Performance

Report

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| Name: | Kensington Grange |
| Commission ID: | 4286 |
| Address: | 1-13 Ferguson Road, LEOPOLD, Victoria, 3224 |
| Activity type: | Site Audit |
| Activity date: | 27 February 2024 to 29 February 2024 |
| Performance report date: | 22 March 2024 |
| Service included in this assessment: | Provider: 1593 Wickro Pty Ltd  Service: 2807 Kensington Grange |

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 Kensington Grange (**the service**) has been prepared by Denise 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the performance of 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them dignity and respect, valued their identities and were familiar with their backgrounds and interests. Staff knew consumers’ life histories, backgrounds and were observed to greet consumers by their preferred name. Care documentation was written using respectful language and contained consumers’ life stories and what was important to them.

Consumers and representatives confirmed care and services were culturally safe with practical examples given including, consumers being supported by gender specific staff as per their preferences. Staff demonstrated knowledge of how to provide care to each consumer to ensure they felt safe. Care documentation evidenced consumers’ cultural needs, with strategies to guide staff in care delivery were captured.

Consumers confirmed they had choice in how their care was delivered, who else was involved in their care and how they wanted to maintain relationships with people of importance to them. Staff demonstrated knowledge of consumer’s care decisions and gave practical examples of how they supported consumers who were married to spend time together. Policies and procedures guided staff to support consumer choice and independence when making decisions.

Consumers confirmed they were supported to take risks which enabled them to live life as they chose. Staff explained where consumers wished to take risks, those risks were discussed, and mitigation strategies implemented to promote their safety. Care documentation evidenced consumers were supported to have their bed against the wall as per their choice, despite the potential risk of injury or entrapment.

Consumers confirmed they received timely information in ways which enabled them to make choices. Staff described, visual aids and verbal reminders were used, to ensure individual’s sensory needs were met when giving information. Staff were observed adapting their communication style when providing consumers with information, particularly for those consumers with a sensory or cognitive impairment.

Consumers gave practical examples of how their privacy was respected, such as staff closed doors when providing care. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and care discussions were held in private areas. Consumers’ personal information was observed to be kept confidential in a secure electronic care management system (ECMS) within locked nurses’ stations.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described how risks to consumers were identified and used to develop the care plan, which informed how they delivered care. Care documentation evidenced assessment identified risks to consumers and responsive strategies were planned. An entry checklist and assessment process guided staff practice in methodically assessing consumers for risks and developing their care plan, in response to identified risks.

Consumers confirmed their current needs, goals and preferences were assessed and they were provided an opportunity to discuss their plans for advance and end of life care, as they wished. Staff demonstrated knowledge of consumer’s mobility goals, their physiotherapy needs and described when end of life preferences were discussed and revisited with consumers. Care documentation included consumers’ current needs and preferences, including for advance care.

Consumers and representatives confirmed they were involved in the assessment, planning and review of consumers care and services. Staff explained input from consumers, representatives and health care providers informed the assessment and planning of consumers’ care. Care documentation evidenced consumers, representatives, medical officers and allied health professionals were consulted routinely.

Consumers and representatives said staff explained the outcomes of consumers’ assessment and planning and they had access to a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were shared with consumers and representatives in person, by phone and email. Consumers’ care documentation was observed to be readily accessible via the ECMS.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as falls. Staff said consumers were reviewed monthly, care plans were reviewed quarterly, and completion of care plan reviews was monitored. Care documentation evidenced care and services strategies were reviewed for effectiveness, regularly or when consumers health status, preferences or circumstances changed.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed the care consumers received was in line with their individual needs and their well-being was optimised. Staff were knowledgeable about consumers’ individual personal and clinical care requirements including for pain management, restrictive practices and how to maintain consumers’ skin integrity. Care documentation evidenced consumers received effective care, which was safe and tailored to their needs.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, medication management and infections, and explained how these were managed. Care documentation evidenced staff monitored consumers for emerging risks, post falls.

Care documentation, for a consumer nearing end of life, evidenced they were kept comfortable through provision of pain management medications, and they were supported by family, in line with their wishes. Staff understood how to care for consumers nearing end of life, to ensure their comfort and meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers said staff recognised changes in their conditions and responses were timely. Staff explained consumers were monitored for changes in their behaviour, mobility, appetite or mood, which when identified were documented and the consumer was escalated to relevant health care professionals for review. Care documentation evidenced deterioration in consumers’ conditions were identified and respond to quickly.

Consumers gave positive feedback about how information was shared, particularly as they did not have to repeat themselves during care delivery. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed information in care documentation. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers confirmed they had access to other health care providers and were promptly referred when required. Staff explained the referral process, which ensured consumers received the support they needed. Care documentation evidenced consumers were quickly referred to specialists and allied health professionals, when required.

Consumers and representatives gave positive feedback about how infection-related risks were managed, particularly in the event of COVID-19 infections. Staff understood how to minimise consumers’ need for antibiotics and described their roles in infection prevention and control, which were in line with the outbreak management plan. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# 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 gave positive feedback about the supports for daily living and said they were supported to pursue activities of interest to them, such as gardening. Staff knowledge of consumers’ interests and activities they enjoyed was consistent with their lifestyle plans. Care documentation evidenced consumers’ lifestyle goals, preferences and activities they found enjoyable were recorded.

Consumers and representatives confirmed consumers’ emotional, psychological and spiritual needs were supported by staff. Staff advised they supported consumers’ by facilitating connections with people important to them, arranging pastoral care and spending one on one time with them when their mood was low. Care documentation evidenced consumers’ faith practices were recorded and the lifestyle calendar included scheduled church services of various denominations.

Consumers said staff supported them to access the community, participate in activities and spend time with family. Consumers were observed socialising with their visitors and other consumers in communal areas. Care documentation evidenced consumers’ continued community involvement and how they maintained important personal relationships.

Consumers said information about consumers’ daily living needs were effectively communicated, particularly as staff understood their dietary preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed care documentation in the ECMS. Care documentation evidenced information was accessible which facilitated sharing between those responsible for care delivery.

Consumers confirmed when additional support was needed, they were promptly referred to other organisations and service providers. Staff explained community and volunteer groups were engaged to offer religious services, present musical performances and spend one-on-one time with consumers. Care documentation evidenced timely referrals were made to other organisations and individuals to meet consumers’ diverse needs.

Consumers said meals were enjoyable, portions served were sufficient and their dietary requirements were met. Staff explained the menu was developed with consumers’ input and feedback was also sought when gathering their daily menu choices. Meal service was observed, and consumers appeared to enjoy the food and received assistance from staff, if required.

Consumers said they had access to clean equipment, such as personal mobility aids, and they seek the support of maintenance staff, if their equipment needed to be checked. Staff said they cleaned shared equipment after use and maintenance documentation evidenced it was inspected routinely. Mobility aids and lifestyle equipment were observed to be clean, well maintained and suitable for consumers’ use.

# 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 assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers said the service environment was welcoming, easy to understand and they were supported to move around independently. Staff explained consumers were oriented to the service, encouraged to personalise their rooms and directional signage supported their navigation around the service. Consumers were observed having warm and welcoming interactions with staff, socialising with each other and visitors and mobilising independently within the service.

Consumers and representatives said consumer’s rooms were kept clean, the environment was well maintained and consumers could move freely between the indoors and outdoors. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed to have free and easy access to both indoors and outdoors areas, as well as leaving independently to spend time in the community.

Consumers confirmed fittings and equipment were clean, well maintained and suitable for their use. Staff explained how equipment, furniture and fittings were kept clean, with high use areas of the service cleaned daily. Furniture and equipment were observed to be clean, well maintained and cleaning and maintenance schedules were up to date.

# 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 assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they were encouraged to provide feedback and make complaints and gave practical examples of avenues available to them, such as completing feedback forms or speaking with management. Staff explained consumers also provided feedback during care planning conversations, at consumer meetings and consumers were assisted to complete feedback forms, if needed. Pamphlets visible in common areas promoted information about how consumers could provide feedback or make a complaint.

Consumers and representatives were generally aware of how to access external complaints, advocacy and language supports. Staff were aware of the advocacy and language services available to consumers and understood how to access these, if required. Noticeboards, posters and brochures translated into the different languages spoken by consumers, promoted access to complaints mechanisms and advocacy services.

Consumers gave practical examples of how staff no longer check on some consumers during the night, because it disturbed their sleep, as appropriate action taken in response to complaints. Staff understood the complaints management process and explained consumers received an apology, with their concerns resolved using open communication. Complaints documentation evidenced the use of open disclosure and the timely management of complaints.

Consumers confirmed their feedback and complaints were used to improve the quality of their care and services. Staff gave practical examples of how feedback and complaints were used to improve consumers’ care, such as developing and resourcing more activities for male consumers. The continuous improvement plan (CIP) evidenced feedback and complaints resulted in improvements to consumers’ care and services.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about staffing levels and said their needs were met. Management explained daily consumer call bell data was analysed and used to inform staffing allocations, with a registered nurse (RN) always onsite. Rostering documentation evidenced all shifts were filled, however the allocation of staff did not meet the required care minute target, with a stepped plan in place, to ensure the target was met by December 2024.

Consumers and representatives said staff were kind, caring, gentle and showed respect for consumers’ identities. Management explained consumers who lived within the memory support unit were provided care from designated staff, which facilitated relationship building and an enhanced understanding of consumers’ needs. Staff were observed interacting with consumers respectfully and gently as they assisted them.

Consumers and representatives said staff were suitably skilled and competent in meeting consumers’ care needs. Management explained staff competency was determined through orientation and buddy programs, regular training which reflected the Quality Standards, key competency assessments and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies and qualifications relevant to their roles.

Consumers and representatives gave positive feedback about staff training and their ability to perform their roles. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), manual handling, incident management, open disclosure and restrictive practices. Training records evidenced high rates of completion in topics such as fire safety, infection control and elder abuse.

Management advised staff performance was assessed and monitored during probation and annually thereafter, along with informal appraisals through observations and discussions. Staff confirmed they participated in performance reviews and described the process as an opportunity to discuss their progress, development and goals. Personnel records evidenced most staff had completed their annual performance appraisal as scheduled.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about how the service was managed and said they were involved in the development, delivery and evaluation of care and services, particularly through the consumer advisory body which provided feedback to the organisation’s board of directors (the board). Management advised consumers contributed to service evaluation through scheduled meetings, the feedback process, surveys, conversations and care plan reviews. Meeting minutes evidenced consumers were actively engaged in providing feedback about aspects of their care, such as the menu.

The organisation’s board was accountable for service delivery and satisfied itself the Quality Standards were being met through monthly reporting on internal audit results, trending issues and plans of action, clinical indicators and incidents, consumer feedback and complaints and staff survey results. Management explained the board analysed the reports to identify gaps in service delivery and implement solutions, such as approving staff training in wound care. Meeting minutes evidenced the board discussed clinical governance, consumer feedback and compliance with the Quality Standards.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

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)