Performance

Report

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| Name: | Langwarrin Community Aged Care |
| Commission ID: | 3996 |
| Address: | 74 Potts Road, LANGWARRIN, Victoria, 3192 |
| Activity type: | Site Audit |
| Activity date: | 18 March 2024 to 20 March 2024 |
| Performance report date: | 22 April 2024 |
| Service included in this assessment: | Provider: 409 Signature Care Pty Ltd  Service: 23485 Langwarrin Community Aged Care |

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 Langwarrin Community Aged Care (**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; 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 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 they were treated with dignity and respect, and felt valued as an individual, however, historical incidents where staff addressed the consumer using the wrong pronouns was raised. Staff described how they treated consumers with dignity and respect by delivering tailored care with consideration to their background and identity. Care documentation reflected the diversity, background and personal preferences of consumers.

Consumers described how their culture was respected and supported by staff. Staff were observed to respect consumers’ culture and speak to them in their preferred language. Care documentation captured the specific cultural needs and practices the consumer wished to maintain.

Consumers confirmed they were supported to make decisions regarding their care needs, and to exercise choice as to when their family members were involved in their care. Care documentation identified consumers’ choices around how care was to be delivered and the supports required to maintain relationships. Staff were able to identify consumers’ individual cultural needs and preferences, including when care was to be provided by staff of a specific gender.

Consumers confirmed they were supported to engage in their chosen activities which contained risk, including managing their own medication. Care documentation evidenced the risks consumers wished to take, and risk mitigation strategies were discussed with consumers and representatives. Staff described how they would respect consumers’ decisions to engage in activities which contained risk.

Consumers said they received timely written and verbal information in alignment with their communication preferences. Staff described how they would provide information to a consumer with a visual impairment by verbally communicating information regarding upcoming activities and events. The lifestyle activities schedule, consumer meeting minutes and newsletters were observed to be displayed on noticeboards.

Consumers confirmed their privacy was respected and their personal information was kept confidential. Staff advised they knocked on consumers’ doors prior to entry, and closed the door when providing personal care. Computers within nurses’ stations were observed to be password protected when not in use.

# 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:

Care documentation evidenced effective and detailed assessments were conducted to identify the consumers’ needs, goals and preferences. Staff were aware of the risks to consumers’ well-being and outlined the care directives in place to minimise risks. Documented assessment and planning procedures were in place to guide staff in the care planning and evaluation process for consumers.

Consumers confirmed they had discussed needs, goals and preferences, and provided them with appropriate supports to meet their goals. Staff described how they approached advance care and end of life planning discussions with consumers and their representatives during their entry to the service and on an ongoing basis.

Consumers and representatives confirmed they were involved in the assessment of the consumer’s care, in collaboration with medical officers and allied health professionals. Care documented evidenced the regular involvement of consumers and representatives during care plan evaluations and reviews. Staff advised the assessment and planning process occurred in partnership with external providers of care to ensure consumers’ care needs were met.

Consumers and representatives said assessment outcomes were communicated to them, and they were offered a copy of the consumer’s care plan but one representative would like more updates regarding outcomes of wound care. Care documentation evidenced all aspects of care planning were discussed with consumers and representatives. Staff advised of their roles and responsibilities to communicate assessment outcomes through verbal conversations and emails.

Representatives confirmed regular care plan reviews were conducted every 3 months, and they were updated when an incident or change occurred. The care plan review tracker evidenced care plan reviews were up to date. Staff described the care plan review process and advised reviews occurred every 3 months, in accordance with policies in procedures.

# 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 consumers received safe and effective personal and clinical care which optimised their well-being. Staff demonstrated an understanding of consumers’ care needs, and the strategies in place to ensure best practice care was delivered. Care documentation evidenced consumers’ care directives were tailored to their individual needs.

Staff were aware of consumers’ high impact or high prevalence risks, and the strategies in place to mitigate these risks. Clinical care meeting minutes evidenced staff discussed high impact risks to consumers, including falls, wounds and skin injuries. Representatives confirmed risks to consumers’ well-being were effectively managed.

Care documentation for a consumer that received palliative care evidenced their end of life goals and preferences were respected. Staff were aware of the roles during the end of life care process, including providing oral and eye care, reducing pressure injuries and maintaining personal hygiene.

Consumers and representatives confirmed staff were responsive to deterioration in consumers’ well-being. Care documentation evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Staff described how they identified any changes in the consumer’s health status by monitoring their appetite, mobility, continence and behaviour.

Consumers and representatives confirmed information regarding the consumer’s needs and condition was effectively communicated amongst staff, and consumers did not have to repeat their care needs to staff. Staff advised consumers’ information was shared during huddles, handover and documented within the electronic care management system. Staff were observed to communicate consumers’ health changes, updates and upcoming appointments during handover.

Representatives said consumers were appropriate referred to medical officers and allied health professionals when required. Care documentation evidenced prompt and timely referrals were made to allied health professionals in response to changes to the consumer’s condition. Staff described the involvement of external providers of care to supplement the care delivered to consumers.

Consumers and representatives provided positive feedback regarding the management of infection related risks, including COVID-19. Staff, visitors and contractors were subject to a COVID-19 screening process prior to entry, and staff were observed to practice appropriate 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers said they were supported to engage in their preferred activities of daily living. Staff advised they partnered with consumers to conduct a lifestyle assessment upon their entry to the service to collect their preferences and interests. The lifestyle activities schedule outlined a range of activities catering to the various interests and abilities of consumers.

Consumers felt staff were respectful to them when they were feeling low, and receiving emotional support from staff when required. Staff were familiar with consumers’ spiritual needs and advised religious services were regularly held. Care documentation captured information regarding consumers’ emotional, spiritual and psychological well-being.

Representatives confirmed consumers were supported in the community and maintain social and personal relationships. Staff described how the supported consumers to participate in the community by offering bus trips and various activities based in the community. Care documentation outlined the relationships of importance to consumers, and their activities of interest.

Representatives stated they were regularly informed of changes to the consumer’s care needs by phone calls and emails. Staff described how information was shared between individuals involved in the consumer’s care, and were familiar with consumers’ care preferences. The electronic care management system contained information regarding consumers’ condition and needs was accessible by staff and external care providers where care was shared.

Consumers confirmed they were referred and supported by external providers of care, including social workers. Volunteers were observed to be engaging with consumers and engaging with them in conversations. Staff described how they engaged with social workers and volunteers to broaden the lifestyle services delivered to consumers.

Consumers mostly expressed positive feedback regarding the quality and variety of the meals provided, however 2 consumers felt there was a lack of variety and flavour in some meals. Care documentation reflected consumers’ dietary needs and preferences. Meal services were observed to be timely and well organised, with consumers receiving assistance with their meals when needed.

Consumers confirmed they had access to equipment to assist them to mobilise and was kept clean. A range of equipment including wheelchairs, medication trolleys and lifestyle equipment was observed to be suitable for consumer use, clean and well maintained. Staff described their responsibilities to ensure equipment was clean.

# 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 felt the service environment was open, welcoming and easy to understand. Staff advised consumers were encouraged to personalise their rooms, and were supported to independently navigate the service using various navigational tools and handrails accessible throughout the service. The service environment was observed to be well lit with wide corridors to assist consumers to mobilise throughout the service.

Consumers provided positive feedback regarding the cleanliness and maintenance of the service environment, and confirmed they could move freely, both indoors and outdoors. Staff advised a cleaning schedule was adhered to, and communal areas were cleaned daily and consumers’ rooms were cleaned weekly. Maintenance records evidenced requests for maintenance were completed in a timely manner.

Consumers confirmed the equipment and furniture in their rooms was kept clean, and their call bells were within reach. The preventative maintenance schedule evidenced equipment, furniture and fittings were regularly maintained to ensure they were safe and suitable for consumers. Staff outlined their responsibilities to ensure equipment and fittings were regularly 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives felt safe and comfortable to provide their feedback and complaints to staff. Management advised consumers and representative were encouraged to provide their feedback during consumer meetings, using feedback forms or by completing surveys. Feedback forms and complaint information pamphlets were observed to be displayed throughout the service.

Consumers and representatives confirmed they were made aware of the external advocacy supports available to them. Information and posters regarding translation and advocacy services, including the Commission, were displayed and accessible to consumers within the service. Management advised procedures were in place to guide staff to access interpretation and translation services on behalf of consumers when needed.

Consumers provided positive feedback regarding how their feedback and complaints were addressed, and confirmed open disclosure was applied. Staff described open disclosure practices, including providing an apology in response to adverse events and being open and transparent with their communication. Policies relating to feedback management and open disclosure were in place to guide staff practice to manage complaints using the best practice application of open disclosure.

Consumers mostly confirmed their feedback and complaints led to improvements to their care and services, however a representative advised they were not advised of the outcome of their complaint. Staff provided examples of consumers’ feedback which led to improvements to the lifestyle activities offered. The continuous improvement plan evidenced feedback received from consumers, representatives and during this Site Audit, was used to improve 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 mostly confirmed staffing levels were sufficient to meet the consumer’s needs, however some consumers and representatives felt consumers’ personal care needs were delayed, but care documentation supported their needs were met in a timely manner. Staff said there were appropriate staffing levels to ensure consumers’ care needs were met and they could complete their duties. A review of rostering documentation evidenced unplanned leave was filled by existing staff, and agency staff had not been utilised for the 7 months prior to the Site Audit.

Consumers and representatives felt staff interactions were kind, caring and gentle. Management advised they monitored consumer feedback to ensure staff consistently treated consumers in a respectful manner. Staff were observed to engage consumers in friendly conversations and treat consumers in a gentle manner.

Consumers and representatives confirmed staff were competent and had the appropriate skills to perform their roles. Management advised all staff were required to have the appropriate qualifications relevant to their roles before commencing their employment. Staff were aware of the qualifications required to perform their roles, and confirmed they received buddy shifts when they commenced their roles.

Representatives confirmed staff were professional and knowledgeable to perform their duties and provide appropriate care to consumers. Management described the annual mandatory training schedule which included topics such as the recognition of elder abuse, incident management and antimicrobial stewardship. Staff felt supported to provide quality care and services, and could contact management to request additional training if required.

Management advised staff completed a performance review after 6 months of employment for new staff, and then on an annual basis thereafter. Personnel records evidenced over 90% of staff had a current performance appraisal in place. Staff described the performance appraisal process, and confirmed it was an effective way to self-assess their performance and identify areas for further development.

# 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 felt the service was well run, and confirmed they were engaged and supported in the development of their care and services. Management advised consumers and representatives were engaged through a variety of mechanisms, including through monthly consumer meetings, feedback mechanisms surveys, internal audits and care plan evaluations. Consumer meeting minutes evidenced consumers were regularly encouraged to provide their input.

Management provided examples of the governing body’s involvement in the day to day operations of the service, and outlined improvement initiatives led by the governing body to improve the care and services offered to consumers. Email correspondence evidenced management received regular communication on legislative and compliance changes from the governing body.

Management advised that continuous improvement opportunities were identified through the analysis of feedback, audits, observations, clinical indicators and trends. Staff confirmed the information needed to perform their roles was accessible via the electronic care management system. The legislative compliance register evidenced upcoming legislative changes were communicated to management to ensure a proactive approach to the changes could be implemented.

Management advised the main high impact risks associated with consumers’ care were falls, skin tears and behaviour changes, and outlined a process to identify and track risks. The Serious Incident Response Scheme register evidenced incidents were reported in a timely manner and in accordance with legislative timeframes.

Management and staff described how clinical care was governed by policies relating to antimicrobial stewardship, restrictive practices and open disclosure. Management described how the use of restrictive practices was monitored and minimised through care plan consultations and regular reviews by medical officers. Staff described open disclosure principles and how they were applied in practice.

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)