Performance

Report

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| Name of service: | Inverloch Coast Care Community |
| Service address: | 119 Cashin Street INVERLOCH VIC 3996 |
| Commission ID: | 3580 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 9 May 2023 to 11 May 2023 |
| Performance report date: | 16 June 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 Inverloch Coast Care Community (**the service**) has been prepared by J Miaris, 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
* the provider’s response to the assessment team’s report received on 24 May 2023, clarifying information contained in 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

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

Consumers and representatives said consumers were treated with dignity and respect, and staff were kind and caring. Staff described what was important to consumers and how they engage with them to support their individual identities, cultural needs, and diversity. Care planning documentation included consumer interests, cultural backgrounds, and preferences. Staff interactions with consumers were observed to be kind and supportive.

Consumers and representatives said the service recognises and supports consumers cultural backgrounds and their religious and spiritual preferences. Care planning documentation included specified consumer’s preferences of spirituality and staff described consumer preferences in line with the documentation. The service included options of culturally specific activities on the lifestyle calendar and consumers were observed engaging in these activities.

Management and staff said they supported consumer connections with the community and maintain relationships of their choice. Consumers confirmed they were supported to maintain the relationships they wished, made decisions about who was involved in their care arrangements, and had care and services provided in the manner they chose. Documentation reflected consumer preferences, relationship choices and aligned with care and services.

Consumers confirmed they were supported in taking risks which contributed to their sense of wellbeing and fulfilment. Staff described dignity of risk and how they supported consumers to take risks, inclusive of risk authorisation forms completed by the consumers/representatives following a risk management discussion with staff. The service’s policy guided staff practice in maintaining dignity and choice and staff recognised the positive impact of supporting consumers to do the things which mattered most to them. Care documentation reflected consumer’s choice in taking risks and strategies put in place to enable consumers to mitigate identified risks.

Consumers and representatives said the service have communicated timely information that is easy to understand, to assist them in making informed choices, they acknowledged and valued the opportunity to receive information and exercise choice. Staff said consumer information was readily available throughout the service. Communications were observed at the service, such as the weekly menu, newsletters, and lifestyle calendar, which were displayed and readily available to consumers in reception and common areas throughout the service.

Consumers said staff were respectful when providing care and maintained their privacy. Staff were observed to be respectful of consumer’s privacy by knocking on doors and announcing themselves before entering, handling consumer information with awareness of confidentiality, and securing consumer records. Staff were able to describe how they demonstrate respect for consumers’ privacy and maintain confidentiality of their personal information.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said the service meet their care needs and they were involved in the care planning process. Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals, and preferences of consumers, including the identification of risks. Staff demonstrated knowledge of consumers’ risks and described strategies to ensure their safe and effective care in line with care documentation. The organisation had policies and procedures in place to guide staff in assessment, care planning and risk management.

Consumers and representatives confirmed that the service has discussed and documented their preferences for consumers end of life care. Staff described the needs and preferences of consumers, which aligned to consumer feedback and care planning documentation. The assessment and care planning documentation observed were individualised to each consumer’s needs and reflected their preferences for care

Care planning documentation evidenced case conference reviews, involvement of a diverse range of external service providers, the service partners with consumers and others who the consumer wishes to be involved in the planning and assessment of their care. Consumers and representatives confirmed they provided input into the assessment and care plan process either through a formalised case conference or through regular feedback and updates. Staff described how they liaise with consumers and family members to ensure a partnership throughout the assessment and care planning process.

Consumers and their representatives said staff explain information about care and services, and they can access a copy of the consumer's care and service plan when they want to. Staff described how they effectively communicate outcomes of assessments and planning to consumers and their representatives; this information was captured and reflected in care planning documentation.

Staff and management confirmed care plans are reviewed 4 monthly and when health or care needs change. Care planning documentation evidenced assessment and reviews were completed on a regular basis and when circumstances change or when incidents occur. Consumers and representatives confirmed that consumer’s care and services are reviewed regularly or when circumstances change.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers were receiving care that is safe and right for them. Staff and management described consumers’ individual needs, preferences, their most significant personal and clinical care requirements and how these were delivered in line with their care plans. Care documentation reflected that individualised care delivered was safe, effective, and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent, and a behaviour support plan. The service had documented policies and procedures in place to manage key areas of care including, wound management, restrictive practices, pressure injury prevention and management, falls management and minimising the use of restraints.

The service demonstrated high impact and high prevalence risks for consumers at the service, including but not limited to including falls, pain management, pressure injuries, weight management and complex care are effectively managed. Care planning documentation reflected risk assessment tools, and prevention strategies to guide how risk is identified, managed, and recorded. Consumers and representatives were satisfied with the care and services they receive, and how risks that affect their care are managed. The service had policies, procedures, and fact sheets in relation to high impact/high prevalence risks available for ongoing staff education.

Consumers and representatives said they have completed a goals of care with their end of life wishes included. Management and staff described care adjustments to delivery of care for consumers requiring end-of-life care and practical ways to maximise consumer comfort and dignity. The service had policies and procedures in relation to palliation and end of life care with education factored into annual training requirements.

Consumers and representatives provided positive feedback on how the service has responded to a change or deterioration in the consumer’s condition or health. Staff described and care planning documentation reflected appropriate actions taken in response to a deterioration or change in a consumer’s health. The organisation had policies and procedures guide staff in the timely identification and response to consumer deterioration.

Consumers and representatives said consumers’ care needs and preferences were effectively communicated with those responsible for their care, and consumers receive the care they need. Staff described how information regarding consumers’ needs, conditions, and preferences were documented and communicated within the organisation and with others where care was shared. Care planning documents contained adequate information to support effective and safe sharing of the consumer’s information in providing care.

Consumers confirmed they had access to medical officers and other health professionals and timely, appropriate referrals occur. Staff described the referral process and how this informs care and services provided to consumers. Care planning documentation evidenced timely referrals, input from other health professionals, allied health therapists and other providers of care and services.

The service had policies and procedures in place to guide staff practices on antimicrobial stewardship and infection control management, with an outbreak management plan in place. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Consumers and representatives said staff wear personal protective equipment when required and practice hand hygiene frequently.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives described how consumers are supported to meet their needs, goals, and preferences, and optimise their independence, health, well-being, and quality of life. Staff described activities to support each consumer’s own goals, interests, needs and preferences. Care planning documentation confirmed staff assess and identify consumers’ needs, goals and preferences and optimise their health and well-being. The activity calendar reflected a variety of activities offered to consumers.

Staff explained how they meet consumers’ emotional and spiritual needs and provide additional support such as one-to-one conversations. Consumers said staff provided them with the emotional support they needed. Staff interactions with consumers appeared to be kind, caring and supportive. Care plans provided information about consumer’ emotional and spiritual needs, with documented strategies to ensure consumers are supported.

Consumers said they were supported to maintain connections with their community and engage in interests and activities important to them. Care planning documentation noted consumer’s preferences and choices relating to community engagement, relationships they wished to maintain, and activities they enjoyed doing.

Consumers and representatives described how the service communicates and responds to consumers’ needs and preferences. Documentation reflected information aligned with consumer needs and preferences, and the involvement of others where responsibility for care is shared. Staff described how consumer preferences are documented and updated within the electronica care system and other related documentation within the service.

Consumers and representatives said the service provided timely referrals and engaged with other organisations and service providers as required. Staff described how they make referrals to other organisations and service providers in response to identified consumer needs. Care planning documentation reflected the involvement of a range of services and timely referrals made to meet consumers’ needs and preferences.

Consumers said food provided at the service was adequate in quantity, variety, and quality. Care planning documentation evidenced ongoing consultation with consumers in relation to menu and meal options provided are consistent with consumer dietary needs and preferences. Staff said consumers are offered meal alternatives and food options are available to consumers anytime of the day.

Consumers said equipment at the service is safe, clean, and well-maintained. Staff interviewed stated they had safe quality equipment needed to deliver quality care. Management said all staff shared in the responsibility for cleaning consumer equipment after each use. Equipment was observed to be safe, suitable, 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service was clean, easy to navigate, well maintained, and consumers felt safe and at home. Staff said consumers are invited to personalise their rooms with their own belongings and photographs. Navigational signage was observed throughout the service, and staff were observed providing support to consumers to support their interaction, independence, and function.

Consumers and representatives said the service is kept clean, well maintained and they are supported to move freely throughout the service environment, both indoors and outdoors. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues. The service was observed to be clean, safe, and well-maintained, and consumers were observed to be moving freely throughout the service.

Consumers said their equipment was safe, clean, and well maintained. Staff confirmed the maintenance log is checked and actioned daily with no outstanding maintenance requests and regular equipment checks were completed. Furniture and equipment throughout the service was observed to be appropriate, clean, and well maintained.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said the service encouraged and supported them to provide feedback and make complaints. Consumers said they preferred to provide feedback in person to staff or to management and felt comfortable doing so, with others preferring to provide feedback via forms or emails. Staff understood the complaints process and how to support consumers to make a complaint and they would assist consumers to complete a feedback form if they were asked. Management described the complaints and feedback process and could demonstrate a robust complaints management process, as evidenced in the complaints register.

Consumers and representatives said they were aware of advocacy and language services available to them if required. Staff and management were aware of how to access advocacy and interpreter services to assist consumers. Management said they had downloaded the ‘how to raise a concern’ pamphlet from the Commission website in all the languages of consumers living at the service. The service had brochures and feedback forms available in alternate languages and advocacy services were displayed on noticeboards throughout the service.

The service demonstrated feedback and complaints are investigated, appropriate action is taken in response to complaints and open disclosure is employed when things go wrong. Consumers and representatives said management addressed their complaints and resolved concerns they raised in a timely manner and apologised when things go wrong. Staff and management provided examples of how complaints and incidents were followed up, with an open disclosure process applied when things had gone wrong. Documentation confirmed timely management of complaints, the use of open disclosure, in accordance with the services feedback and complaints and open disclosure policies.

The service demonstrated that feedback and complaints provided to the service are reviewed and used to improve the quality of care and services. Management described detailed processes and provided examples of how feedback is used to improve services. Documentation reflected the various ways the service captured compliments and complaints and how data is used to inform improvements.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

The service demonstrated the number and mix of staff is planned to enable the delivery of safe and quality care and services to meet the needs of consumers. Consumers and representatives said there was enough staff to meet consumer care needs in a timely manner. Staff said the care and services provided to consumers was provided in a timely manner and ensuring best practice. Documentation and rosters demonstrated vacant staff shifts are filled and the service monitors call bell data to ensure call bells are answered in a timely manner.

Consumers and representatives said staff were kind, respectful and caring when providing consumers with care. Staff demonstrated an in depth understanding and familiarity of consumers needs and preferences when providing care. Staff were observed greeting consumers by their preferred name and were familiar with the consumer’s backgrounds. The organisation had documented policies and procedures in relation to cultural safety, diversity and inclusion, and privacy and dignity.

Consumers and representatives said staff were capable, experienced, and knowledgeable to do their jobs effectively. The service detailed processes for ensuring the workforce are competent and have the qualifications or knowledge to effectively perform their roles and described ways in which they ensure staff at the service are competent. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives said staff had appropriate skills to ensure delivery of safe, quality care and services. Staff confirmed they received initial and ongoing training, completed core competencies and were comfortable requesting additional training to enhance their performance. The service had policies and other documentation that demonstrated that the organisation identifies staff training and staff training records demonstrated that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards.

The service regularly undertakes assessment, monitoring and review of the performance of each member of the workforce. Management described the process for staff performance reviews undertaken regularly and staff performance is continually assessed and monitored, including through ongoing supervision. Staff described how performance appraisals occur and confirmed that in addition to performance feedback, they discussed their development needs and undertake annual performance appraisals. Documentation evidenced that annual appraisals were in place and were completed by management with staff.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said they were involved in the development, delivery and evaluation of their care and services. Management advised there are multiple avenues that consumers are invited and encouraged to provide feedback to enhance their service and care delivery which included regular meetings, food focus meetings, care plan reviews, consumer surveys, and opportunities for improvement forms. The service provided documented evidence to demonstrate that consumers are engaged and supported in providing input on service delivery and that the service is actively working to improve care and services.

Consumers said they felt safe and received inclusive, quality care and services. Staff described how clinical indicators, quality initiatives and incidents are discussed at relevant meetings. The organisation had a strategic plan in place and ensures monitoring through effective reporting mechanisms. Management detailed the organisation’s governing committees and the board’s involvement in the promotion of a safe, inclusive culture with data analysis and benchmarking driving change.

The service had appropriate governance systems in place with a reporting structure for electronic information management, workforce management, continuous improvement, a suite of policies and procedures, legislative updates for regulatory compliance, financial budgets and governance, and feedback and complaints management. Staff confirmed they had access to online policies and procedures, and information appropriate to their roles through individual user accounts. Management said gateways for continuous improvement were identified through a variety of reporting mechanisms and reviewed at meetings.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, supporting consumers to live the best life they can. Management said risks are reported, escalated, and reviewed by management at the service level, including the governing body. The service completes incidents reports through the electronic reporting system. Management confirmed they analyse incidents and identify issues and trends, and these are reported to various committees with the final data going to the board leading to improvements to care and services for consumers.

The organisation had a documented clinical governance framework in place which included policies, assessment tools, procedures, service delivery practices, and staff training requirements across antimicrobial stewardship, restrictive practice minimisation, and open disclosure. Management and staff described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong.

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)