Margery Cole Residential Care Service

Performance Report

1 Matthews Crescent   
TRARALGON VIC 3844  
Phone number: 03 5132 3500

**Commission ID:** 3005

**Provider name:** Yallambee Traralgon Village For The Aged Inc

**Site Audit date:** 27 June 2022 to 30 June 2022

**Date of Performance Report:** 29 July 2022

# Performance report prepared by

Catherine Spiller, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this 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.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers were satisfied they are treated with dignity and respect and their identity, culture and diversity are valued as individuals.
* Consumers and their representatives are satisfied that they are encouraged to make decisions about their care and services, people who are involved in their care, communicate the decision and maintain relationships.
* Consumers and their representatives are satisfied they are supported to take risks to enable them to live the best lives they can.
* Consumers and their representatives are satisfied information provided by the service are current and up to date, easy to understand and enables consumers to exercise choice
* Consumers said staff respected their privacy and knocked before entering their rooms.

Staff described how they support consumers to take risks to live the best life they can. Staff could describe how they use different methods to communicate with consumers who have communication difficulties. Staff interviews demonstrated knowledge of the service’s policies and producers regarding information privacy.

Consumers’ care planning documents included information about their individual preferences and people important to them.

Staff were observed treating consumers with respect and demonstrated an understanding of consumers choices and preferences. The Assessment Team observed staff knocking on consumers' doors before entering, and when discussing consumers, the staff ensured doors to the nurse's stations were closed.

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Overall, consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives said their care and services are planned around what is important to them, described their participation and identified others they wish to be involved in assessment and care planning.
* Consumers and their representatives described how nursing staff assess the consumers’ risks, identify their care needs and deliver safe and effective care.
* Consumers and their representatives said they are listened to and their care and services are planned around what is important to them.

Staff described how they use care planning documentation to deliver safe and effective care and said they regularly work in the service, so they get to know consumers and understand their individual needs and preferences. Staff described how the assessment and care planning process identifies consumers' goals, needs and preferences. Staff take time to get to know the consumer and their representative and encourage them to provide information that informs the care plan.

Overall, consumer care plans included updated information when circumstances changed. The handover communication sheet and the progress notes reflected recent changes, current care needs and demonstrated effective management.

Care planning documents demonstrate consumers and/or representatives and others are involved in their care planning and that they are reviewed monthly.

The Assessment Team observed staff accessing care plans through the service’s electronic care documentation system, using handover sheets and participating in handover to confirm changes to consumer care.

The Assessment Team observed equipment for risk minimisation, such as pressure relieving mattresses on beds, specialised cushions in wheelchairs, sensor alarms and crash mats.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Overall, consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Consumers considered they receive personal and clinical care that is safe and right for them.
* Consumers and their representatives say they receive the best possible care and are grateful for the provided services.
* Consumers and their representatives said that the service identifies their clinical risks and take the necessary actions to prevent adverse events.
* Consumers and representatives stated they are confident that the service identifies and manages change or deterioration in health.
* Consumers and representatives feel that the consumers’ needs and preferences are effectively communicated between staff, and they do not have to repeat information to advise staff of changes in care or preferences.

Staff were able to explain the most common signs and symptoms of health deterioration and actions to take for the sampled consumers. Staff interviews and documentation confirm end of life needs are met, in line with consumer wishes, comfort is maximised, and dignity is preserved.

Care information is documented and available to staff and others when and where needed. File reviews confirmed referrals to health professionals occur as appropriate. Overall, the service demonstrated early recognition and prompt response to deterioration or change in consumers’ health.

The service has policies and procedures including the assessment of clinical deterioration that guide staff in the assessment, monitoring, and reporting process.

The Assessment Team observed the process of clinical handover, the handover communication sheet, medication charts and care planning documents. Allied health staff were observed visiting consumers during the visit and progress notes entries from these visiting services were sighted.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Overall, consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers and their representatives sampled were satisfied consumers are supported to do the things they wanted to do.
* Consumers confirmed they are supported to make choices about when they wish to rise or settle, attendance at activities and visits to the wider community.
* Consumers and/or representatives were supported to maintain contact with family and people who are important to them.
* Consumers discussed how the service welcomes visitors and makes them feel welcome.
* Consumers indicated in various ways their emotional and spiritual wellbeing is supported.
* Overall, consumers and representatives provided positive feedback about the quality, quantity and variety of meals.

Staff could explain what was important to each consumer, and how they assist them to maintain their independence and support them to enjoy each day. Staff described each consumer’s social and cultural history and interventions consistent with care documentation. All staff interviewed were able to describe the interests and preferences of each consumer.

The organisation has a suite of documents and processes to gather consumers’ needs, goals and preferences and these are used to plan, form and review their lifestyle and leisure program to ensure it meets the needs of their cohort of consumers. The activities calendar was observed displayed on noticeboards and consumer rooms throughout the service containing activities such as a scenic bus drives and bingo.

The Assessment Team observed staff talking to consumers about things of interest to them, telling jokes and encouraging consumers to participate in activities they enjoy. Lifestyle staff were observed to be providing some consumers with individual activities and support.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Overall, consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* Consumers and/or representatives provided positive feedback about the service environment and described their rooms and bathrooms as clean and well maintained.
* Consumers said they can access outdoor communal areas freely and can ask staff to assist them if they wished.

Staff were able to describe how requests for maintenance are submitted and actioned. Staff explained how equipment is cleaned between use. Maintenance staff described the proactive and reactive systems in place to manage maintenance at the service. Cleaning staff at the service demonstrated a proactive approach to maintaining a high standard of cleanliness and maintenance at the service.

The Assessment Team reviewed the maintenance register which evidenced regular maintenance of the service environment and ongoing preventative maintenance.

The Assessment Team found the service environment to be welcoming, clean, well-maintained and free from odours. The service offered communal areas of different sizes, both inside and outside. Furniture, fittings and equipment were observed to be safe, clean and well maintained. The Assessment Team observed consumers freely accessing outdoor areas and moving throughout the service.

The Quality Standard is assessed as compliant as three of the three specific requirements have been assessed as compliant.

## Assessment of Standard 5 Requirements*.*

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Overall, consumers, their representatives, and others are encouraged and supported to provide feedback and make complaints. For example;

* Consumers and/or their representatives discussed how they are aware of the internal feedback system, complete forms, or approach staff or management directly with feedback or concerns.
* Consumers and/or representatives expressed satisfaction when describing various ways in which their feedback and complaints have resulted in improvements to the quality of care and services.
* Consumers and their representatives who had raised issues were satisfied actions had been taken to resolve their respective issues.

Staff discussed how if a consumer or representative raises a concern or complaint they will address issues raised if able to do so, document concerns, and refer the issue to management. Staff and management personnel described using open disclosure principles in their handling of feedback and complaints Clinical, care, and lifestyle staff were able to discuss advocacy services available to consumers, where forms were located, and how they would support consumers/representatives in accessing advocacy services.

The Assessment Team observed a variety of information on advocacy services, Older Persons Advocacy Network (OPAN), and internal and external complaints services displayed throughout the service. The organisation has a documented open disclosure policy and procedure in place.

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Overall, consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers and representatives described how staff are kind, caring and gentle when providing care to the consumer.
* Overall, consumers and representatives confirmed that requests for assistance are generally answered within reasonable timeframes.
* Consumers felt there is sufficient staff capable of delivering safe and quality care and services.
* Consumers and representatives expressed satisfaction with the numbers and mix of staff available

Management explained the staff induction process, mentor program and initial competency assessment which includes competencies relevant to the staff member’s role. Staff said there is a code of conduct which guides them to treat each consumer and each other with respect. They said they have access to online cultural diversity training. Clinical staff described the additional training received for all clinical staff including the Serious Incident Response Scheme (SIRS), incident management system, behaviour management and infection prevention and control

Management described how they ensure vacant shifts are filled for both unplanned and planned staff leaves

The Assessment Team reviewed the master roster, allocation sheets and shift vacancies over the last fortnight which reflected that where vacancies occurred, staff worked additional hours to cover the vacancy with support of clinical leadership team. The Assessment Team observed a range of staff circulating throughout the service and responding to call bells. The Assessment Team observed staff addressing consumers by name and respectfully engaging with them.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Overall, consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers said the service is well run and responsive to their changing needs, preferences and feedback.
* Consumers provided examples of how they are involved in the development, delivery and evaluation of care and services through ongoing feedback and their involvement in consumer meetings and care planning reviews.

Management demonstrated how consumers are involved and supported in the development, delivery and evaluation of care and services. Continuous improvement actions are developed from a number of sources including consumer feedback, incidents, surveys, internal and external audits, resident and relative meetings and staff training needs analysis.

The Board promotes a culture of safe, inclusive and quality care through the ongoing monitoring of key performance indicators and the continuous improvement system to provide oversight for regulatory compliance, clinical governance, incident management, SIRS, antimicrobial stewardship and the use of restrictive practices.

The service has a clinical governance quality and risk committee. The service demonstrated how their risk management framework and register assists with identifying and managing high impact or high prevalence risk, responding to abuse and neglect and supporting consumers to live the best life they can.

The service has a suite of policies and procedures that inform staff about resources available from the service to support consumers to make decisions about their own life and to live the life they choose.

The Assessment Team reviewed a suite of policies and procedures relating to SIRS, compulsory reporting, risk management, incident management systems and the use of restrictive practices.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.