Performance

Report

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| Name of service: | Latvian Aged Care Facility |
| Service address: | 60 Fraser Crescent WANTIRNA SOUTH VIC 3152 |
| Commission ID: | 3126 |
| Approved provider: | Latvian Friendly Society Ltd |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 7 December 2022 |

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 Latvian Aged Care Facility (**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

Consumers and representatives felt staff treated consumers with dignity and respect and made them feel valued as an individual. Staff spoke about consumers in a respectful manner and demonstrated familiarity with consumers’ individual backgrounds. Staff were observed to interact with consumers in a respectful manner.

Consumers and representatives said the service recognised and respected consumers’ cultural backgrounds and provided care consistent with their cultural traditions and practices. Staff identified consumers of culturally diverse backgrounds and described how they ensured each consumer received care which aligned to their care plans. Care planning documentation reflected consumers’ cultures and backgrounds and detailed cultural activities consumers liked to maintain.

Consumers and representatives stated they were afforded choice about when care was provided, and said their choices were respected. Care planning documentation identified consumers’ individual choices around care delivery, who is involved in their care and how the service supported them in maintaining relationships. Staff were observed to offer choice to consumers and respected their decisions.

Staff demonstrated an awareness of risks taken by consumers and said they supported consumers’ wishes to take risks and live the best life they can. Consumers described how the service supported them to take risks and care planning documentation included dignity of risk forms and assessments which supported consumers to continue risk taking activities.

Consumers described how they were supported to make decisions and described how they were assisted to understand information provided. Management and staff described the different ways in which information was provided to consumers in line with their needs and preferences. The Assessment Team observed lifestyle schedules, menus, and consumer meeting minutes available in English and Latvian languages.

Consumers felt the service was considerate of their privacy and had no concerns about the confidentiality of their personal information. Staff demonstrated an understanding of confidentiality and provided examples of how personal privacy is protected, including knocking on doors prior to entering and closing doors when providing personal cares. The Assessment Team observed measures taken to preserve personal privacy and dignity, and the confidentiality of consumer information.

# 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

Management and clinical staff described the initial assessment and care planning process used when consumers entered the service. Care planning documentation demonstrated effective assessment and care planning which identified the needs, goals, and preferences of consumers. Documentation evidenced staff are guided by assessment and care planning policies and a checklist is used to ensure all required assessments are completed.

Consumers and representatives confirmed staff involved them in the assessment and planning of their care on entry to the service and through care plan reviews and ongoing conversations. The service had policies and procedures related to advance care planning, palliative care, and end of life care. Staff confirmed end of life planning is discussed on entry to the service and during the two monthly care plan reviews and documented on the electronic case management system.

Care planning documentation evidenced regular care plan evaluations and reviews and involved consumers’ medical officers and other allied health professionals and consumers and representatives could explain who was involved in their care. The service had documented policies regarding the partnership of consumers, representatives, and other care providers in the provision of care.

Consumers and representatives reported regular communication with the service and said they could access their care plans if requested. Clinical staff described constant communication with representatives through telephone calls, electronic mail, and verbal conversations. Management confirmed consumers and representatives are involved and informed of any changes to care.

Consumers and representatives confirmed care and services were reviewed bi-monthly or when circumstances changed. Staff described the two monthly care review process where all assessments and care plans are reviewed by clinical staff and the consumer or representative was involved. Care planning documentation demonstrated care was reviewed as scheduled or when the consumers condition changed or an incident, such as a fall occurred.

# Standard 3

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

Findings

The service demonstrated clinical care was safe, tailored to the needs of consumers and optimised their health and well-being. Consumers and representatives provided positive feedback in relation to the management of restrictive practices, skin integrity and pain. Care planning documentation demonstrated care tailored to consumers’ needs and informed by specialists.

Clinical documentation demonstrated high impact and high prevalence risks are effectively managed through regular clinical data monitoring, trending, and reporting, and implementation of suitable risk mitigation strategies for individual consumers. Staff described a range of mitigation strategies used to manage high prevalence or high impact risks which aligned to consumers’ care planning documentation.

Care planning documentation demonstrated collaboration with representatives regarding palliative and end of life cares and included advance care plans. Staff described how they approached conversations around end-of-life care and how they provided palliative care which maximised consumers’ comfort. The service had policies and procedures regarding end-of-life care and advance care planning.

Care planning documentation demonstrated timely recognition and response to deterioration or changes in consumers’ condition. Consumers and representatives said the service is responsive to consumers’ care needs and would inform them of any deterioration to their health, along with planned management strategies. Staff said consumers’ deterioration was discussed at handovers and relevant monitoring and referrals would occur.

Consumers and representatives said consumer’s care needs and preferences are effectively communicated between staff and they received the care they need. Management and staff described how information is shared when changes occurred through staff meetings, handover, and progress notes. Care documentation supported information sharing between staff and other providers is effective.

Management and clinical staff described the service’s referral process and said the service maintained a communication folder for every allied health professional or external provider of care. Care documentation demonstrated input from medical officers, physiotherapists, dietitians, speech pathologists, palliative care services and wound consultants.

The service had documented policies and procedures to support the minimisation of infection related risks, including a COVID-19 outbreak management plan. Staff demonstrated knowledge of infection control practices and management were aware of the current guidance surrounding infection prevention and control and antiviral usage. Visitors were observed being screened for respiratory infection and staff were wearing personal protective equipment.

# 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 and representatives felt supported to pursue activities of interest to them and were supported to participate in these activities. Care planning documentation indicated consumers received services which met their needs and preferences. Staff demonstrated an understanding of what was important to consumers and what they liked to do.

Consumers and representatives said they were supported when they felt low, and described how the service promoted their emotional, spiritual, and psychological well-being. Care planning documentation included information relating to consumers’ emotional, spiritual, and psychological well-being needs, goals, and preferences. Staff described how consumers’ emotional, spiritual, and psychological needs were supported.

Consumers felt supported to participate in activities within the service and in the outside community. Staff provided examples of consumers who were supported to maintain their interests both within and outside of the service. Care planning documentation identified people of importance to individual consumers, and activities of interest to them.

Consumers and representatives said information about consumers’ condition, needs, and preferences was communicated within the organisation and with others where responsibility of care was shared. Staff described how communication occurred through the electronic case management system and handovers.

Consumers said they were supported by other organisations, external providers or support services. Care planning documentation demonstrated referrals were made to other organisations and services. Staff gave examples of individuals, organisations and providers of other care and services and the consumers who utilised them.

Consumers and representatives reported satisfaction with the variety, quantity and quality of food provided at the service, and felt the meals met their unique needs and preferences. Consumers with specific dietary needs were accommodated and staff were knowledgeable of their needs. The service had feedback mechanisms specific to the meal service.

Consumers felt safe when using the service’s equipment and said it was readily available when required. Staff described how the equipment is regularly cleaned and maintained. The Assessment Team observed equipment used to support activities of daily living was cleaned by lifestyle staff each morning.

# Standard 5

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

Findings

Consumers and representatives considered, and the Assessment Team observed, the service environment to be welcoming and allowed for easy accessibility and enhanced consumers’ sense of belonging. Management said consumers were encouraged to decorate their rooms with personal belongings and furniture and provide feedback in relation to the service environment. The Assessment Team observed the implementation of dementia enabling principles in the memory support unit.

Consumers and representatives felt the service environment was safe, clean, and well-maintained. Staff described how maintenance requests were managed through an online system and provided records which demonstrated the completion of all scheduled maintenance. Consumers were observed moving independently between inside and outside areas of the service.

The service demonstrated furniture, fittings and equipment were safe, clean and well-maintained. Consumers confirmed equipment is checked, cleaned and maintained regularly and staff described how cleaning of personal equipment was managed. The Assessment Team observed working call bells within reach in consumers rooms.

# 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

Consumers and representatives said they understood how to give feedback or make a complaint and felt comfortable to do so. Management and staff described processes in place which encouraged and supported consumers and representatives to provide feedback and make complaints. The Assessment Team observed feedback and complaints forms and locked feedback boxes in accessible location throughout the service.

Consumers and representatives confirmed they are aware of advocacy services and external complaint mechanisms. Staff demonstrated knowledge of external complaint mechanisms and advocacy services, and information about external complaints, language and advocacy services was displayed around the service.

Consumers and representatives said staff and management addressed and provided a solution to feedback, complaints and incidents. Staff demonstrated an understanding of open disclosure and explained how it was used in a practical way. Management said staff were supported by documented policies and procedures relating to open disclosure and complaints handling.

Consumers and representatives felt their feedback was used to improve the services they receive. Management and staff described processes in place to escalate complaints and how complaints and feedback were used to improve care and services. The service’s continuous improvement plan and consumer meeting minutes demonstrated the service uses feedback and complaints to improve the quality of 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

Whilst some consumers, representatives and staff felt there was not enough staff at the service, they did not identify any impact to the quality of care for consumers. Management described the rostering system and explained how they ensured there was enough staff to provide safe and quality care. Rosters for the two weeks prior to the site audit evidenced all shifts were filled.

Consumers and representatives said staff engaged with them in a kind, caring and respectful manner. Staff interactions with consumers were observed to be respectful and aligned with the service’s policies related to privacy and dignity.

Consumers and representatives said staff performed their duties effectively and were confident the staff were sufficiently skilled to meet the consumer’s care needs. Management explained the service required staff to complete role-based annual mandatory training which was followed up by management. Position descriptions included key competencies and qualifications which were essential for each role.

Staff felt they were recruited, trained, equipped, and supported to deliver safe and effective care and management described how they supported their staff with relevant training. Documentation, including training reports evidenced staff are trained and supported to deliver the outcomes required by the Quality Standards. Consumers and representatives felt staff were competent and qualified to do their jobs.

Performance appraisals confirmed the service completed annual performance reviews for all staff which included assessment of performance and identified areas for improvement. Staff confirmed involvement and satisfaction in the performance appraisal process. The service had policies related to performance management and management of and misconduct.

# 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 expressed satisfaction in the management of the service, and felt they were involved in and supported to be a partner in their own care. Consumer meeting minutes included an opportunity for consumer feedback and addressed previously raised matters.

The service demonstrated the organisation is governed by a board which promoted a culture of safe, inclusive, and quality care and service and was accountable for delivery. Management described the role of the board and clinical committees to ensure safe and quality care is delivered within the service and provided.

The service demonstrated effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management frameworks, policies and guidelines which supported the management and acceptance of risks by consumers, and incidents. Staff confirmed access to the risk management service, and confirmed they received training related to risk management, elder abuse, reporting and the escalation process. The service’s serious incident register demonstrated timely reporting of relevant incidents.

The service had a clinical governance framework which included policies and procedures related to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff received training in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated an understanding of antimicrobial stewardship practices and open disclosure.

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)