Performance

Report

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| Name of service: | John Flynn Retirement Village |
| Service address: | 4-6 Foundation Boulevard BURWOOD EAST VIC 3151 |
| Commission ID: | 4029 |
| Approved provider: | Ryman Aged Care (Australia) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 26 April 2023 to 28 April 2023 |
| Performance report date: | 30 May 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 Flynn Retirement Village (**the service**) has been prepared by D. McDonald 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.

# 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 said consumers were treated with dignity, respect and felt valued. Staff were knowledgeable of consumers’ backgrounds and preferences and were observed treating consumers with respect. Care documentation reflected consumers’ personal histories and strategies to provide tailored and dignified care.

Consumers said their cultural backgrounds were respected and informed care and services. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services, accordingly, including offering traditional meals. Care documentation reflected consumers’ culturally diverse needs and preferences.

Consumers and representatives said they could make choices regarding consumers’ care and services. Staff described supporting consumers to maintain relationships and social activities and to share meals with their families. Care documentation reflected consumers’ individual choices regarding care and relationships they wished to maintain.

Consumers gave positive feedback regarding support provided if they wished to take risks. Staff confirmed assessing consumers wishing to take risks, ensuring they understood benefits and potential harms, and consulted with allied health professionals, if required. Management confirmed reviewing risk assessments if consumers’ condition changed, and staff referred to decision-making policies.

Consumers and representatives said they received timely information which they could understand, including for clinical updates, meals and activities. Staff described sharing consumer information between staff through the electronic care management system and an activities calendar and menu were displayed in shared areas for consumers and representatives.

Consumers said their privacy was respected and their personal information kept confidential. Staff confirmed they knocked on doors and awaited consent to enter and sought consumer consent prior to providing care. Consumer information was secured in the service’s password protected electronic care management system.

# 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 representatives confirmed involvement in care assessment and planning. Staff described undertaking assessments upon entry, and care documentation evidenced risk assessments, mitigation controls and records of assessment outcomes. Staff were guided by policies and procedures regarding care assessment and planning.

Consumers and representatives confirmed care plans detailed consumers’ needs and preferences, including end of life wishes. Management said end of life wishes were discussed upon entry in consultation with a medical officer, and if the consumer was comfortable to discuss. Care documentation evidenced consumers’ needs and preferences, including advance care plans.

Management described involving consumers and representatives in care planning during reviews every 3 months or in response to changes or incidents. Care documentation evidenced integrated and coordinated assessment, planning and review involving support services and a wide range of allied health professionals such as medical officers and geriatricians.

Consumers and representatives confirmed staff explained care changes and clinical matters in a way they could understand, and they were offered copies of care plans. Staff confirmed updating consumers and representatives regarding care outcomes over the phone, through email or in person. Care documentation evidenced staff communication and availability of care plans to consumers and representatives.

Consumers and representatives said staff regularly discussed consumers’ care needs with them and promptly addressed changes. Management confirmed care plans were reviewed every 3 months or following changes or incidents. Documentation evidenced appropriate review of care in response to changing consumer need.

# 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 provided positive feedback regarding personal and clinical care which was tailored to consumers’ needs and preferences. Care documentation evidenced consumers were receiving care that was safe, effective, tailored to needs and preferences and developed in consultation with allied health professionals.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Management confirmed incident data was routinely analysed to identify such risks and inform continuous improvement. Care documentation reflected assessments undertaken to identify risks and responsive clinical and environmental mitigation strategies.

Staff said they ensure consumer comfort during the palliative process and a representative of a recently passed consumer confirmed the consumer’s comfort and dignity was maintained by the service, including arranging a palliative care team to provide family support. Staff were guided by palliative care policies outlining best practise procedures.

Consumers and representatives said staff promptly recognised and responded to change or deterioration of a consumer. Staff described being able to identify changes to consumers’ mobility, appetite and behaviours. Care documentation evidenced prompt identification of and response to changes in consumers’ mental, cognitive or physical function.

Representatives said staff effectively communicated information regarding consumers’ condition, needs and preferences. Management described how staff were knowledgeable of consumers’ individual needs and preferences and exchanged information through handover and discussions. Staff were observed exchanging consumer information, including incidents, behaviours and appointments.

Consumers and representatives gave positive feedback regarding the service’s referral process to specialised individuals and services. Management described, and care documentation reflected, referrals made to a range of allied health professionals, including physiotherapists, dieticians and speech therapists.

Management said they supported staff to minimise the use of antibiotics, where appropriate, and monitored infection rates. Staff were guided by an Infection Prevention Control lead who confirmed sufficient supply of medications and personal protective equipment. Visitors were observed undergoing infection screening upon entry and staff practised hand hygiene.

# 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 said they were supported to engage in activities of interest which promoted their independence and quality of life. Staff confirmed activities were developed in consultation with consumers who were observed engaging in a variety of activities. An activities calendar reflected events held at the service and excursions out into the community.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described supporting consumers by facilitating religious services, referring consumers to psychologists and supporting contact with family. Care documentation evidenced consumers’ emotional, social and psychological needs and preferences.

Consumers said they were supported to undertake activities within the service and community, and staff described support available to enable consumers’ participation and maintenance of important relationships. Care documentation identified those of importance to consumers and activities of interest.

Consumers said the service effectively shared information with those involved in their care. Staff were made aware of consumers’ needs, likes, dislikes, preferred activities and support from external providers through handovers and the electronic care management system. Care documentation evidenced up to date information regarding consumers’ needs and preferences.

Consumers and representatives said consumers were supported by other individuals and organisations who provided care and services. Staff described collaborating with other care providers to supplement activities and care documentation evidenced collaboration with allied health professionals and specialised support services.

Some consumers gave positive feedback regarding the variety and quantity of meals. Management advised feedback from dissatisfied consumers relating to meal quality was being considered as part of a current menu review. In the interim, consumers said they were provided alternate meals to which they provided positive feedback. Meal service was observed to be timely, and staff assisted consumers where required.

Consumers confirmed they had access to equipment such as mobility aides and recreational equipment. Staff advised shared equipment was cleaned daily and checked for safety prior to use. Equipment was observed to be suitable, clean, maintained and in adequate supply.

# 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 said the service was welcoming, easy to navigate and provided a sense of belonging. The service environment included easily accessible lounge and sitting areas, mobility infrastructure and personalised bedrooms. The memory support unit was observed to align with dementia-friendly design principles to assist navigation.

Consumers provided positive feedback regarding the cleanliness and maintenance of the service and said they could move freely inside the service and the surrounds. Management described a checklist for cleaning, including high touch points. Records confirmed the service was cleaned each day in accordance with the checklist and maintenance requests had been promptly resolved.

Furniture, fittings, and equipment were observed to be safe, clean, and well-maintained. Staff were knowledgeable of processes to clean and check equipment for safety and furniture and equipment was observed to be frequently cleaned and 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

Most consumers and representatives were aware of processes to provide feedback or make a complaint, including through feedback forms, meetings and discussion with staff. Management confirmed encouraging consumers to provide feedback or make a complaint and staff were knowledgeable of the processes. Feedback forms were observed to be available upon entry to the service.

Some consumers said they were aware of advocacy services and all consumers said they were comfortable raising issues with staff in the first instance. Staff were knowledgeable of advocacy and translation services and how to access them on behalf of consumers. Posters displayed throughout the service provided information regarding advocacy and language services.

Consumers and representatives said management promptly responded to their complaints and worked to resolve their concerns. Staff described processes to respond to feedback and complaints, including the use of open disclosure. Records reflected all registered complaints had been resolved.

Most consumers confirmed their feedback and complaints were used to improve care and services. Management described analysing feedback and using it to inform continuous improvement and discussing trending feedback and complaints during staff meetings. Records evidenced complaints were recorded and review was underway to inform continuous improvement.

# 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 provided positive feedback regarding staffing numbers and their care needs being met. Management described utilising a casual staffing pool, permanent or agency staff to address shift shortages. Rosters reflected sufficient coverage by care and clinical staff and most call bells were attended to within the benchmarked timeframe.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were observed interacting with consumers in a kind and caring manner, and management confirmed the service has a diversity action plan and ensures consumers are treated respectfully. Staff were guided by policies relating to dignified and respectful treatment.

Consumers and representatives said staff were sufficiently skilled to meet consumers’ needs. Management described orientation processes for new staff and pairing with experienced staff to ensure competency. Observed staff skills aligned with position descriptions and records evidenced valid registrations and security vetting.

Consumers and representatives said staff were competent and qualified to perform their roles. Management confirmed staff underwent mandatory training including for, but not limited to, manual handling, infection control and serious incidents. Records evidenced a high proportion of staff had completed training.

Management confirmed staff completed annual performance appraisals and their performance was also monitored through observation, meetings and handovers. New staff underwent probationary reviews at 3 and 6 months, post commencement. Management said underperformance was addressed as it was identified, outside of the appraisal cycle, to promptly allocate additional training.

# 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 said they were involved in the development and delivery of care and services. Management confirmed consumers and representatives were involved through the feedback and complaint processes, meetings and surveys.

Management described the organisational structure that supported accountability by the governing body. The service routinely advised the governing body of clinical data to which the body had ongoing visibility through an online portal. Management confirmed the body’s involvement in continuous improvement actions.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Management said they routinely discussed risks with staff and staff underwent training to report serious incidents. Records evidenced serious incidents had been managed in line with legislative requirements.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Frameworks, policies and guidelines assisted staff to maintain best practice and staff described the practical application of such practices in their daily duties.

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