

**Performance Report**

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| Name: | Isomer Aged Care Facility |
| Commission ID: | 3199 |
| Address: | 1273 Wellington Road, LYSTERFIELD, Victoria, 3156 |
| Activity type: | Site Audit |
| Activity date: | 21 January 2025 to 23 January 2025 |
| Performance report date: | 11 February 2025 |
| Service included in this assessment: | Provider: 523 Islamic Society of Melbourne Eastern Regions Inc Service: 1958 Isomer Aged Care Facility |

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 Isomer Aged Care Facility (**the service**) has been prepared by Paramdeep Singh, 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 staff, older people/representatives and others.
* the provider’s response to the assessment team’s report received 6 February 2025.

# 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 confirmed service staff value consumers as individuals, treating them with dignity and respect, and valuing their culture and diversity. Staff demonstrated an understanding of individual consumers, describing ways they demonstrate respect for consumers to maintain consumer dignity. Care documentation includes detailed information about individual consumer needs and preferences inclusive of cultural considerations. The Assessment Team observed staff interacting with consumers respectfully.

Consumers and representatives were satisfied the service and staff provide culturally safe services and supports. Staff described their understanding of individual care needs and preferences of consumers from culturally and/or linguistically diverse backgrounds. Care documentation detailed information about consumers’ cultural care needs.

Consumers said they make daily choices about their care and services including in relation to clinical care and lifestyle activities. Clinical and care staff confirmed supporting consumers to make daily decisions about their care. Care documentation outlined consumer decision making regarding their own care and services such as preferred lifestyle activities and clinical care in relation to allied health practitioners.

Consumers and representatives confirmed consumers are supported to engage in activities involving elements of risk such as gardening, smoking and locking the door. Care documentation showed consumer and representative acknowledgement and acceptance of risks, to support consumers to live their lives according to their preferences.

Consumers and representatives were satisfied information provided to consumers by the service is current, easy to understand, and provides opportunity for choice. Staff could describe a variety of communication methods used to convey information to consumers.

Consumers and representatives stated they are confident their information is kept confidential, and staff discuss privacy and confidentiality upon entry to the service. Staff demonstrated knowledge of privacy principles. Privacy and confidentiality policies, staff induction and training programs, support and guide staff practice.

Based on the information summarised above, I find the service, in relation to the provider compliant with all requirements in Standard 1 Consumer dignity and choice.

# 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 their representatives are satisfied with assessment and care planning processes and risks are considered and inform safe and effective consumer care. Care documentation shows care planning includes relevant assessments and identification of risks. Staff demonstrated knowledge of consumer risks and described strategies to ensure safe and effective care. The organisation has policies and procedures to guide staff in assessment, care planning and risk management.

Care planning documentation for consumers reflected the goals of care, needs and preferences of each consumer under all domains of care. Advance care planning is integral to the initial assessment process and is reviewed at 3 monthly care reviews. Care plans included details and personalised information regarding consumer needs, goals and preferences. For advanced care planning, this included being comfortable and pain free. Staff demonstrated knowledge of the needs and preferences of sampled consumers.

Consumers describe how assessment and planning is conducted in partnership; to help them meet their goals and preferences and say they are satisfied the right people are involved. Care documentation demonstrated consumers and representatives involved in the assessment, planning and review process.

Documentation supports outcomes of assessment and planning being effectively communicated with staff, including allied health documenting assessment outcomes in care planning documentation. Consumers and representatives expressed satisfaction with the level of staff and service communication and confirmed they received a copy of consumer care plans.

Care plans are reviewed at least every 6 months. Care documentation showed consumers were assessed and care plans updated, when circumstances changed, or incidents occurred. Consumers and representatives confirmed they are informed about incidents, such as changed behaviours, dietary changes or restrictive practices.

Based on the information summarised above, I find the service, in relation to the provider compliant with all requirements in Standard 2 Ongoing assessment and planning with consumers.

# 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 stated they receive safe and effective personal and clinical care. Staff interviews and documentation reflect best practice principles are implemented and followed in relation to skin integrity, pain, behaviours and restrictive practices to optimise consumer health and well-being. A suite of policies and procedures are accessible to guide staff in clinical and personal care delivery in line with best practice.

The service demonstrated effective processes to manage high impact or high prevalence risks associated with the care of each consumer, such as changed behaviours, high risk medications, falls, and complex needs. Documentation viewed by the Assessment Team reflected the service effectively manages high impact or high prevalence risks. Management and staff described consumer risks and how risks are minimised.

The service demonstrated consumers have their dignity preserved and end of life care is provided in accordance with their needs and preferences, including the use of external palliative care providers. Care documentation confirmed staff respond in a timely manner, involve representatives regularly, and ensure consumers receive effective palliative care including pain management.

Consumers and representatives said they are confident the service recognises and responds to changes in a consumers’ condition in a timely manner. A review of care documentation reflected staff take appropriate action in response to deterioration or changes in a consumer’s health or well-being. Staff described how they identify, act and communicate any deterioration or change in consumer condition. The service has an established protocol to support identification, reporting, and management of clinical deterioration.

Consumers and representatives indicated consumer needs and preferences are effectively communicated in a timely manner. Staff described communication mechanisms and demonstrated knowledge of the needs and preferences of each consumer they cared for. Sample care documentation demonstrated conditions, needs and preferences are communicated, and information exchange occurs with others who share responsibility for care.

Consumers and representatives described referrals as timely and appropriate. Clinical staff demonstrated how internal and external referrals are completed. Care documentation showed collaboration with other service providers and evidence of timely and appropriate referrals to other health service providers such physiotherapist, speech pathologist, dietitian, dementia specialist services and dentist.

Consumers and representatives expressed satisfaction with precautions taken to prevent and minimise infection-related risks. Staff demonstrated knowledge and understanding of infection control practices and explained how they promote antimicrobial stewardship. The service has an appointed infection prevention control (IPC) lead. The organisation has an outbreak management plan which provides guidance to the service to prepare, respond and recover from outbreaks such as COVID-19.

Based on the information summarised above, I find the service, in relation to the provider compliant with all requirements in Standard 3 Personal care and clinical care.

# 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 and representatives expressed satisfaction with the service and the supports available to meet their goals and maximise their independence. Consumers said they enjoyed the activities on offer at the service. Each consumer has a personalised care plan, established in consultation, which describes their personal history, what is important to them and their needs, goals and preferences. The Assessment Team observed consumers engaged in a range of activities throughout the service.

Consumers described how services and supports promote their emotional, spiritual and psychological well-being. Staff demonstrated they understood the spiritual and emotional needs of consumers, including how they provide support to promote emotional well-being. Documentation showed information about each consumer’s spiritual and emotional needs is recorded in their care plans. Lifestyle staff described how the lifestyle program supports consumers emotional, spiritual and psychological well-being.

Consumers and representatives described the services and supports that enable them to participate in the community, do things of interest to them, and have relationships they choose. Staff described how they support consumers to do things important to them, participate within and outside the service environment, and have social relationships. Care planning documentation evidenced consumers’ interests and personal and family relationships.

Consumers said information regarding their service and supports needs are communicated efficiently, both within the organisation and externally where necessary. Consumers said staff understand their needs and services, which are well coordinated. Staff described how consumer information is updated when changes occur, including care plans and progress notes.

The service demonstrated timely and appropriate consumer referrals to providers of other care and services. Staff described procedures to refer consumers to other organisations and service providers. Care planning documentation reflects the service collaborates with external providers to support consumer care needs.

Consumers and representatives said meals are varied and consumers are provided with alternative options. Staff were knowledgeable of each consumer’s dietary needs. The chef said they make sure to speak with all consumers after the meal service to gather feedback about the meals and meals are cooked fresh at the service. Staff were observed assisting, encouraging and offering choices with meals during the audit.

Consumers said they were satisfied equipment provided is suitable, safe and effectively maintained. Staff described how they provide safe and suitable equipment through their cleaning and maintenance programs. Staff demonstrated how they report equipment faults. Equipment was observed to be clean and well maintained.

Based on the information summarised above, I find the service, in relation to the provider compliant with all requirements in Standard 4 Services and supports for daily living.

# 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

Consumers and representatives said the service environment is welcoming, easy to understand, and optimises a sense of independence and belonging. Consumer rooms were observed to be personalised with their own furniture, photographs and items that are important to them.

Consumers expressed satisfaction with the safety and cleanliness of the service environment. Consumers described being comfortable with their ability to move about the service indoors and outside. Staff said consumers can move inside and outside either independently or with assistance from staff. The Assessment Team observed communal areas, consumer rooms and offices to be safe, clean and well maintained. Outdoor areas appeared safe, tidy and well maintained.

Consumers and representatives said furniture, fittings, and equipment were safe, clean and suitable for consumer use. Documentation shows how furniture, fittings and equipment are regularly cleaned and maintained. Staff were observed cleaning equipment after use.

Based on the information summarised above, I find the service, in relation to the provider compliant with all requirements in Standard 5 Organisation’s service environment.

# 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 representatives said they are supported and encouraged to provide feedback. Staff described how they support consumers to provide feedback, such as by giving them a feedback form, assisting them to attend consumer or food focus meetings, or through receiving verbal feedback. The feedback register showed feedback being provided from a range of sources.

Consumers and representatives reported they are aware of external advocates and organisations for making complaints. Contact details for advocates and external organisations were observed in the consumer handbook and throughout the service. Management advised they have access to language and interpreter services if required, and advocacy services will attend the service annually to provide information to consumers on services available.

Consumers described making a complaint and receiving a timely response from management. The service has processes in place to initiate and investigate complaints and support staff if they require further training or guidance. Management demonstrated they exercise procedural fairness when working with staff and demonstrated how and when open disclosure is used following a negative event for a consumer. The organisation has policies and procedures in place to guide and support the complaints management process.

The service uses complaints to identify trends and gaps to improve consumer care and services. Consumers described improvements that have been made at the service which resulted in positive outcomes for consumers. Staff demonstrated complaints are reviewed and timely follow up actions occur to improve consumer care outcomes in line with consumer needs and preferences.

Based on the information summarised above, I find the service, in relation to the provider compliant with all requirements in Standard 6 Feedback and complaints.

# 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

Consumers and representatives said there are enough staff to meet consumer care needs. Staff said they have sufficient time to undertake their roles. Management described how they plan the roster to ensure consumer needs and preferences are met and allocation sheets demonstrate unplanned leave is addressed.

Consumers and representatives stated staff interact with consumers in a kind and caring manner and respect consumer choices. Staff demonstrated they are familiar with consumer identity and individual needs. Staff were observed engaging with consumers in a kind, caring and respectful manner. Care planning and organisational documentation reviewed demonstrated respectful communication regarding consumer needs and preferences.

The service demonstrated a workforce that is skilled, qualified and possesses the knowledge required to undertake the role. Consumers and representatives said staff know what they are doing. Staff explained the onboarding process including verifying qualifications before a position is offered. Management demonstrated recruitment process to identify, recruit and employ staff with the appropriate skills and knowledge. New staff are provided with orientation, induction, buddy shifts and probationary review to support their onboarding experience. Training records capture staff attendance for mandatory and ongoing training requirements.

Consumers and representatives interviewed mostly expressed confidence in the workforce and believed staff are trained, knowledgeable and qualified to perform their roles. Staff described how training, professional development and supervision enable them to perform their role. Management discussed how they identify training needs from feedback received from consumers or representatives, performance appraisals, incidents and audit results.

Management described the process for monitoring and reviewing staff performance, which includes a month probation and annual performance review. Staff confirmed they are involved in performance reviews, where they can discuss additional training and support needs, and receive feedback on their performance.

Based on the information summarised above, I find the service, in relation to the provider compliant with all requirements in Standard 7 Human resources.

# 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**

Consumers and representatives described the various ways they feel supported and engaged in how care and services are developed, delivered and evaluated. Management explained how a range of processes support consumer engagement including submission of written feedback, regular consumer satisfaction surveys, meetings. Staff and management provided examples where consumer feedback has improved the way they deliver care and services. Organisational documentation shows records of meetings with consumers and examples of how the organisation monitors and reports continuous improvement.

The organisation’s governance framework demonstrates accountability for the delivery of safe and quality care and services, through the board, numerous committees and meeting groups, all of which facilitates a hierarchy of oversight and accountability at both an organisational and service level. Care and services are monitored through the review of quality indicators, consumer feedback, complaints, and incidents.

Effective organisation wide governance systems support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Consumer information is contained within the electronic documentation system, which is password protected. Continuous improvement activities are undertaken and identified from a range of sources. The organisation has an annual budget and out of budget expenses are considered using a financial delegation system. The organisation has policies and procedures in place in relation to workforce governance. The service engages legal partners to provide updates on regulatory changes. The organisation has systems and processes in place to monitor feedback and complaints, which are managed at a service and organisation level.

The service demonstrated there is a risk framework in place that identifies, manage, and reports high impact or high prevalence risks and implements actions to minimise risks. There are processes in place to ensure action is taken and consumers are supported to live their best lives. The service has risk management systems to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated, and reviewed by management and the board.

The service demonstrated a clinical governance framework and systems to ensure the quality and safety of clinical care. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

Based on the information summarised above, I find the service, in relation to the provider compliant with all requirements in Standard 8 Organisational governance.

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)