Performance

Report

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| Name of service: | Nellie Melba Retirement Village |
| Service address: | 2 Collegium Avenue WHEELERS HILL VIC 3150 |
| Commission ID: | 4582 |
| Approved provider: | Ryman Aged Care (Australia) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 July 2023 to 21 July 2023 |
| Performance report date: | 21 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 Nellie Melba Retirement Village (**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 1 August 2023 advising they accepted the Assessment Team’s recommendations.

# 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 consumers were treated with dignity and respect, and staff were aware of consumers’ individual identities and culture. Staff demonstrated knowledge of consumers’ needs, preferences, and interests. Care planning documents contained information to support the delivery of appropriate care and services, with respect to consumers’ identity and personal background, culture, and diversity.

Consumers and representatives advised consumers received appropriate care and services and were supported with their cultural, religious, and spiritual practices. Staff explained how the cultural awareness assessment is undertaken to understand and support consumers’ cultural background and values. Policies and procedures guided staff in the delivery culturally safe care and services.

Consumers and representatives reflected consumers were supported to make and communicate decisions about their care, how it should be delivered, and who should be involved. Staff explained how they supported consumers to exercise choice to do the things they wanted to do, which aligned with information in care planning documents. Consumers gave examples on how they were supported to make and maintain connections and relationships of choice.

Consumers and representatives said consumers were supported to do things with an element of risk to live life on their terms, with staff explaining the risks and benefits to them. Management and staff explained they supported consumers to understand risks and possible harm associated with their choices, through consultation and assessment of risks. Although the Assessment Team noted one consumer did not have a Dignity of risk assessment form completed in line with procedural requirements, the consumer was aware of associated risks and said staff had taken time to explain risks to them and also their representative.

Consumers and representatives advised consumers received information on all matters relating to the service in a timely manner. Staff described the various ways consumers were provided information in an easy to understand manner, to help them make decisions such as direct conversations, newsletters, meeting minutes, activities calendars, and email correspondence.

Consumers and representatives said consumers’ privacy was respected, with their information kept confidential. Staff explained how they maintained privacy, such as knocking on a consumer’s door before entering, as observed. Staff described privacy protocols in place to maintain the confidentiality of consumers’ personal information. Management described safety features for securing private information, including automatic locking on computers if staff walk away.

# 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.

Assessment and planning considered risks to consumers’ health and well-being to inform the delivery of safe, effective care and services though validated assessment tools to identify risk, consultation of other providers of care and services, and procedures to guide staff. Staff described the assessment and planning processes in place to identify and manage risks to consumers, informing the delivery of safe, effective care and services.

Consumers and representatives said, and care planning documents demonstrated, assessment and planning identified consumers’ current needs, goals, and preferences, including advance care and end of life planning. Management and staff explained end of life wishes were discussed during admission to the service and reviewed at 3 monthly care plan reviews, or at other times if there was a change in the consumer’s condition. Staff demonstrated awareness of consumer needs and preferences in line with care planning documentation.

Consumers and representatives reflected they were involved in the ongoing assessment, planning, and review of consumers’ care and services, and this includes with clinical staff and others involved in their care such as Medical officers and Allied health professionals. Care planning documents demonstrated consumers, and other organisations, individuals, and providers of care and services were involved in ongoing assessment and planning processes.

Consumers and representatives advised they were informed of the outcomes of assessment and planning, and offered a copy of the care plan for awareness and feedback. Staff said they communicated any changes to consumers’ care plans through verbal and documented processes. Care planning documents evidenced outcomes of assessment and planning were communicated with consumers and others involved in their care.

Consumers and representatives said, and care planning documents demonstrated, care and services were reviewed regularly for effectiveness, and when consumers’ circumstances changed or required an updated care plan review. Policies and procedures were in place to guide staff in assessment, planning, and review processes, including when and how to review care and services for effectiveness.

# 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 and representatives said consumers received personal and clinical care which was safe, tailored to them, and met their needs and preferences. Staff demonstrated knowledge of consumers’ individual personal and clinical care needs and preferences. Information in care planning documents demonstrated staff were following strategies and clinical management policies, to deliver safe, effective, tailored care which aligned with feedback. Policies and procedures relating to personal and clinical care guided staff in the delivery of best practice care.

Consumers and representatives considered high-impact, high-prevalence risks associated with the care of consumers were effectively managed. Staff identified high-impact, high-prevalence risks, such as falls and weight loss, and explained the risk mitigation strategies in place. Care planning documents evidenced high-impact, high-prevalence risks were assessed, monitored, and reviewed with risk mitigation strategies in place.

Staff explained how the delivery of care and services changed for consumers nearing end of life, and described ways they supported consumers’ dignity and comfort. Management advised other providers of care and services were consulted and involved in the delivery of palliative care to support consumers’ dignity and comfort, such as Medical officers and palliative care specialists. Care planning documents for a named consumer evidenced palliative care was delivered in line with their preferences, with measures implemented to support their comfort.

Staff described the processes in place in responding to deterioration or changes in consumers, such as completing assessment, monitoring, referrals. Care planning documents evidenced deterioration or changes in consumers were identified and responded to in a timely manner.

Consumers and representatives said they were satisfied with the communication of consumers’ needs and preferences within the service and with others. Staff explained the processes in place for sharing information about consumers to support the delivery of care and services, such as through verbal and documented processes.

Consumers said they were referred to appropriate providers, organisations, or individuals to meet their needs in a timely manner, as evidenced in care planning documents. Management and staff explained how they identified other external services required to provide input into the delivery of consumers’ care and services, and referral processes in place.

The service had a dedicated staff member with oversight of implementation of infection prevention and control measures. Infection related risks were minimised and managed, including practices to promote appropriate antibiotic prescribing, through policies, procedures, training, and audits. Staff explained how they minimised infection related risks and minimised the need for antibiotics. Observations demonstrated staff were following infection control protocols, such as wearing personal protective equipment (PPE).

# 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.

Consumers and representatives considered there were appropriate services and supports available to support consumers’ daily living needs, goals, and preferences. Staff demonstrated an understanding of what was important to consumers, and described how the service supported consumers’ independence, well-being, and quality of life, including adapting activities to meet needs of consumers with differing cognitive abilities. Care planning documents contained information to guide staff in the delivery of safe, effective care and services in line with consumers’ needs, goals, and preferences.

Consumers and representatives said consumers’ emotional, spiritual, and psychological needs were supported by the service. Staff outlined ways they supported consumers’ well-being, such as identifying needs, providing emotional support and helping consumers to connect with people important to them.

Consumers and representatives advised consumers were supported to participate within the community, have social and personal relationships, and do things of interest. Staff explained how they supported consumers to pursue interests, participate in their community, and develop and maintain social and personal relationships.

Consumers were satisfied with staff communication processes, saying they did not have to repeat their preferences to multiple staff. Staff from varying areas of the service explained information about consumers is communicated within the organisation and with others responsible for care through verbal and documented processes, such as shift handovers, email correspondence, and updating electronic records, as evidenced.

Management and staff explained how they partnered with external organisations and individuals to support consumers to do the things they wanted to do. Care planning documentation demonstrated that consumers were referred to other individuals, organisation, and other providers of care and services in a timely and appropriate manner, to supplement services and supports available at the service.

Staff explained the processes and systems in place to provide suitable meals of appropriate quality and quantity, such as holding monthly food focus meeting with consumers, conducting dietary assessments, and audits. Staff were observed assisting consumers with their meals as appropriate.

Consumers said equipment was safe, suitable, clean, and well maintained. Staff said regular inspections were conducted to maintain the safety and cleanliness of equipment. Documentation demonstrated appropriate systems were in place to maintain equipment.

# 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.

The service environment was observed to be welcoming, with sufficient light and wide corridors, and various areas for consumers to utilise. Consumer rooms were observed to be personalised. Consumers said they felt at home, and the service environment was designed in a way which helped them to be independent and easily navigate around the service.

Consumers said the service was safe, clean, and well maintained, and were able to freely navigate between indoor and outdoor areas. Staff explained the processes and systems in place to maintain the safety and cleanliness of the service environment, with documentation confirming maintenance matters were resolved in a timely manner. All areas of the service environment were observed to be clean, consistent with processes described by staff and the cleaning schedule. Consumers, including those with mobility considerations, were observed to be freely navigating throughout the service environment.

Documentation demonstrated appropriate processes and systems were in place to monitor and maintain the suitability, safety, and cleanliness of equipment, furniture, and fittings. Consumers said, and observations demonstrated, fittings, furniture, and equipment were in good working condition and clean.

# 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 and representatives said they were supported to provide feedback or make a complaint, and were aware of ways to do so, such as direct feedback to management or through meetings. Documentation demonstrated consumers were supported to raise and discuss concerns, with action taken by management.

Consumers and representatives said they were aware of other avenues to raise complaints, such as through the Commission, language or advocacy services. Staff demonstrated knowledge of the external complaints pathways available to consumers, and explained how they would support consumers to access advocacy groups and language services. Information was observed throughout the service environment to inform consumers of their feedback and complaints options.

Consumers and representatives advised the service responded to complaints, or when things went wrong, in a timely and appropriate manner and take actions, including offering of apology, consistent with documentation. Staff explained the processes in place to respond and resolve complaints or incidents, in an appropriate manner using an open disclosure approach.

Consumers described improvements made to the quality of care and services following their feedback or complaint. Management described the process of reviewing complaints, feedback, and incidents to inform improvements to care and services, as evidenced on the service’s continuous improvement plan and other relevant documentation.

# 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, representatives, and staff reflected there was a sufficient amount and mix of staff to support consumers’ daily needs. Management explained the workforce planning and management strategies in place to deliver safe, quality care and services. Call bell data demonstrated consumers’ calls for assistance were answered in a timely manner.

Consumers and representatives said staff engaged with consumers in a respectful, kind, and caring manner. Staff demonstrated knowledge of consumers’ needs and preferences, which aligned with consumer feedback and information in care planning documents.

Management described the processes and systems in place to enable a competent, qualified, and knowledgeable workforce. Position descriptions outlined the competencies and capabilities required for each role, and management said all staff were required to meet minimum qualification and registration requirements.

Consumers and representatives were satisfied staff were well trained and able to meet consumer needs. Staff said they had access to sufficient education and training. Management said, and documentation demonstrated, staff were trained, equipped and supported to deliver the outcomes required by these standards, such as through assessments, checklists, and mandatory training.

Staff said their performance was monitored through competency tests, probationary reviews, and annual performance appraisals. Management advised staff were reviewed and monitored through mechanisms such as internal audits, clinical indicators, training, and formal appraisal processes. Documentation confirmed staff had completed annual performance appraisals, consistent with feedback.

# 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 and representatives considered the service was well run, and consumers were actively supported in the design and delivery of effective care and services. Management and staff described how they used consumer feedback from various avenues to make improvements within the service. Documentation demonstrated consumers were engaged in the development, delivery, and evaluation of care and services.

Management described the various ways the governing body demonstrated accountability for the delivery of safe, inclusive quality care and services, such as clear organisational reporting structures. The service had policies, procedures, and guides relevant to the Quality Standards and frameworks inclusive of risk management, consumer partnerships and clinical practice.

Management and staff feedback and documentation demonstrated effective organisation wide governance systems were in place, relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, management described financial governance was overseen at an organisational level, with delegation authorities, and flexibility of expenditure to ensure consumer needs were met.

Risk management systems and practices were effectively supported by policies, procedures, training, monitoring and reviewing clinical indicators, and trends analysis. Management and staff provided examples relevant to their role of how risks were managed relating to high-impact, high-prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. The service had an incident management system, with incidents monitored and reviewed, and strategies implemented to minimise recurrence.

The clinical governance framework was supported by various mechanisms, for example, monitoring and reviewing clinical indicators, policies and procedures. The service monitored infections and antibiotic prescribing practices, and staff provided examples of how they minimised the use of restraint and practiced open disclosure.

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)