workforce governance, regulatory compliance, and feedback and complaints. Frameworks include policies, procedures, and flowcharts to inform staff, with monitoring from senior management through incident management, workforce requirements, and complaints, and management gave examples demonstrating impact on key areas to demonstrate effectiveness.

Risk management systems were utilised to monitor and assess high impact or high prevalence risks associated with care of consumers, ensuring risks were identified, reported, escalated and reviewed at service and organisation levels. Incident reports were analysed to identify issues or trends, and reported to the Board via relevant subcommittees, and used to identify potential for improvement, such as through staff training. Staff and management demonstrated understanding of elder abuse and neglect and reporting responsibilities, informed through mandatory training programs. Consumers were supported to take risks in order to live their best life through use of assessment and monitoring processes.

The clinical governance framework included policies and procedures to inform and monitor delivery of clinical care. Staff and management explained care practices were governed by policies, demonstrated through care planning documentation and reporting. Management demonstrated how monthly clinical reports are reviewed for trends and used to identify training opportunities, antimicrobial stewardship is reviewed within Medication advisory committee meetings, and use of restrictive practice is monitored and reviewed for effectiveness.

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)