Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Mountain View Aged Care Plus Centre |
| Service address: | 279-293 Goyder St, Cnr Goyder St & Leahy Close NARRABUNDAH ACT 2604 |
| Commission ID: | 2911 |
| Approved provider: | The Salvation Army (NSW) Property Trust |
| Activity type: | Site Audit |
| Activity date: | 18 July 2023 to 20 July 2023 |
| Performance report date: | 29 August 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 Mountain View Aged Care Plus Centre (**the service**) has been prepared by K. Richards, 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 consumers, representatives, staff, management, and others.

The provider submitted an email on 2 August 2023 advising they did not intend to submit a response to the Assessment Team’s report.

# Assessment summary

|  |  |
| --- | --- |
| 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 to remain compliant with the Quality Standards.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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 dignity and respect, and that staff valued their identity, culture, and diversity. Staff knew consumers’ backgrounds, personal identities and care preferences. Staff were observed delivering care respectfully and with an understanding of consumers’ personal circumstances and cultural backgrounds, and in line with the diversity and inclusion policy and procedure.

Consumers said the service provided care that was culturally safe, and which showed the service valued their cultural background, personal beliefs, and diversity. Staff knew the individual preferences, care needs and cultural backgrounds of consumers. Care planning documents highlighted consumers’ backgrounds and culturally significant care requirements.

Consumers said they felt supported to make choices regarding their care, including who was involved in it. Staff described supportive actions to aid consumers in maintaining relationships of importance. Care documents included information about people of importance to consumers, including their representatives, and the extent of their involvement in individual consumer’s care including power of attorney information. The service had a diversity and choice policy.

Consumers said the service supported them to take risks, and this enabled them to live the best life they could. Staff understood dignity of risk and how to support consumers to understand the benefits and harm in taking risks. Care records showed the service involved consumers in problem-solving solutions to reduce risk.

Consumers said the service gave them current information about their care, such as information about updates, care options, and special events. Staff knew the various channels through which to communicate with consumers and how to adjust communication style for consumers living with sensorineural impairment. Care documents showed records of communication between staff and consumers. Information displayed throughout the service was available to inform consumer choice on meals, activities, and available services.

Consumers said the service respected their privacy, and that it kept their information confidential. Staff practiced appropriate protocols for protecting consumers’ privacy and personal information. The service had a privacy and confidentiality policy and procedure.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Consumers said the service’s care planning processes involved considering risks to their health and well-being. The service’s clinical staff knew its care planning processes, and appropriate strategies to help consumers mitigate their risks. Care documents showed the service had factored in risks and relevant mitigations to inform the delivery of safe and effective care and services.

The service discussed advance care directives with consumers as part of its admission process. Consumers said the service’s assessment and planning addressed their needs, goals, and preferences, including for end of life care. Staff could describe consumers’ needs and preferences in line with consumer feedback and care planning documentation. The service retained records of consumers’ care directives on its electronic care management system.

Consumers said the service involved them in an ongoing partnership to assess and plan their care. Staff described consultation processes with consumers and representatives for assessment and planning, including obtaining consent to involve other health providers. Care plans and progress notes showed that a range of entities were involved in planning consumers’ care, including consumers, their representatives, and various providers.

Consumers and representatives said the service had discussed the outcomes of its assessment and planning processes with them and they had been offered a copy of their care plan. Staff described processes for communication of assessment and planning outcomes with consumers and representatives, and ensured a copy of the care plan was offered or provided following review. The service’s process involved offering consumers a copy of their care plan after their regular 3-monthly reviews. Care plans contained information about the outcomes of assessment and planning.

Consumers said staff regularly reviewed their care and services. Clinical staff explained care and services plans are updated regularly and as clinically indicated, including following incident. The service’s processes involved reviewing care every 3 months, annually, and or as clinically appropriate. All care plans had been reviewed in line with the service’s policy.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 said they received care that was safe and right for them. Staff knew what specific personal and clinical care individual consumers required, and how to deliver this according to their needs and preferences. Care records showed that staff followed documented strategies and clinical management procedures to ensure best practices were applied, and specialist services were accessed for guidance on complex care needs.

Consumers said staff managed high-impact, high-prevalence risks effectively. Staff could identify consumers with high risks and the various mitigation strategies deployed, as well as high prevalence risks for the consumer cohort. The service had a suite of clinical care policies and procedures guiding how staff should manage consumers’ risks.

Consumers nearing end of life were commenced on an end of life care plan, which guides on provision of care. Staff explained how they ensure consumer comfort is maximised, pain is managed, and dignity is preserved. Care planning documentation demonstrated ongoing communication with the consumer’s representative and ongoing review of management of pain and comfort needs.

Consumers said the service responded to deterioration or changes in their condition promptly. Staff knew appropriate protocols for responding to consumer changes or deterioration, including the service’s escalation process. Care planning documentation demonstrated timely assessment and action taken in response to acute and chronic deterioration of consumer health. The service had policies and procedures to guide staff in its clinical escalation process.

Consumers said the service communicated well about their care, and staff were familiar with their care preferences and needs. Staff described communication methods, including handover processes, and said they received information pertinent to effectively care for consumers. Care plans provided adequate information to support safe care.

Consumers said they were satisfied with the service’s provision of referrals, with timely access to relevant health supports. Clinical staff could describe processes for referring consumers to medical and allied health providers. Consumer care records showed use of timely referrals to providers to assess and guide on consumer care needs.

Consumers said the service’s practices to minimise infection-related risks were effective, including for management of COVID-19 outbreaks. Staff confirmed the service had delivered training on infection prevention and control, hand hygiene, and donning and doffing competencies, with clinical staff able to detail principles of antimicrobial stewardship. The service had a comprehensive policy framework for infection control, including for outbreak management.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 said the service supported them to participate in activities they wanted to do, and to be as independent as possible. Care and services plans included information about the supports consumers needed to help them live how they wanted. The service had procedures and guidance material to ensure staff delivery of care that optimised consumers’ wellbeing.

Consumers described a range of methods through which service supported their emotional, spiritual and psychological wellbeing. Staff were able to cite examples of how emotional support is provided, and consumers’ care documentation corroborated their statements. The service’s emotional and spiritual support offerings included a structured spiritual program run by a chaplain.

Consumers said the service offered them support to enable them to participate in the community, have relationships and do things they were interested in. Care plans contained information about individual consumers’ interests. Consumers were observed participating in various activities, receiving visitors, and returning from activities within the local community.

Consumers said staff were consistent in the provision of services and supports, and that they did not have to repeat their instructions to multiple staff members. Staff used a range of practices to share consumer preferences and needs, including handovers, progress notes and alerts. The service’s care management system included detailed information on consumers’ needs and preferences, including when they change.

Care planning documents showed the service collaborated with external providers to support consumers’ diverse needs. The service had a dedicated process to guide staff in making referrals. During interview, staff showed good knowledge of the service’s referrals process and available providers, including volunteers.

Consumers and representatives said consumers enjoy the service’s meals and snacks, and that it was sufficient, varied, and of adequate quality. The service prepares meals on-site each day, based on consumers’ feedback, dietary needs and preferences, with dietitian input. Staff demonstrated awareness of available meal choices and consumer preferences, and were observed to confer with consumers on preferences throughout meal services.

Consumers said the service’s equipment was safe, suitable, clean, and well-maintained. Staff detailed the cleaning and maintenance processes, including reporting required repairs. The service’s maintenance documents and records demonstrated it was up to date with its proactive and reactive maintenance.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 the service environment was welcoming and that they felt at home living there. The service maintained various conventions to help consumers feel welcome, including supporting them to decorate their rooms and use their own furniture. The service was easy to navigate, featuring good lighting, clear signage, and a welcoming ambience.

Consumers said the service environment was clean, well-maintained, and comfortable, and that they could move freely indoors and outdoors. All rooms had access to the service’s outdoor areas and there were no obstructions preventing consumers’ movement between settings. Observations during the Site Audit showed the service to be clean, and well-maintained.

Consumers said the service maintained their rooms well, including associated fittings and equipment. Staff knew the service’s process for reporting maintenance issues and they said the reporting system was effective. The service had cleaning schedules outlining daily, weekly, monthly, and quarterly cleaning requirements. Its cleaning log was up to date. External services were contracted to manage maintenance of medical equipment, including lifting machines, with preventative maintenance undertaken in line with scheduling.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 said they were comfortable raising their concerns with the service, and providing feedback. Staff knew the various channels through which the service captured feedback, and appropriate handling processes for any feedback received. The service had an incidents, complaints and feedback management policy.

Consumers said they knew how to contact external advocates if requiring support to raise a complaint. The service provides consumers a consumer handbook on admission, which features contact information for advocacy groups. Staff said they can access translating services when required. Posters for the Older Persons Advocacy Network (OPAN) and Seniors Rights Service decorated the walls of the service facility, with a representative from OPAN attending a morning tea to meet consumers and explain their role.

Consumers and representatives said the service appropriately resolved concerns they raised. Staff said the service had trained them in open disclosure and, during interview, they could state appropriate open disclosure use cases. The service’s feedback register showed it responded to feedback consistently and that it sought to resolve consumers’ concerns promptly with application of open disclosure principles.

Consumers said the service made positive changes in response to feedback about its care. Consumer feedback was a standing agenda item for the service’s strategic meetings, where staff regularly reviewed feedback and used it to inform improvement activity. The service used consumer feedback to identify improvement items included within the continuous improvement plan.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 and representatives reported there were sufficient staff available to promptly meet needs, with a noted increase to staffing levels in 2023. Staff said the service had enough staff to deliver the care consumers needed. Management had a process for determining the number of staff required to deliver care, based on consumer demand, and contingency plans to fill vacant shifts.

Consumers said staff were kind, caring and respectful. Staff said the service had delivered training to them in how to interact with consumers respectfully, and management explained they used recruitment processes to ensure staff have the right personal attributes to care for the consumers. The service’s feedback register showed that consumers were consistently complimentary about the service’s staff.

Consumers said they were confident staff had sufficient skill to deliver their care. Position descriptions included minimum requirements for qualifications and experience, and management described recruitment processes used to attract and employ suitably qualified staff. The service is partnering with a specialised training organisation to provide targeted dementia training for staff working in the memory support unit.

Consumers said staff had been trained well to perform their roles. The service had a range of training delivery platforms, including face-to-face, online and on-the-job training. Training records showed the service had high training completion rates, with ongoing monitoring by management to ensure training compliance. Staff said they could access or request additional training when needed.

Consumers said they felt confident about providing feedback on staff performance. Staff said they receive formal and informal feedback on their performance, and had participated in performance appraisal processes. Management described ongoing assessment of staff performance through appraisals, and giving feedback following complaint or incident.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 said the service had engaged them to help develop, deliver and evaluate care and services. Management could cite recent examples of how the service engaged consumers to seek their input into its operations. The service’s feedback register showed ongoing discussions between the service and consumers about improvements to the service.

Consumers said they felt the service and organisation was well run. The governing body actively monitored the service’s operations through a comprehensive reporting structure, including benchmarking for quality and improvement. Reporting is used to inform the Board, who set priorities to improve the performance of the organisation.

The service’s records showed it had effective organisation-wide governance systems in all applicable domains. During interview, staff and management knew the key principles of the service’s governance systems. The service had policies and procedures to guide staff in each aspect of its governance framework. For example, financial governance is overseen by the chief financial officer, who approves the annual budget including operational and capital expenses, and processes are available for funding out of scope expenditure, such as modifications, specialist training programs, and increased staff to accommodate increased care hours in line with new legislative requirement.

The service had risk management policies to guide staff through relevant risk procedures. Staff received training in detecting, reporting, and responding to risks within the service’s remit, including abuse and neglect of consumers. The service had various risk analysis and management systems to support staff to prevent and manage incidents. Concerted efforts are made to enhance the lives of consumers whilst not compromising their ability to take calculated risks. An incident management system provides oversight to management, with incidents reviewed in clinical governance meetings to engage support from a complex care panel to develop mitigating strategies.

The organisation’s clinical governance committee meets every second month and provides oversight through monitoring of clinical data, and a framework with policies and procedures to guide staff in delivery of clinical care. The framework included directives to minimise restrictive practices, implement antimicrobial stewardship and use open disclosure when things went wrong.

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)