Performance

Report

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| Name of service: | John Curtin Aged Care |
| Service address: | 5 Cushing Avenue CRESWICK VIC 3363 |
| Commission ID: | 3310 |
| Approved provider: | John Curtin Aged Care Inc |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 14 March 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 John Curtin Aged Care (**the service**) has been prepared by G.Hope-Simpson, 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 2 March 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers said their identity, culture, and diversity was valued, and they were treated with dignity and respect. Staff described what was important for consumers and how they interacted to promote dignity and respect, such as knowing topics to avoid when talking to consumers. Care planning documents outlined information on consumers backgrounds and personal preferences.

Care planning documents showed the service collaborated with consumers and representatives to identify and record their cultural preferences, and cultural activities each consumer wanted to maintain. Staff advised the service celebrated, honoured and participated in Aboriginal and Torres Strait Islander Indigenous culture.

Consumers were supported to exercise choice and independence, including their care and who should be involved. Care plans detailed consumers’ preferences and important relationships. Staff assisted consumers with their activities of daily living, and ensured consumers were provided opportunities to voice their preferences should they vary from their regular routine.

Care planning documents reflected decisions and activities taken by consumers that involved risks, and strategies in place to mitigate any identified risks. Risk assessments were conducted in consultation with the consumer, their representative and relevant health professionals.

Consumers were provided with information that was accurate, easy to understand and enabled them to exercise choice. Menus, activity calendars and notices were displayed throughout the service. Staff described several means of communication they used in the service, including phone calls and emails. Some consumer representatives said during weekends staff take longer to answer phones, however once answered, the messages were effectively communicated to consumers.

Consumers’ privacy was respected, and their personal information kept confidential. The service had protocols in place to protect consumers’ privacy, such as locked staff rooms, password protection of computers, and knocking on consumers’ doors prior to entering.

# 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

Care planning documents reflected a comprehensive initial assessment and care planning process used to identify consumer needs, goals and preferences. Staff said they used assessments to inform how they deliver safe and effective care which was aligned with care planning documents. Advance care planning and end-of-life care were included in care plans if the consumer wished.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described the process for referral to allied health professionals, such as medical practitioners, physiotherapists, dieticians, and podiatry services.

Consumers and representatives said staff explained information about care and services, they could access a copy of the consumer's care and service plan when they wanted to and knew how to do so. Staff described processes for documenting and communicating outcomes of assessments.

Care planning documents evidenced care and services were reviewed for effectiveness every 3 months, and when circumstances changed or when incidents occurred.

# Standard 3

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

Findings

Consumers and representatives said consumers received care that was tailored to their needs and optimised their wellbeing. Registered and care staff understood consumers’ individual personal and clinical needs. Care planning documentation reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. The service had policies and procedures in place for delivery of personal and clinical care in line with best practice, including wound management, restraint practices, falls prevention, skin integrity, and pressure injury prevention. Management advised that an internal audit had identified deficiencies in documenting of consent for environmental restraints, though verbal consents had been obtained. The service was acting to obtain documented consent from all relevant representatives.

Care planning documents identified high impact and high prevalence risks were adequately managed. Staff described mitigation strategies used and how they had been educated in skin care and prevention of pressure injuries. Consumers and representatives were satisfied high impact or high prevalence risks were effectively managed.

Care planning documents showed consumers who were nearing end-of-life had their dignity preserved, and care provided in accordance with their needs and preferences. Staff described practical ways in which consumers’ comfort was maximised and their dignity preserved. The service engages a community palliative care service for end-of-life care. Families were supported to be involved in all aspects of consumers’ palliation and provided options for overnight stays.

Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff gave examples of recognising and responding to deterioration or changes, such as early detection of coronavirus. This corroborated consumer and representative feedback.

Information about consumers’ conditions, needs and preferences was documented and communicated with those involved in the care of consumers. Staff confirmed changes in consumer care and needs were communicated through handovers, meetings, care plans, and the service’s electronic care management system (ECMS). Care planning documents provided adequate information to support effective and safe care.

Staff described the process to refer clinical matters to other providers. Care planning documents evidenced timely referrals occurred when needed.

Consumer and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. The service’s Infection Prevention Control (IPC) lead worked with senior management to oversee infection control. The service had policies to guide infection control practices, including antimicrobial stewardship and handwashing.

# 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 Assessment Team recommended the following requirement as not met:

* 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.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report, the Approved Provider’s response, and the service’s PCI, and find the service compliant with this requirement.

The Site Audit report brought forward feedback from some consumers and their representatives about lack of meaningful activities being offered to consumers, including those consumers residing in the MSU. The site audit report brought forward detailed evidence concerning the impact of this on three named consumers, who were reported to be bored or lonely. One named consumer said at times they felt lonely, excluded, and they did not like the activities provided and preferred their own company. Another consumer expressed they were bored and would like more bus outings. One consumer representative said there was not enough staff rostered on weekends for consumers to undertake activities in the MSU, which meant there was no distraction for consumers who were prone to wandering into other consumers’ rooms and increased the chances of incidents occurring. Lastly, a door from the MSU to the central courtyard was observed to be locked on one day of the site audit, which was reportedly an isolated omission, with the door not being unlocked that morning. Other evidence brought forward was more relevant to other requirements and has not been considered here. When these deficits were raised with management, immediate steps were taken to address requests for additional preferred activities for the named consumers, and management identified a plan to improve availability of meaningful activities in the MSU.

The Approved Provider responded on 2 March 2023 and outlined steps taken since the site audit to address consumer and representative feedback about activities in the MSU. The response noted that over 2600 activities were held in the MSU in the 2022 calendar year, including on weekends, and included extracts of the lifestyle activities calendar, with inclusion of activities for the MSU. The response demonstrated the service had actioned new, individually tailored activities for named consumers and provided additional context concerning each of the named consumers, relevant to their feedback. In addition, the Approved Provider supplied a PCI which contained appropriate continuous improvement actions undertaken since the site audit to rectify the deficiencies, including implementing a Resident Activities Feedback Survey to capture consumer feedback to inform the lifestyle calendar in future.

Overall, I am satisfied with the Approved Provider’s response, and the immediate actions undertaken by the service during the Site Audit. I consider the service has an appropriate plan in place to ensure consumers in the MSU are supported to undertake meaningful activities which engage them, and that measures are in place to ensure improvement measures are evaluated for effect and sustainability. Therefore, I find requirement 4(3)(a) is compliant.

Regarding the remaining Requirements: Consumers said their emotional, spiritual, and psychological needs were supported. Staff outlined a pastoral care program in place and described additional support provided for consumers experiencing a change in mood, such as spending one-on-one time with consumers who do not wish to participate in group activities and facilitating contact between consumers and their family members.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest. Care planning documents showed consumers were involved in the community, pursued their interests, and maintained personal and social relationships.

Consumers were provided services consistent with their care needs, and staff were aware of consumers’ needs and preferences. Staff said information, changes, and other requirements for consumers were shared at shift handovers, through care plans and via the service’s ECMS.

Referrals for care and services were timely and appropriate, and included referrals to the internal hairdresser and outside community organisation. Care plans reflected staff assisted consumers to access these services, and ensured consumers were prepared and ready for them at the appointed times.

Consumers said the meals provided were varied, of suitable quality and quantity, they participated in the planning of the menu and could order outside of this if they chose. As part of the service’s quality improvement process, bowls of fresh fruit were placed on each dining room table for consumers to take from at any time of the day.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean, and mostly well maintained. The Assessment Team however found one consumer’s 4-wheel walker had a malfunctioning hand brake. Upon reporting the observation to management, the service undertook actions for the equipment to be fixed immediately. Staff interviewed said they had access to equipment when they need it and could describe how equipment was kept safe, 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

Consumers and representatives said the service environment was welcoming and optimised their independence, interaction, and function. The service environment was observed to have environments that reflected dementia enabling principles, and sufficient lighting and handrails to support consumers to move around. Management described the ongoing upgrades for the service, including a cafeteria that will be open to consumers and members of the public. The Assessment Team observed consumers picking roses in the outdoor area, and bunches of freshly picked roses were in vases around the service.

The service environment was observed to be clean and well maintained. Consumers confirmed they can move freely and independently indoors and outdoors. The Assessment Team however, observed the door in the MSU that lead to outdoor areas was locked on the first day of the Site Audit. Management said this was not usual practice, and was an oversite that the door had not been unlocked from the previous night. The Assessment Team observed the door to be unlocked during the remainder of the Site Audit, and consumers were seen accessing the outdoor area at various stages throughout the visit.

Consumers confirmed the equipment they used was tailored to their needs, was not shared with other consumers, and was mostly maintained and cleaned by the service. The Assessment Team observed equipment used for personal care was functional, maintained, cleaned, and stored appropriately.

# 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 service had multiple methods for consumers to provide feedback and make complaints including feedback forms, speaking with management, and at consumer meetings. Consumers and representatives said they feel safe and supported to provide feedback or raise concerns with staff and management. Members of the workforce described processes in place to encourage and support feedback and complaints.

Consumers and representatives were made aware of, and had access to advocates, language services and other methods for raising and resolving complaints. Information was included in the consumer handbook, and posters were displayed for advocacy organisations. Although no consumers required language services, staff were aware of the process if needed.

Consumers and representatives were satisfied they could raise concerns and make complaints, and any matters raised were dealt with appropriately. Staff were aware of the underlying principles of open disclosure but were not familiar with the terminology and had not been trained in it. However, the service’s complaints register lacked detail about follow up actions taken to resolve complaints, noting only that documented complaints had been resolved. Management acknowledged the deficiency and advised an action item had been added to the PCI to rectify the issue. As evidence indicated complaints were being resolved, the Assessment Team were satisfied the Requirement was met.

Staff described how feedback and complaints have resulted in care and service improvements, such as consumers need to connect with families during the State’s COVID-19 lockdowns. Regular consultations with consumers and representatives ensured feedback and complaints were reviewed, analysed, and actioned.

# 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 Assessment Team recommended the following requirement as not met:

* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report, the Approved Provider’s response, and the service’s PCI, and find the service compliant for this requirement.

The Site Audit report brought forward evidence performance appraisals for some staff were incomplete at the time of the Site Audit, however no staff raised concerns regarding outstanding appraisals. Management clarified appraisals were undertaken for staff on traineeship programs however, other outstanding staff appraisals was due to inconsistent handover from the previous management, and high turnover of staff. Immediate steps had been undertaken to address the deficiency including, actions added to the PCI, senior management holding discussions to address the issue and formalise the proposed new format style of the reviews. In addition, the Assessment Team reviewed a planned schedule for staff performance appraisals, including performance reviews of senior management by the governing body. The Administration Manager demonstrated 3-month reviews were completed on trainee personal care attendants.

The Approved Provider included the PCI in their response of 2 March 2023, which acknowledged the deficits and included action items to bring appraisals up to date, and to review and implement performance management procedures The response also outlined issues with high staff turnover and issues inherited since the change in management at the service 18 months prior. Evidence provided with the response demonstrated that 58.7% of appraisals had been completed since the Site Audit. No consumer or staff impact was identified as a result of overdue appraisals. Based on the actions taken since the site audit to rectify the issue, and given the service had identified the overdue appraisals prior to the site audit and were taking steps to bring them up to date, I am satisfied the service is compliant with Requirement 7(3)(e).

Regarding the remaining Requirements: Whilst some consumers and representatives said staff were busy at times, there were no reported impacts on care or services provided and they said their needs were met. The staff roster demonstrated the service ensured there was enough staff to provide continuous safe and quality care. Management provided evidence of strategies to mitigate the impacts of staffing issues, and demonstrated the service had in a current recruitment drive in place. While the Assessment Team found call bell reports were not able to be generated, as no consumer complaints were raised about slow call bell response times, the Assessment Team were satisfied the Requirement was met.

Consumers said staff were kind, caring and respectful. Staff were observed being kind and respectful to consumers, such as referring to consumers by their preferred name. The service had policies and procedures to guide staff practice and outlined how care and services were to be delivered in a person-centered approach.

Consumers and representatives said staff were skilled and knew what they were doing. Management advised although the service was behind with annual mandatory refresher training for staff, actions had been included on the PCI and qualifications checked prior to the commencement of new staff, as well as staff who had been at the service for an extended period. The service had position descriptions for each role outlining the minimum qualifications and credential requirements.

Consumers and representatives were confident staff had suitable skills and training in delivering care and services. Staff confirmed when legislative changes occurred, the service provided updates during staff meetings, such as those for SIRS reporting. Management acknowledged gaps in SIRS reporting, where clinical staff need to escalate reporting to the clinical care manager as they were unable to lodge reports themselves. Steps undertaken during and after the Site Audit to address the issue included obtaining passwords for members of the workforce to log SIRS, and training to be undertaken in logging reportable events through SIRS.

# 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 were confident the service was run well, and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Meeting minutes demonstrated consumers and representatives were actively engaged with providing feedback.

The organisation has systems and processes to monitor the performance of the service and to ensure the governing body is accountable for the delivery of safe, inclusive quality care and services. Committees receive regular updates, and a governing body member attends each resident and representative meeting to show support for the consumers and gain firsthand feedback.

The service demonstrated effective organisation wide governance systems to support effective information management, continuous improvement, and financial governance.

The service had a risk management framework, with supporting policies and procedures. The service was mostly able to demonstrate the implementation of these frameworks. Staff and management provided examples of risks, and explained their roles, responsibilities and escalation pathway in relation to SIRS.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff used practice examples to demonstrate their understanding of open disclosure, antimicrobial stewardship and ways to minimise restrictive practices.

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)