Performance

Report

**1800 951 822**

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| Name of service: | Marine Views Cottesloe |
| Service address: | 40 Marine Parade COTTESLOE WA 6011 |
| Commission ID: | 7122 |
| Approved provider: | Curtin Heritage Living Inc. |
| Activity type: | Site Audit |
| Activity date: | 13 March 2023 to 15 March 2023 |
| Performance report date: | 21 April 2023 |

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 Marine Views Cottesloe (**the service**) has been prepared by M. Nassif, 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

Consumers said they were treated with kindness and care and their dignity respected. Staff demonstrated knowledge of consumers’ backgrounds, needs, and preferences, and provided examples of how they treated consumers with dignity and respect. Management explained staff were trained to provide person centred care, and guided through policies, procedures, and checklists.

Staff explained how they incorporated cultural needs and preferences into the delivery of care and services. Care planning documents contained information about consumers history, values, and cultural needs to guide staff. Management described how they integrated consumers’ cultural needs and preferences into lifestyle and activity planning.

Management and staff explained how they supported consumers to make and communicate decisions, and maintain relationships. Consumers confirmed they were supported to make and communicate their decisions.

Documentation contained relevant information and assessment of consumers needs and preferences, and evidenced risks were discussed with strategies in place. Staff described how they worked with consumers to identify the things they wanted to do to help them live their best lives.

Consumers and representatives confirmed the service provided relevant information and regularly communicated with them. Management and staff explained how they communicated and provided information to consumers, with consideration to different needs. Care planning documents reflected communication when changes to needs and preferences occur.

Policies, procedures, and training guided staff to deliver care and services in a respectful manner, and to maintain the confidentiality of consumers information. Staff were observed respecting consumers personal privacy, such as knocking on a consumer’s door before entering. Consumers personal information was stored using an electronic care management system with password protection.

# 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

Documentation demonstrated assessment and planning processes used validated assessment tools to assess risks to consumers’ health and well-being and to determine strategies to manage those risks. Staff demonstrated knowledge of risks to consumers and strategies in place.

Management explained advance care and end of life planning was discussed upon admission to the service, and as required. Consumers and representatives said consumers’ needs, goals, preferences, including end of life wishes were discussed with the service. Care planning documents confirmed consumers advance care and end of life planning was identified and documented.

Consumers and representatives confirmed they were involved in assessment and planning processes on an ongoing basis. Management explained assessment and planning incorporated input from consumers, representatives, and other providers of care and services such as specialists. Care planning documents demonstrated involvement with consumers, representatives, and other health professionals.

Consumer and representatives said they were informed of outcomes of assessment and planning and confirmed they either had, or knew how to request a copy of the care and services plan. Staff explained how they informed consumers, representatives, and others of changes, and required documentation updates.

Management said care and services were reviewed every 3 months, or when consumers circumstances changed. Care planning documents evidenced care and services were regularly reviewed, consistent with management feedback.

# 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

Care planning documents contained information tailored to the specific needs and preferences of consumers, reflecting best practice, and used various assessment tools to inform a comprehensive overview of consumers personal and clinical care needs. Staff demonstrated knowledge of consumers personal and clinical care needs, and were observed to deliver care in alignment with care plans. Management explained the service had processes in place to deliver safe, effective care such as policies, care planning, meetings, and surveys.

Consumers and representatives reflected high impact, high prevalence risks were effectively managed by the service. Management explained processes in place to identify and manage high risk scenarios relating to consumers care, consistent with documentation. Care planning documentation evidenced assessment, referral, monitoring processes were undertaken to manage risks.

Staff provided examples of how they delivered palliative care and services to support consumers’ comfort. For a named consumer, care planning documents and representative feedback reflected end of life care was provided in a respectful, and comfortable manner. Staff were guided by policies and procedures to deliver end of life care.

Consumers and representatives said the service responded to changes in consumers’ health status in a timely manner. This was consistent with care planning documents. Staff explained how they responded to deterioration or changes in the health of consumers.

Management and staff explained information about consumers was shared through verbal and documented handover processes, and recorded in the electronic care management system. Staff said, and care planning documents demonstrated, adequate information is recorded and shared in relation to consumers’ condition, needs and preferences.

Consumers confirmed they received access to relevant health supports in a timely manner, such as allied health professionals and specialists. Management and staff explained the process of referring consumers to other providers of care and services, including when circumstances changed, as evidenced in care planning documents.

The service had policies and procedures to support the minimisation of infection related risks, including practices to promote appropriate antibiotic prescribing. Staff demonstrated knowledge of ways to minimise infections, and were observed to follow this in practice.

# 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

Staff demonstrated an understanding of what was important to consumers and how to support consumers independence, health, well-being and quality of life. Care planning documents contained information about consumers interests to support staff in the delivery of care and services. Consumers and representatives said consumers get safe and effective services and supports for daily living that meet their needs, goals and preferences.

Consumers reflected their spiritual and emotional needs were supported. Management and staff provided examples of how they supported consumers well-being, such as spending one on one time with consumers.

Consumers provided examples of the ways the service supported them to join in on activities, be independent, and stay connected with family and friends. Care planning documents reflected consumers preferences. Consumers were observed socialising and attending activities of interest. Management and staff stated they were constantly looking for ways to help consumers maintain connections.

Staff said they were aware of consumers’ needs and preferences through formal shift handover processes, reviewing and updating care planning documentation. Consumers and representatives stated those involved in consumers’ care were informed. Care planning documents showed detailed information about consumers’ conditions, needs and preferences and was regularly updated and shared with others as required.

Staff were knowledgeable of other external services and supports provided to consumers. Care planning documents reflected other services and supports were in place. Consumers and representatives confirmed services and supports are received as required.

Consumers and representatives reflected meals were of varied, suitable quality and quantity. Staff knew consumers individual meal preferences and dietary requirements. Consumers were able to provide input into the dining experience through meetings, direct feedback to staff, and through feedback forms.

Consumers, representatives, and staff stated equipment repairs were completed in a timely manner, and they knew how to raise maintenance issues. Equipment was observed to be safe, clean, and suitable.

# 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 described feeling at home and safe the service, and provided examples of how they used different areas of the service. The service environment was observed to be spacious with various areas for consumers, representatives, and others to socialise. Management and staff advised they worked collaboratively with consumers to encourage a sense of belonging. Consumers rooms were observed to be personalised.

The service environment was observed to be safe, clean, and well-maintained. Consumers described feeling comfortable, and were able to freely move around the service. Staff confirmed they knew how to lodge maintenance requests. Maintenance documentation demonstrated scheduled maintenance and faults were recorded, and attended to as appropriate. Documentation was in place and up to date for cleaning maintenance around the service.

Consumers stated they felt safe when using equipment, and reflected staff knew how to use the equipment appropriately. Furniture, fittings, and equipment were observed to be safe, clean, and well maintained. The service demonstrated it had systems and processes in place to maintain and respond to faults relating to the service environment, furniture, fittings, and equipment.

# 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

Management said, and consumers and representatives confirmed, they were encouraged and supported to provide feedback and make complaints, through feedback forms, speaking with staff, or meetings. Feedback forms and a secure suggestion box was observed in the service foyer to assist consumers.

Consumers and representatives confirmed they were aware of advocacy and language services available to them. Staff explained how they would assist consumers provide feedback or complaints, including consumers with communication barriers. Information was observed throughout the service environment to support consumers in understanding and accessing advocacy and language service pathways and other methods for raising a complaint.

Consumers and representatives confirmed management and staff responded to their complaints in an appropriate and timely manner. Management and staff demonstrated an understanding of open disclosure, and explained how they would apologise in the event of something going wrong. Complaints and feedback documentation confirmed appropriate actions, including the use of open disclosure, were implemented.

Staff and management described how trending and analysing feedback and complaints have resulted in improvements which are driven by consumer feedback. The service’s continuous improvement plan and meeting minutes demonstrated improvements made to care and services arising from feedback and complaints, such as improvements to the dining experience.

# 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

Consumers, representatives, and staff considered there were enough staff at the service, and consumers did not wait long to receive assistance. Management feedback and call bell data demonstrated consumers requests for assistance were attended to within a timely manner. Management explained workforce planning strategies in place, including processes to backfill leave. Staff rosters confirmed all shifts were filled.

Consumers and representatives said staff were kind, respectful, and caring. Staff demonstrated knowledge of consumers, including what consumers liked and required assistance. Staff were observed interacting with consumers in a respectful and familiar manner. Staff were guided to deliver dignified and respectful care by policies, procedures, and training.

Management explained the qualification, registration, and competency processes in place required for respective roles. Position descriptions outlined qualifications, knowledge, and registration required for staff. Consumers and representatives said they feel staff are effective in their roles and were confident staff are skilled to meet consumers’ care needs. Systems were in place to monitor ongoing staff compliance with training, registrations, checks, and other requirements for roles.

Staff demonstrated knowledge of various topics applicable to the Quality Standards, and documentation confirmed staff had completed mandatory training and competencies. Staff were supported in the delivery of care and services through policies, procedures, and other guidance materials.

Management advised staff performance was reviewed and monitored through annual performance appraisals and feedback from consumers and representatives. Documentation confirmed most staff appraisals were completed, with outstanding appraisals scheduled.

# 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 considered the organisation was well run, and they were involved in opportunities to provide feedback about care and services. Management explained consumers and representatives were encouraged to provide input through a consumer advisory group, meetings, surveys, and feedback forms. Meeting minutes evidenced consumers and representatives were involved in evaluation processes.

Management described how the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and its involvement in this delivery. Management said they complete a range of audits and discuss the report with the service and the governance committee. Through this process, the organisation’s governing body is aware of the performance of all aspects of the service.

The service had documented organisational wide governance frameworks relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, management explained how the service is supported by effective financial management systems and discussed expenditure to support changing needs of consumers.

The service had risk management systems in place to assess and monitor high impact, high prevalence risks associated with the care of consumers, whilst supporting consumers to live the best life they can. Staff demonstrated knowledge of what constitutes elder abuse and neglect, and explained reporting responsibilities. Management confirmed they analyse incidents and identify trends, and these are reported to various committees, leading to improvements to care and services for consumers.

The service had a clinical governance framework which consisted of policies, procedures, training, and reports. Management advised the organisation maintained oversight of antibiotic usage through benchmarking and monitoring processes, reports, and meetings. Management explained processes in place for antimicrobial stewardship and minimising the use of restraint. Staff demonstrated knowledge of the principles of open disclosure, in line with policy and procedure.

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)