Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Grutzner House | 28 July 2022 |
| Commission ID: | Activity type: |
| 3458 | Site audit |
| Approved provider: | Activity date: |
| Goulburn Valley Health | 14 June 2022 to 16 June 2022 |
|  |  |

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 Grutzner House (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.
* the provider’s response to the assessment team’s report received 26 July 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | Compliant |
| **Standard 3** Personal care and clinical care | Compliant |
| **Standard 4** Services and supports for daily living | Compliant |
| **Standard 5** Organisation’s service environment | Compliant |
| **Standard 6** Feedback and complaints | Compliant |
| **Standard 7** Human resources | Compliant |
| **Standard 8** Organisational governance | Compliant |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers said they felt valued, respected by staff and were supported to make choices about how their care was delivered which enabled them to live the best life they can. Representatives stated staff were familiar with consumers, understood their needs and preferences.

Staff described how consumer’s culture influenced the consumer’s goals and preferences. Staff said they support consumers to maintain their relationships, to be independent and make choices including rescheduling care delivery in line with consumers’ choice. Staff said information was presented according to consumers’ needs, abilities and described how communication supports, such as translators were used. Staff advised information and updates were shared via consumer meetings, case conferences, newsletters, telephone, electronic messaging and postal correspondence.

Care planning documentation confirmed communication barriers, such as impaired vision, hearing, speech or cognition, were identified and addressed, including through using aids. Consumers were supported to take risks and strategies to minimise risk were documented.

The organisation has policies, procedures and staff training on diversity and the delivery of culturally safe care for all consumers.

Staff were observed to be respecting consumers’ privacy by knocking on doors before entering and closing doors when providing care. Confidential information was secured through a password protected electronic care management system, and staff education records confirmed staff have completed privacy and confidentiality training.

# Standard 2

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

## Findings

Consumers and representatives said they are partners in the care planning process and staff understand what is important to consumers. Consumers and representatives confirmed they, are involved in, or are informed about the outcomes of, assessment and planning; and have access to the consumer’s care plan. Consumers and representatives advised allied health professionals are regularly involved in assessment and care planning, including physiotherapists, dieticians, and speech pathologists.

Care plans identified consumer’s needs, goals, preferences, advance care, end of life wishes and reflected individualised strategies to manage risks. The care assessment process began when a consumer entered the service, and the effectiveness of care interventions, were reviewed 3-monthly, or when an incident occurs or change to consumers’ health and well-being was identified. The outcomes of assessment and planning were documented; and were accessible to the consumer, staff and visiting health professionals.

Care documentation evidenced consumers and representatives were invited to, or actively participate in, the care plan evaluation process and those who have chosen not to participate were known by staff.

Care documentation identified advance care planning and end-of-life planning was discussed with consumers and or their representatives prior to entering the service and all consumers had documented their wishes. The service has a policy and procedure to guide staff in understanding assessment planning, including palliative care and end-of-life planning.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

Consumers and representatives said care delivered is right for the consumer and met their needs and preferences. Consumers and representatives expressed confidence when the consumer needs end of life care, the service will support them to be as free from pain and have those important to them around them. Consumers and representatives indicated the consumer’s condition, needs, and preferences were documented and communicated to relevant people. Consumers and representatives described the management and prevention of infection within the facility and said staff practiced good hand hygiene and the facility was very clean. Representatives advised they were informed of consumer’s deterioration or changes in their condition and if a referral to a medical officer or allied health professional was required, these were undertaken in a timely manner with arrangements in place for these to occur within the service.

Staff identified relevant high impact and high prevalence risks to consumers, and how these were assessed, reviewed and managed. The main risks identified were falls and challenging behaviours. Staff advised strategies to manage individual falls risk such as sensor mats, low-low beds, and frequent observations and toileting. Staff described how they managed challenging behaviours through distraction techniques and different forms of communication. Staff said procedures were followed to deliver safe skin integrity and pain management. Staff described how they identified changes in consumers condition and how this triggered reassessment and review.

Staff described how they promoted antimicrobial stewardship, minimised infection-related risks by following the infection control policies and by performing good hand hygiene, screening visitors and the use of RAT kits. Staff advised they had received education and training on infection control practices and COVID-19 education and infection control or prevention measures were in place. Staff advised during end of life care family and friends were offered unrestricted access and were offered emotional support.

Care planning documents reflected consumers condition, needs and preferences, and vaccination status and evidenced consumers received safe and effective care, tailored to the individual needs. Consumers subject to restrictive practices had appropriate consent and regular reviews in place. Care documents showed consumers nearing the end of life received care in line with their wishes, which maximised comfort and preserved dignity.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Representatives advised, due to the specialised care offered by the service, consumers were re-enabled to safely take part in activities of daily life. Representatives said consumers received safe and effective services and supports for daily living which met their goals, preferences and optimises their independence, health, well-being and quality of life. Consumers said they enjoyed the food and could make their own choices about the meals and they also have input into menu changes.

Staff advised information about changes in consumer’s needs, preferences or condition was shared at handover meetings. Staff were able to explain how they recognised when a consumer had a low mood and how they supported consumers, such as helping them use breathing and mindfulness techniques. Staff advised if a consumer said they wanted to talk to the psychiatrist these requests were facilitated. Staff described consumers dietary needs and food preferences.

Consumers were provided with the support and services for daily living, to participate in the community within and outside the service, have social and personal relationships meaningful to them and to do things of interest to them, such as visiting the community with external support workers or working in the vegetable garden at the service.

Care planning documents reflected consumer’s participation in activities as well as accessing the community via bus trips, outings with family and external care support workers who visit approved consumers at the service. Care planning documents indicated food preferences and dietary needs aligned with feedback given by consumers and representatives.

Equipment, such as wheelchairs, walkers, princess chairs, were observed was clean, well-maintained, safe and suitable.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Consumers advised they felt at home at the service and the gardens were a favourite feature. Representatives said the service environment including equipment, furniture and fittings, was well-maintained, safe, clean and suitable to consumer’s needs.

Staff confirmed consumers can move freely around the service inside and out into the garden area, and staff aided those who had limited mobility. Staff reported all shared equipment is cleaned between every use.

The service environment features dementia friendly principles such as contrasting coloured seats on the toilets; contrasting architraves; colour contrasting flooring, soft colours; signage on toilet doors incorporating visual element as well as the word with some signage translated in languages other than English. There service has extensive gardens for consumers to sit and enjoy the outdoors or take part in activities such as planting, weeding, harvesting, feeding the chickens, BBQ’s and meals outdoors in good weather.

Consumers’ rooms were observed to be clean, tidy and personalised with personal items and memorabilia. The service recently purchased new lounge furniture including high backed chairs, which complied with dementia friendly principles, and enable consumers to stand easily.

There were maintenance schedules for all care equipment in the wings complimenting the central maintenance register maintained by administration staff. Maintenance requests were logged with the engineering department at the hospital. There is no call bell system at the service as staff are rostered on each wing and stay there for their shift.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Representatives said they felt comfortable talking with a staff member if they were unhappy or had a concern and stated the management were very open, transparent and encouraged feedback. Representatives stated although they had not needed to make complaints, they were confident in the service’s ability to respond to feedback, review improvements and communicate changes.

Staff advised there was suggestion box in the foyer and compliment and complaint forms are available in the wings of the service. Staff reported the service responded well to feedback raised through the complaints process, informally and at staff meetings. Staff said the service involved consumers in developing staff training and sought their feedback through an easy-to-read consumer evaluation form.

The service gathers consumer feedback as part of the care delivery and audit schedule and used feedback to inform the continuous improvement processes including the purchase of new furniture. The service supports access to third-party advocacy and language services such as community visitors, mental health supports, an Aboriginal liaison officer, a hospital’s consumer care consultant and interpreter services.

Information displayed included brochures on consumer rights, complaints brochures translated into different languages and how to access interpreters and translators.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Consumers and representatives said staff were kind and respectful. Representatives said there were sufficient staff with appropriate training to provide quality care for consumers.

Most staff interviewed said there were sufficient staff to provide safe quality care and allow time to talk to residents, although some staff said they thought the consumers would benefit from a different staffing model. Staff advised the service had prioritised continuity of care by not using agency staff and management filling shifts through the hospital’s other mental health services, if required.

Staff said the induction program was thorough and upon its completion they were ready to provide safe, quality care. Staff said the service offered sufficient useful professional development activities and promoted best practice care. Staff confirmed they had attended training on the Serious Incident Response Scheme and completed other mandatory training including respectful workplace behaviours and Aboriginal and Torres Strait Islander cultural training.

The service demonstrated how members of the workforce had the qualifications and knowledge required to effectively perform their roles. Staff were subject to a six-month probation period. The service has an annual performance development review which identified training needs.

Staff were observed to have time to talk with consumers in addition to providing care.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

Consumers, representatives and consumer experience surveys demonstrated user confidence that the service is run well, and consumers and representatives are happy with their level of engagement in the development, delivery and evaluation of care and services.

Management was able to describe how the governing body promotes a culture of safe, inclusive and quality care and satisfies itself the Quality Standards are met. The service has an audit system to measure achievement against the 8 Quality Standards and the Board receives a summary of these audit outcomes quarterly.

The organisation’s governing body displays accountability and promotes quality care and services through acting in response to feedback and identified trends. Changes which impact the service’s operations are communicated to staff through weekly email bulletins and via handover. The organisation has effective governance systems to support staff to access information and maintain regulatory compliance including tracking changes to mental health legislation and guidelines.

The service has a risk management framework with policies regarding management of high impact and high prevalence risks. Feedback and complaints were suitably addressed and prompted continuous improvement opportunities which were monitored through an electronic risk management system.

Staff said they could readily access the information they need to deliver safe and quality care and services, and to support them to undertake their respective roles. Training was received in identifying abuse, reporting incidents and supporting consumers to live their best lives. Staff provided examples of how they apply the service’s clinical governance framework, such as minimising the use of restrictive practices, promoting antimicrobial stewardship and applying open disclosure. Staff were observed effectively using the service’s electronic care management system.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)