Performance

Report

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| Name of service: | Lifeview Argyle Court |
| Service address: | 81-83 Argyle Avenue CHELSEA VIC 3196 |
| Commission ID: | 3230 |
| Approved provider: | Chevron Corporation Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 September 2022 to 9 September 2022 |
| Performance report date: | 30 September 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 Lifeview Argyle Court (**the service**) has been prepared by M. Nassif, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Consumers and representatives felt staff treat consumers with dignity and respect and make consumers feel valued. Staff demonstrated familiarity with consumers’ backgrounds and preferences. Care planning documents included information on consumers’ identity, culture and diversity.

Consumers and representatives said the service recognises and provides care that is consistent with their cultural traditions and preferences. Staff identified consumers from a culturally and linguistically diverse background. Care planning documents included information on consumers’ cultural backgrounds and cultural activities they would like to maintain.

Consumers reported they are given choice about when care is provided and said their choices are respected. Care planning documents identify consumer choices around the way care and services are delivered, who is involved in their care and how the service supports them in maintaining relationships.

Consumers and representatives described how the service supports consumers to take risks. Staff demonstrated awareness of risks taken by consumers and how they support consumers to take those risks. Care planning documents included risk assessments and dignity of risks forms. The service had policies regarding consumer risk taking, stating consumers are to be assisted to understand and manage possible risks while maintaining their rights and independence.

Consumers described how information is given to them to help them exercise choice, and how they were supported to understand that information. Staff described different ways in which information is provided to consumers, in line with their needs and preferences. The service provided and displayed information throughout the service to inform and support consumers to exercise choice.

Consumers felt the service was considerate of their privacy. Staff described how they maintain consumer’s privacy, for example by not discussing their personal information. Staff were observed respecting consumer’s privacy, by knocking before entering a consumer’s room. Care planning documents included information on consumers’ privacy preferences.

# 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

Care planning documents assessed consumer risks and strategies to reduce or eliminate risks. Staff described the assessment and planning process and those involved in assessing consumers. Consumers and representatives expressed satisfaction with the care and services consumers receive.

Consumers and representatives said assessment and planning identify and address consumers’ current preferences and end of life wishes which was reflected in care planning documents. Staff described how they approach conversation with consumers and/or their representatives about end of life and advance care planning. The service has guidelines and procedures to ensure the end of life wishes of consumers are in place to assist with decision making.

Staff explained how they collaborate with consumers, representatives and other providers of care to ensure quality care is provided. Care planning documents evidenced assessment and planning that is based on ongoing partnership with consumers and their representatives and included other providers of care and services such as speech pathologists and physiotherapists.

Consumers and representatives felt the service maintains good communication with them and said that staff explain things to them clearly and clarify clinical matters if needed. Staff said care planning documents are available to consumers and representatives. Care planning documents evidenced that staff update representatives on care outcomes in-person or via telephone calls and email.

Care planning documents evidenced review of care and services on a regular basis and when circumstances change. Consumers and representatives said staff talk with them when circumstances change or when incidents occur that impact on the needs, goals or preferences of consumers. The service has policies and procedures which guide staff in the assessment and planning process for consumers on a regular basis or as needed following a change in health status.

# Standard 3

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

Findings

Consumers and representatives said consumers receive safe and effective personal and clinical care that is best practice, tailored to meet the individual consumer's needs and optimises their health and well-being. Care planning documents demonstrated individualised care that is safe, effective and tailored to the specific needs and preferences of consumers. Care planning documents demonstrated the delivery of best practice care, such as behaviour support plans, non-pharmacological strategies and documented consent for restrictive practices.

The service demonstrated high-impact and high-prevalence risks are effectively managed through regular clinical data monitoring, trending and implementation of suitable risk mitigation strategies for individual consumers. Staff described the high-impact and high-prevalence risks for consumers at the service. Consumers and representatives said they felt the service is adequately managing risks to consumers' health. Care planning documents identified risks to individual consumers and strategies in place to minimise them.

Care planning documents included advance care plans and the needs goals and preferences of the consumers who receive end of life care. Staff said when a consumer begins palliative care, they will refer them to a palliative care service if required and provide them with care in line with their wishes. The service has policies and procedures regarding the palliative approach to care and advance care planning which supports staff to provide best practice care towards consumers'.

Consumers and representatives said the service is responsive to consumer’s care needs and would inform them of any deterioration to their health, along with planned management strategies. Care planning documents reflected the identification of, and response to, deterioration or changes in condition. Staff explained how deterioration is discussed during handovers and at staff meetings, which may trigger review by a medical officer and hospital transfer if needed and a subsequent review of care planning documents.

Care planning documents demonstrated care and service plans provide adequate information to support effective and safe sharing of consumers’ information to support care. Consumers and representatives said consumers’ care needs and preferences are effectively communicated between staff and consumers receive the care they need. Staff described how information is shared when changes occur.

Consumers and representatives said referrals are timely and appropriate and that consumers have access to relevant health professionals. Care planning documents demonstrated referrals occur when needed to a range of services such as dietitians, physiotherapists, speech pathologists and wound specialists.

Staff were observed following all infection control procedures and all staff, visitors and contractors were observed undertaking a screening process prior to entry to the service. Consumers and representatives said they were satisfied with the service’s cleanliness, management of COVID-19 precautions and other infection control practices.

# 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 said consumers feel supported to pursue activities of interest to them and are supported to do so. Care planning documents demonstrated consumers get the services that meet their needs and preferences, and staff explained what is important to consumers and what they like to do.

Care planning documents included information on consumers' emotional, spiritual and psychological well-being needs, goals and preferences. Staff explained how they know when a consumer is feeling low and could explain how consumers’ emotional, spiritual and psychological needs are supported. Consumers and representatives said consumers are supported when they are feeling low.

Consumers felt supported to participate in activities within the service and in the outside community as they choose. Staff provided examples of consumers who were supported to maintain their hobbies, both inside and outside of the service. Care planning documents identified the people important to individual consumers and the activities of interest to that consumer.

Consumers and representatives said information about consumers’ condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. Staff said they communicate and document changes in consumer care needs electronically as well as shift handovers which are attended by all staff at the service. The service has policies for identifying, reporting and recording changes in consumer's conditions, needs and preferences.

Care planning documents demonstrated referrals to other organisations and services such as volunteers. Staff could describe other individuals, organisations and providers of other care and services and specific consumers who utilise those services.

Consumers were satisfied with the variety, quality and quantity of food provided at the service, and felt the meals met their unique needs and preferences. Staff demonstrated awareness of consumer dietary needs and preferences.

Consumers felt safe when using the service's equipment and said they were readily available should they require it. Staff said they have access to equipment to provide consumers a range of activities.

# Standard 5

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

Findings

Consumers said they find the service’s environment to be welcoming and easy to understand. Staff described how they help consumers feel at home at the service and optimise their sense of belonging and ease of navigation. There were indoor and outdoor areas for consumers to enjoy.

Consumers and representatives said the service environment is safe, clean and well maintained and allows them to move around freely. Staff described how the service environment is cleaned and maintained. Review of the cleaning schedule and maintenance register demonstrated regular cleaning and maintenance checks occur as per schedule.

Furniture, fittings and equipment were observed to be checked, cleaned and maintained regularly, consistent with consumer feedback.

# 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 know of the multiple ways to give feedback or make a complaint and feel comfortable doing so. Staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. Feedback forms and boxes to provide feedback were observed throughout the service.

Consumers and representatives were aware of external complaints, language and advocacy services that are available. Staff were aware of external complaints and advocacy services, and information on accessing external complaints, language and advocacy services was available around the service.

Consumers and representatives said staff and management address and provide a solution in response to feedback or complaints raised. Staff demonstrated an understanding of open disclosure, explaining how they apologise to a consumer and their representatives in the event of something going wrong. The service has policies and procedures on open disclosure and complaints handling outlining best practice guidelines.

Consumers and representatives felt feedback is used to improve services. Staff described processes in place to escalate complaints, and how they are used to improve the care and services available to consumers. Management explained how the service's feedback and complaints are trended and analysed and any long-term actions as a result of complaint trends are tracked through the service's continuous improvement plan.

# 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 and representatives felt there was not enough staff at the service during recent COVID-19 outbreaks, they did not raise any impact to the quality of care for consumers. Staff described how they ensure there is enough staff to provide safe and quality care. Review of staff rosters demonstrated that all shifts are filled.

Consumers and representatives said staff engage with consumers in a kind, caring and respectful manner. Staff interactions with consumers were observed to be respectful of each consumer's privacy, identity and culture, in line with the services policies on privacy and diversity.

Consumers and representatives said staff perform their duties effectively and are confident staff are skilled to meet consumer care needs. Management described the induction process where they ensure new staff receive the necessary information and training to conduct their role.

Consumers and representatives did not identify or provide any specific feedback on any areas where staff need more training. Staff felt they are trained, equipped and supported to deliver safe and effective care. Management described how they support their staff to ensure they are receiving the training they need to perform their roles in relation to the Quality Standards.

Management explained, and documents demonstrated, regular assessment, monitoring and review of staff performance. Performance management documentation evidenced that the service also reviews staff performance post incident or as required.

# Standard 8

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

Findings

Consumers and representatives said the service is well run and felt the service listens and responds to their suggestions and seeks input on a range of topics. Management described the various mechanisms consumers and representatives are actively engaged in the development, delivery and evaluation of care and services, such as through consumer meetings, care planning conversations, verbal conversations with staff and/or management and complaints processes.

Management described the role the board play in ensuring safe and quality care is delivered within the service. For example, the board is engaged in significant incidents, and is involved in monthly meetings that discusses findings of internal audits against each of the Quality Standards.

The service had a range of policies and procedures demonstrating appropriate governance systems were in place relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management described how opportunities for continuous improvement were identified, how they sought changes to budget expenditure, and how they monitor compliance with relevant legislation and regulatory requirements.

Management described the high-impact or high-prevalence risks and how those risks associated with the care of consumers is managed. Staff described the process for supporting consumers who wish to take risks, including conducting risk assessments for different activities. Staff were able to demonstrate systems in place to report, record and review incidents, including abuse and neglect of consumers. Staff are guided by the service’s policies and procedures relating to high-impact and high-prevalence risks that includes elder abuse and neglect and incident management.

The service has a documented clinical governance framework that included policies on antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated an understanding of these policies, for example, staff described how they minimise the use of restrictive practices by employing non-pharmacological strategies in line with each consumer’s behaviour support plan.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)