Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Langford Grange |
| Commission ID: | 3684 |
| Address: | 1 Residence Drive, CRANBOURNE, Victoria, 3977 |
| Activity type: | Site Audit |
| Activity date: | 24 June 2024 to 26 June 2024 |
| Performance report date: | 31 July 2024 |
| Service included in this assessment: | Provider: 1593 Wickro Pty Ltd  Service: 5788 Langford 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 Langford Grange (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management and others.

The provider did not submit a response to the Site Audit report.

# Assessment summary

|  |  |
| --- | --- |
| 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

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

Findings

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

Consumers said staff were kind and respectful and treated them with dignity. Care planning documentation reflected consumer identity and diversity. Staff were familiar with consumer backgrounds and detailed how it influenced interactions and care.

Consumers explained how their cultural backgrounds were recognised and respected. Staff explained how cultural needs were recognised and respected, including through celebrating days of significance. The cultural diversity and safety informed staff practice on inclusive language and provision of culturally safe care.

Care planning documentation identified consumer choices on care, including who participated in care, and supports required to maintain important relationships. Consumers and representatives said they were supported to make decisions about care and who they wanted to spend time with. Staff gave examples of how they supported consumers make choices through consulting, checking, and listening.

Staff demonstrated awareness of consumers who chose to take risks and associated strategies to minimise harm. Care planning documentation outlined risks taken by consumers, detailing consultation to ensure informed decision making and agreed strategies developed and deployed. Policies supported consumer’s right to make informed decisions about risks, outlined in dignity of risk assessments which are to be regularly reviewed.

Consumers said they received regular and current information to inform decision making, such as written menus and activities calendars with verbal reminders where preferred. Staff discussed how they adapted communication to meet consumer needs. Information was available through newsletters and displayed on information boards.

Consumers described how staff demonstrated respect for privacy. Staff gave examples of actions to respect consumer privacy and keep personal information confidential, however, confidential information was observed to be left unsecured on one occasion during the Site Audit. Management took responsive action to remind staff of requirements to lock computers when not in attendance, and applied automatic log off settings to ensure confidential information was secured in line with policies and procedures.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff described the care planning process, outlining key assessments to identify risk and inform a care and services plan. An entry assessment checklist guides staff on the differing assessments and timeframes for consumers new to the service. Care planning documentation reflected how risks were identified and used to develop management strategies to inform care.

Care planning documentation aligned with consumer feedback on current goals, needs, and preferences, and included directives for end of life care where provided by the consumer. Staff explained methods used to ensure assessment and planning reflected consumer preferences, and how they approached discussions on end of life care. Policies and procedures were available to guide and support staff use assessment and planning processes to understand current needs, goals, and preferences of consumers.

Consumers and representatives described their involvement in assessment and planning processes to ensure their needs were met. Staff outlined how they partnered with consumers and others nominated to be involved, including medical officers, allied health staff, and specialist providers. Care planning documentation reflected input of consumers, representatives, and a range of providers involved in delivery of care and services.

Consumers and representatives said staff explain information during consultations and offer a copy of the care and services plan. Staff explained verbal and written communication methods to inform consumers, representatives, and other providers, ensuring a copy of the care and services plan was offered following each 3 monthly care plan review. Summary care plans were accessible within the electronic care management system, accessed by staff and providers.

Staff explained regular care and services plan reviews were scheduled and triggered by incident or change of circumstances. Care planning documentation reflected consideration of effectiveness of strategies and adjustments where consumer needs had changed, and regular review and monitoring of well-being.

# Standard 3

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

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Overall, consumers and representatives said their care needs were managed well and staff worked together to optimise their well-being. Management described actions being taken to ensure time sensitive medication was delivered as prescribed, with monitoring for compliance. Staff described tailored strategies for consumers to meet their needs and preferences and ensure best practice personal and clinical care. Care planning documentation included individual assessment outcomes and personalised strategies, along with charting and monitoring for well-being.

Staff explained high impact and high prevalence risks for consumers, outlining how the risks were monitored, managed, and mitigated. Care planning documentation reflected consideration of risks and implemented strategies, with monitoring to ensure effectiveness and safety.

Policies detailed provision of care for consumers nearing end of life. Staff explained the focus on comfort during end of life care, including management of symptoms, repositioning consumers, ensuring hygiene needs were met, and meeting emotional and spiritual needs of the consumer and their family. Documentation for a consumer receiving end of life care demonstrated involvement of palliative care specialists, monitoring for pain, and emotional supports.

Consumers and representatives said deterioration or change in consumer condition was identified and communicated, with appropriate management. Staff described how they identified deterioration or change and escalated concerns to ensure appropriate management, in line with the clinical deterioration policy. Care planning documentation reflected change in consumer condition was identified, assessed, monitored, and escalated.

Consumers and representatives verified information about consumers was effectively communicated, avoiding need to repeat information. Staff outlined communication methods, including documentation in care and services plans and progress notes, with verbal and written handover practices. Handover documents included critical information on consumer’s clinical and personal care needs.

Care planning documentation verified timely and appropriate referrals to allied health staff and other providers. Staff explained how referrals were made to a range of organisations and providers to meet consumer needs.

Consumers and representatives described infection prevention actions of staff, including practicing hand hygiene and wearing personal protective equipment. Management explained protocols used during outbreaks, including isolating consumers, increasing level of personal protective equipment, undertaking pathology testing, management with antimicrobial medication, and liaising with the Public Health Unit.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Staff outlined assessments to understand consumer needs and preferences to ensure independence was optimised to participate in scheduled activities. Care planning documentation outlined needs, goals, and preferences and how these were supported.

Consumers gave examples of how their emotional and spiritual needs were met. Staff explained available religious services, and described how they would identify and support low mood in consumers. Management explained available psychological services to support consumer well-being.

Consumers described available supports to participate in the outside community and do things of interest. Staff explained how consumer interests and preferences were used to develop the activity schedule. Consumers were observed engaging with each other and visitors, and management outlined how social and personal relationships were supported.

Services and support staff explained how they were updated on changes to consumer needs or preferences, with management adding information was shared in a morning meeting. Consumers said staff were familiar with their choices, needs, and preferences without need for repeating information.

Staff explained referral processes for external organisations, such as volunteers and counselling services. Consumers verified referrals to external organisations were timely.

Overall, consumers expressed satisfaction with the quality, quantity and variety of provided meals. One consumer gave feedback on the variable temperature of meals, and had already raised a complaint, with management demonstrating actions taken including increased monitoring of food temperature. Staff explained how the menu was tailored to preferences and adapted following consumer feedback, with snacks available in between meal and refreshment services. Dietary folders maintained within the kitchen provided guidance on consumer needs and preferences, including allergies, meal size, and required dietary textures.

Personal equipment was observed to be clean and well-maintained. Staff described cleaning and maintenance processes for personal and lifestyle equipment. Consumers verified equipment, such as mobility aids, were cleaned regularly.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said they found it easy to navigate the service and were encouraged to personalise their room to ensure it gives a sense of home. Staff said they ensure the environment was maintained at a comfortable temperature, and signage was available to direct consumers and visitors. The service environment was well-lit, with wide hallways connecting communal areas where consumers were observed interacting with others and visitors.

Consumers described the service environment as safe and well-maintained, rooms were regularly cleaned, and they could move freely through indoor and external areas. Staff explained cleaning and maintenance processes were documented and followed, with processes for additional services if required. Consumers were observed moving freely throughout internal and courtyard areas, doors to courtyards were unlocked, and the environment appeared clean.

Staff explained cleaning and maintenance processes for furniture, fittings, and equipment. The preventative maintenance register detailed scheduled tasks and evidenced timely completion. Consumers said furniture and equipment were regularly cleaned, and communal and service areas were observed to be clean and well-maintained with items appropriately stored.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers were familiar with available feedback and complaint mechanisms, including by speaking with staff, discussing in meetings, or completing feedback forms, and said they felt comfortable to raise concerns. Staff explained how they encouraged consumers and representatives to provide feedback or make complaints, including assisting those with communication difficulties. Feedback forms and boxes were available in each wing to support anonymous and written complaints, and meeting minutes evidenced opportunity to raise feedback and complaints.

Consumers were aware of available support services, stating an advocacy service had recently held an information session with consumers. Staff said they could coordinate language services if translators were required, and flyers and posters informed consumers and representatives of available supports for feedback and complaints.

Staff demonstrated and understanding of the circumstances and use of open disclosure and gave examples of timely and appropriate actions taken in response. Consumers and representatives verified actions were taken to address their complaints, including providing an apology, undertaking an investigation, and explaining what actions would be taken to ensure improvement. Policies and procedures outlined actions to be taken and expected timeframes to respond to complaints.

Consumers gave examples of improvements made in response to feedback. Management said items that could be resolved quickly were not added to the Continuous improvement plan, but where there is ongoing discussion and consultation improvement actions were developed and documented. The Continuous improvement plan provided a detailed record of service improvements in response to trends in complaints or identified issues.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Overall, consumers and representatives reported sufficient staffing levels to meet consumer needs in a timely manner, however, one representative raised concern based upon their observations with management undertaking review and providing individual response. Management explained rostering and allocation processes, outlining how they considered consumer needs and feedback. Staff said unplanned leave did not impact capacity to meet consumer needs, with management explaining effective practices to fill vacant shifts. Whilst the service was not meeting care minute requirements, improvement activities were being undertaken to address this, and monitoring was being undertaken to ensure call bells were promptly responded to and consumer needs met.

Consumers described staff as kind, caring, respectful, and gentle. Management explained mandatory training, policies, and procedures in place to ensure appropriate staff interactions with consumers, including the service’s code of conduct. Staff interactions with consumers were observed to be kind, caring, and respectful.

Management detailed processes to ensure the competency, qualification, and knowledge of the workforce, commencing within recruitment and onboarding processes. Professional registration, police checks, vaccination status, qualifications, and other relevant records were verified and included within position descriptions, along with core competencies. Staff outlined role responsibilities and requirements in line with relevant position descriptions.

Staff described induction and ongoing mandatory training programs to ensure they provided care to meet outcomes within the Quality Standards. Furthermore, where there was an identified pattern or concern, additional relevant training was provided. Management explained development of the education calendar and monitoring of staff compliance with mandatory modules, with action taken if training is overdue.

Management and staff described formal performance appraisal and review for new and ongoing staff, with performance management processes followed if there were incidents or concerns. Staff recalled participating in performance reviews. Monitoring of completion was undertaken, with reminders sent to staff with overdue appraisal forms.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives described their involvement in the service development and delivery, including through the Resident advisory committee who represent consumer interests to the Board. Management described how they include consumers through surveys, meetings, and the Consumer advisory board, known as the Resident advisory committee. Meeting minutes reflected consumer input into development of activities and improvements.

Management described the organisation structure, including the Board make-up inclusive of executive and non-executive directors, several of whom have clinical backgrounds. Communication and reporting from the service was reviewed by the Board to ensure effective oversight of care and ongoing compliance with the Quality Standards. Policies and procedures defined roles and responsibilities, including for the governing body, to support the promotion of safe, inclusive, and quality care and services.

Effective organisation wide governance systems for key areas included procedural information and oversight. Staff received training on use of information management systems and verified they could access required details. Financial governance ensured budgets were established with input from service and executive management, reviewed by the Board, and supported additional purchases to meet consumer needs.

Risk management systems were supported by policies and procedures to enable staff to identify and manage high impact and high prevalence risks, with oversight from service management and the governing body. Consumers were supported to live their best life, with the framework outlining assessment processes used to understand and mitigate associated risks. Staff received training on how to identify and report incidents within the incident management system, and this incorporated recognising elder abuse and neglect.

The clinical governance framework was responsible for the oversight of clinical care to ensure it was safe and of quality. Policies and procedures informed staff practice. The Medication administration committee monitored appropriate prescribing of antibiotics to ensure effective antimicrobial stewardship principles were applied. Staff received training on application of restrictive practices to ensure legislative requirements were met within assessment and planning processes, and application was a last resort.

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)