Performance

Report

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| Name: | Lifeview The Willows |
| Commission ID: | 3628 |
| Address: | 171-175 Jells Road, WHEELERS HILL, Victoria, 3150 |
| Activity type: | Site Audit |
| Activity date: | 9 January 2024 to 11 January 2024 |
| Performance report date: | 12 February 2024 |
| Service included in this assessment: | Provider: 533 Farwell Nominees Pty Ltd  Service: 5364 Lifeview The Willows |

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 The Willows (**the service**) has been prepared by Patricia Golledge 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.

# 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 compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said they felt respected by staff and treated with dignity. Staff interviewed demonstrated knowledge of consumers individual backgrounds, preferences and needs. Care planning documentation included individualised information regarding consumers’ background, culture, interests, and personal preferences to guide staff practice. Staff were observed speaking of and interacting respectfully with consumers during the Site Audit.

Consumers and their representatives interviewed said staff demonstrate respect and cultural needs and consumers diversity are valued. Staff interviewed could explain specific cultural needs and preferences of consumers and how they assist to accommodate those. Care planning and assessment documentation sampled was found to identify cultural needs, individual preferences, and considerations of consumers.

Consumers said they are supported to make and communicate decisions about their care, including who is involved in their care and decision making. Consumers also said they felt supported to maintain personal and social relationships. Staff were aware of consumers’ care preferences and decisions, including the importance of regularly checking whether these had changed, and described how the service supports consumers to maintain their relationships. Care plans reflected consumer choices within needs and preferences including key relationships.

Consumers interviewed felt they were supported to maintain their independence and live life as they choose, including when this involved taking risks. Staff described the process when the service identifies a potential risk, including consulting with consumers to mitigate the risk in line with the consumer’s choice. Care documentation evidenced ongoing training for care and clinical staff in understanding and applying dignity of risk principles with consumers. The service had a policy and procedure which outlined the commitment to respect consumers’ right to make decisions including those that involve a component of risk.

Consumers and representatives said information was provided in a timely and easy to understand manner which helped to make decisions about care and services. Staff described various ways information is communicated to consumers in a manner that is accessible and easy to understand, including strategies to support consumers from non-English speaking backgrounds. A range of information was observed available across the service including newsletters, meeting minutes, menu options and activities calendars.

Consumers and representatives said their privacy is respected by staff and the service maintains confidentiality of their information. Consumer information was observed to be stored in a secure electronic care management system. Policies and procedures on privacy and confidentiality are available to guide staff practice and staff were observed adhering to these.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff interviewed were aware of assessment and care planning processes, which identified risks to the consumer’s safety, health, and well-being. Clinical assessment tools were available on the electronic clinical care system and the service had clinical guidelines for staff to access and utilise in assessment and care planning processes. Care documentation was individualised and included consideration of risks to individual consumers including but not limited to falls, pain and changed behaviours.

Consumers and representatives interviewed described what was important to them in terms of how their care is delivered and confirmed end of life discussions occurred. Clinical staff were aware of how to access information regarding consumers’ end of life preferences and were able to explain how this discussion can be initiated during assessment and during care plan review processes. Policies and procedures on end-of-life and advance care planning are available to guide staff practice.

Consumers and representatives interviewed said they were involved in assessment and care planning, and said the care delivered meets the consumer’s needs. Staff described how they involve consumers, representatives, medical officers and other health professionals in assessment and care planning processes. Review of care documentation identified regular consultation with consumers and representatives, medical officers, and other health professionals.

Consumers and representatives were satisfied outcomes of assessment and planning are communicated to them, and staff explained what was in the care plan. Clinical staff described how consumers and representatives are involved in the assessment and care planning process through a range of ways including the Resident of the Day, care conferences and during regular review processes.

Consumers and representatives said they are satisfied changes to care are made following any concerns or incidents. Staff advised care and services are reviewed regularly for effectiveness, including via monthly Resident of the Day, the service’s 3 monthly review policy, or when a change occurs in a consumer’s condition needs or preferences. Review of care documentation evidenced consumer care and services are reviewed regularly for effectiveness when incidents occur or when circumstances change.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said the service provides safe and effective clinical care that addresses their needs and preferences. Care planning documentation demonstrated consumers received care in line with their needs to optimise their health and well-being. The service had policies, procedures and work instructions for key areas of care, including restrictive practices, wound management, pain management and other areas to support best practice personal and clinical care.

Consumers and representatives said high-impact or high-prevalence risks to consumers are managed effectively by the service. Staff could describe how assessment and care planning processes identify consumers’ risks and how mitigation strategies are incorporated into consumer care plans. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including falls, wound management, medication management pressure injuries, and changing behaviours.

Staff described how the delivery of care and services changed for consumers nearing end of life, and documentation evidenced palliative care was delivered in a way to support consumers’ comfort. Palliative and end of life care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Consumers and representatives expressed confidence changes in consumer care needs would be identified and addressed. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care.

Consumers and representatives interviewed are satisfied that their needs and preferences are accurately communicated between staff resulting in them receiving safe and effective care. Staff could describe the type of information accessible to inform consumer care needs and preferences, including care plans, progress notes and information shared during hand over processes. Shift handover was observed between clinical and care staff to reflect details of changes in consumer’s condition, needs and preferences.

Consumers said the service’s referrals were timely and appropriate and they had access to a range of external health professionals. Care planning documentation identified timely and appropriate referrals to medical and other health professionals with consultation involving consumers and their representative. Management advised they have an electronic internal process for referring consumers to other health professionals and providers of care.

Consumers said staff take precautions to minimise infection risks. The service had policies and procedures to support staff to minimise the risk of infection and promote practices to minimise the use of antibiotics. Staff were observed using personal protective equipment and practicing correct infection control processes. The service maintained records of consumer and staff vaccinations, including for influenza and COVID-19. The service had an outbreak management plan, and an appointed infection prevention control lead.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Social support staff were able to describe the process of assessing consumers for their individual needs and interests and how they encourage consumers independence. Care planning documentation included information about each consumers needs and preferences.

Consumers and representatives considered consumers’ emotional well-being, religious and spiritual practices were supported. Staff provided examples of how this support is provided such as internal religious services, pet therapy, pamper activities, engaging consumers with staff who speak the same language, and visits by the service’s consumer advocate. Staff advised they complete wellbeing care plans upon consumers entry to the service and which capture consumers values and beliefs.

Consumers and representatives said the service assisted them to participate in their community within and outside the service environment, to have social and personal relationships, and do things of interest to them. Staff said they utilise feedback from consumers and representatives when designing the activity program and one-on-one activities are offered to those consumers who choose or are unable to participate in group activities. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as bus outings, musical concerts, the knitting group supporting a local charity, and cultural celebration days. Care planning documents included information about consumer’s interests.

Consumers and representatives interviewed said staff are well informed about their needs and preferences. Staff described how they are informed of any changes to the consumer’s condition and needs such as via daily handover, care plans, and by discussions with consumers and other providers of other care and services. Care documentation and hand over sheets identified adequate information to guide staff practice in relation to services and supports for daily living.

Care documentation demonstrates the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers. Consumers said, and documentation evidenced referrals were completed in a timely manner for various individuals, other organisations, and providers.

Consumers and representatives said the meals at the service were tasty, fresh and of suitable quality and quantity, and their requests for alternative meals was accommodated. Staff had access to consumers dietary information and described how they were informed of consumers’ dietary needs and requirements such as referring to printed information available in the kitchen. Menus are reviewed seasonally by a dietician with input from consumers gathered, including feedback from the Food Appreciation meetings. Staff were observed offering consumers choices at meal times.

Consumers considered equipment was safe, suitable, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said they felt at home at the service. Consumers’ rooms were personalised, with photos, memorabilia, and decorations. The service environment was welcoming, with shared areas for consumers, and representatives to interact. The service area included extensive gardens, shaded outdoor areas with furniture and shared lounge spaces.

Consumers said they can move freely indoors and outdoors and between the 2 levels of the service. The service environment was observed to be clean, clutter free, the corridors were wide, with handrails fitted throughout, and walkways through the gardens were also wide and level. Cleaning and maintenance staff were guided by work schedules. Review of the service’s maintenance records identified reactive maintenance requests were attended to promptly and preventative maintenance was completed as per an established schedule.

The service demonstrated the environment, furniture, fittings, and equipment was safe, clean and well maintained. Staff described how they report any hazards or repairs via the service’s electronic system for maintenance requests.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they feel safe and confident to raise complaints. Staff interviewed could describe the processes available to consumers if they wished to lodge a suggestion or raise a complaint. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback, and the process that they follow should a consumer or representative raise an issue with them directly. These avenues included, consumer meetings, Consumer Advisory Board meetings, feedback forms, suggestion boxes, and electronic feedback machines located throughout the service.

Management advised the service has a Consumer Advocate who visits the service on a fortnightly basis. Consumers said they are aware of how to access advocacy services, and other methods available of raising complaints. Staff interviewed said they are aware they can access language, interpreter, and advocacy services on behalf of consumers. Information on how to raise external complaints and access to advocacy and translation services was displayed around the service and included in the service’s consumer handbook.

Consumers and representatives said the service effectively and efficiently responded to and resolved their complaints. Management and staff demonstrated their awareness of complaints management and open disclosure processes. Review of the service’s feedback and complaints register identified complaints were recorded and responded to appropriately and in a timely manner.

Consumers said changes occur at the service as a result of their feedback and complaints. Management described the service’s processes for continuous improvement and provided examples of where consumer feedback and complaints have resulted in improvements to care and service delivery. Review of documentation such as consumer meeting minutes and the service’s plan for continuous improvement evidenced improvements made.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said there were adequate staff to provide quality care and call bell requests were responded to promptly. Management advised the service has a Registered nurse on 24 hours and current staffing levels were stable with minimal shifts required to be replaced due to unplanned leave. Call bell reports are analysed monthly, and trends reported to the Board.

Consumers and representatives advised staff were kind and caring and respect their cultural background.

Representatives said staff were well trained and knowledgeable. Management advised staff competency is determined through recruitment processes, and staff annual performance appraisals. Position descriptions for clinical staff are established outlining the key responsibilities, knowledge, skills, and qualifications required for each role. Review of staff records identified professional registrations; national police checks are up to date.

Staff considered they are appropriately trained, supported, and equipped to perform their roles. Management described various training and development opportunities provided to staff including orientation processes, buddy shifts, toolbox meetings, and additional training. Review of mandatory training records identified training was provided on a range of topics with high rates of completion.

Management advised they monitor staff performance through staff appraisals on an annual basis as per the service’s policies and procedures. The service monitored an electronic system to record and monitor performance assessment. Staff said they were supported by management during the performance appraisal process, and documentation evidenced performance reviews were up to date.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said the service actively involved them in multiple ways in relation to the delivery and evaluation of care and services. Management and staff described the various ways used to engage and support consumers in designing and improving care and services such as Consumer Meetings, Consumer Advisory Board, surveys and feedback from consumers and representatives.

Management described their organisational governance framework and how the governing body was involved, and accountable for the delivery of safe, quality care and services such as through Advisory Board Meetings and subcommittee meetings. The service reported to, and was overseen by the Advisory Board, Chief Executive Officer (CEO) and sub committees, including a Medical Advisory Committee. Advisory Board meeting minutes identified updates by the CEO, and reports in relation to clinical governance, quality activities and compliance.

A reporting structure, policies, procedures, supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The Quality Manager (QM) advised that changes to legislation, regulatory requirements and aged care law are monitored via the clinical governance and staff meetings.

The service had a risk management plan, which identified current and emerging risks. Records demonstrated the service had implemented its risk-management frameworks, policies, and guidelines effectively. Management and staff could describe the processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Management and staff said the high impact high risks to consumers were weight loss, falls and skin integrity and could describe strategies for managing these risks.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices and open disclosure. The services Infection Prevention Control Lead stated monthly audits were completed regarding the use of antimicrobials and infections in the service and this information reported at governance and clinical meetings. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks.

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)