Performance

Report

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| Name of service: | Olivet Aged Persons Home |
| Service address: | 7-9 Rupert St RINGWOOD VIC 3134 |
| Commission ID: | 3622 |
| Approved provider: | Christadelphian Welfare Association (Vic) Inc |
| Activity type: | Site Audit |
| Activity date: | 13 December 2022 to 15 December 2022 |
| Performance report date: | 24 February 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 Olivet Aged Persons Home (**the service**) has been prepared by J. Howard, 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 conducted from 13 December 2022 to 15 December 2022; 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.
* The Approved Provider’s response to the site audit report, received on 5 January 2023.
* Other information and intelligence held by the Commission in relation to the service.

# 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

*Requirement 1(3)(d):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate each consumer was supported to take risks to enable them to live the best life they can.

The site audit report noted:

* The care planning documentation for a consumer with limited mobility was not found to contain evidence of consultation or documentation of the appropriate risk mitigation strategies to support the consumer’s independent outings.
* A consumer indicated to the Assessment Team they often utilised their personal pocketknife for cutting food and fruit, and said the service had not placed any rules or restrictions upon their use of the pocketknife. The Assessment Team were unable to locate evidence of consultation or documentation within the consumer’s care planning information regarding appropriate risk mitigation strategies for the use of the pocketknife.

The site audit team discussed its observations with management while on site. In response, management accepted and acknowledged there was a gap within their care planning and assessment process. Management further indicated there was a gap in communication between the physiotherapists conducting mobility assessments and clinical staff. Following the provision of feedback, the Assessment Team noted the service reviewed and completed a risk assessment form for the consumer with limited mobility, dated 14 December 2022.

In its response to the site audit report, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the consumer with limited mobility – the service indicated the consumer was assessed by a physiotherapist on 18 November 2022 which showed the consumer was independent when using their mobility aid, and therefore it was deemed safe for the consumer to leave the service independently.
* Concerning the consumer who utilised a pocketknife – the service indicated that throughout their internal investigation with staff, it appeared the consumer did not disclose their possession of the pocketknife to anyone, including after the consumer’s representative raised their concerns with staff. After the issue was raised by the consumers’ representative, the service conducted all the necessary risk consultations with the consumer and their representative. An acknowledgement of risk form was completed and signed, which detailed appropriate risk mitigation strategies. Moreover, to respect the consumer’s privacy and dignity, management outlined it was unreasonable to expect the nurse to frisk the consumer to find the hidden pocketknife, or to search the consumer’s personal belongings.
* The service provided acknowledgement of risk forms for three other consumers as examples to demonstrate the service was able to identify consumers who were engaged with risk taking behaviour.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider, and I acknowledge the actions taken by the Approved Provider to address the identified issues. The response outlined by the Approved Provider addressed the concerns raised by the Assessment Team and, in addition, there was no identified adverse impact on consumers resulting from these concerns. The service demonstrated each consumer was supported to take risks to enable them to live the best life they can. Therefore, having considered all relevant information, I decided the service was Compliant with this requirement.

*The other Requirements:*

Consumers indicated they were treated with dignity and respect, with their identity and culture valued. Staff described how they treated consumers with respect by acknowledging their choices and understanding their background, life history and needs.

Consumers confirmed the service recognised and respected their cultural backgrounds and provided care that was consistent with their cultural preferences. Staff identified consumers with diverse cultural backgrounds and explained how they delivered culturally safe care and services.

Care planning documentation identified consumers’ individual choices concerning when care was delivered, who was involved in their care and how the service supported them in maintaining relationships. Management and staff provided examples of how they supported consumers to exercise choice and independence.

The service demonstrated information provided to consumers and representatives concerning care and services was current, accurate and timely, and was provided in a manner that was clear, easy to understand and enabled them to exercise choice. Management and staff advised consumer meetings were used to communicate important information about the service to consumers.

The service demonstrated that each consumer's privacy was respected, and personal information was kept confidential. Consumers felt the service was considerate of their privacy and did not express any concerns regarding the confidentiality of their personal information.

# 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

The service demonstrated the assessment and planning process considered risks to each consumer’s health and well-being. Staff outlined the assessment and care planning process and how it informed the delivery of safe and effective care and services.

Consumers and representatives considered the service identified and addressed their current needs, goals and preferences and advised advanced care planning was discussed with them. Management and staff explained how they ensured assessments and care planning were reflective of consumers’ current needs.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, input was sought from health professionals. Consumers outlined they were included in the assessment and planning process and were confident their needs were met.

The service demonstrated the outcomes of assessment and planning were effectively communicated to consumers and representatives and documented in a care and services plan that was readily available to those who were involved in their care. Consumers and representatives felt the service effectively communicated with them.

Consumers and representatives confirmed staff regularly discussed consumers’ care needs with them and care needs were promptly reviewed when circumstances changed. Care planning documentation generally confirmed care plans were reviewed on a regular basis and when consumers’ circumstances changed, or incidents occurred.

# 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

Consumers and representatives considered consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Care planning documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer.

The service demonstrated high impact and high prevalence risks were identified, managed and communicated for consumers. Consumers and representatives expressed satisfaction with the care received in relation to the management of high impact or high prevalence risks.

Care planning documentation identified the needs, goals and preferences of consumers nearing end of life were recognised and addressed. Staff described how end of life care was provided and the consumer’s comfort was maximised and dignity maintained.

Deterioration or changes to consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff outlined how a deterioration to, or changes in, a consumer’s health was discussed during shift handovers and staff meetings.

Consumers indicated staff communicated well with each other and consumers’ needs and preferences were communicated within the service and to others where necessary. Staff described communication strategies and provided examples of how information was shared throughout the service.

Consumers and representatives indicated they had appropriate access to a range of health professionals, and referrals were timely, appropriate and occurred when required. Staff provided examples of referrals made to individuals and other organisations and providers of care.

Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and other infection control and antibiotic prescription practices. Management described how they utilised monitoring tools, monthly reporting and quarterly medication advisory committee meetings to maintain oversight and benchmark antibiotic usage.

# 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

Consumers confirmed they were supported to participate in activities they enjoyed and were provided with appropriate supports which optimised their independence and quality of life. Staff explained how they partnered with the consumer and their representatives to conduct a lifestyle assessment on admission which collected the consumer’s needs, goals and preferences.

Consumers and representatives described the services and supports which promoted their emotional, spiritual and psychological well-being. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and described how staff could assist them.

Consumers felt the service assisted them to participate in their community, both within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff described how they supported consumers to participate in the community or engage in activities of interest to them and described the activities undertaken by specific consumers.

Care planning documentation identified the supports to provide safe and effective care for consumers. Staff described ways in which they shared information and were kept informed of changes in consumers’ condition, needs and preferences.

Care planning documentation and internal processes demonstrated the service had access to a range of services and are prepared to appoint them in a timely manner. Consumers indicated they were supported by external organisations, support services and providers of other care and services.

Consumers expressed satisfaction with the variety, quality and quantity of the meals being provided at the service. Staff outlined how consumer preferences were incorporated into the seasonal menu and could describe individual consumer dietary preferences.

Consumers and representatives stated the equipment provided was safe, suitable, clean and well maintained. Staff advised they had access to equipment when they needed it and equipment was kept clean and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Assessment Team observed, and consumers and representatives confirmed, the service environment was welcoming and created a sense of belonging. Management and staff described the aspects of the service environment that made consumers feel welcome and optimised their sense of independence, interaction and function.

The service demonstrated it had processes in place to ensure the service environment was safe, clean, well-maintained and comfortable and the service environment enabled consumers to move freely, both indoors and outdoors. The Assessment Team observed consumers utilising the various shared spaces, both within and outside of the service.

The Assessment Team observed, and consumers and representatives confirmed, the service and equipment was kept clean and safe for use by consumers. Consumers described how their rooms were cleaned daily and equipment, including personal mobility aids, were kept clean and well maintained.

# 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

Consumers and representatives indicated they understood how to provide feedback or make a complaint, and felt comfortable doing so. Management and staff described the processes in place which encouraged and supported consumers and representatives to provide feedback and make complaints.

Consumers and representatives were aware of external complaints, language and advocacy services that were available to them. The Assessment Team observed information displayed throughout the service regarding advocacy and language services.

Staff demonstrated an understanding of open disclosure and explained how they notified and apologised to consumers and representatives in the event something went wrong. A review of compliment and complaints data evidenced action was taken, and open disclosure was practiced by the service.

The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives. Consumers and representatives confirmed the service used feedback and complaints to improve care and services.

# 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

The service demonstrated there were adequate staffing levels and mixes to meet the needs of consumers. Management described the rostering system and outlined how they ensured there was enough staff to provide safe and quality care.

Consumers and representatives provided feedback that staff engaged with consumers in a kind, caring and respectful manner. The Assessment Team observed staff interactions with consumers to be kind, caring and respectful of each consumer's privacy, identity and culture.

Consumers and representatives felt staff were competent and had the necessary qualifications and knowledge to effectively perform their roles. The Assessment Team reviewed position descriptions and noted they included key competencies and qualifications that were essential or desired for each role.

Staff indicated the service provided mandatory and supplementary training to support them to provide quality care. Management described how they supported their staff to ensure they were receiving the training required to deliver the outcomes required by the Quality Standards.

The Assessment Team reviewed performance appraisal documentation which showed appraisals were conducted on a regular basis and were all up to date. Management described the performance appraisal process, where staff completed a self-assessment of their own performance and had a formal discussion with a member of the senior leadership team.

# 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

Management described the ways in which consumers were encouraged to engage with, and be involved in, decisions regarding the delivery of care and services. Consumers and representatives expressed satisfaction in the management of the service, and felt they were involved in the development, delivery and evaluation of care.

The service demonstrated it had policies and procedures in place which promoted a culture of safe, inclusive and quality care and services and the service was accountable for their delivery. Management described the service’s organisational structure which facilitated the oversight and governing of the delivery of quality care and services.

There were organisation-wide governance systems which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Management described how the service’s workforce was governed and how they made sure the service had a workforce that was sufficient and skilled to provide safe and quality care to consumers.

The service had risk management systems in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best life they can. Staff confirmed they had access to and were trained in the service’s risk management systems, including demonstrating awareness of reporting requirements under the Serious Incident Response Scheme.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management advised the service’s antimicrobial stewardship policy encouraged early detection and prevention of infections to avoid the use of antimicrobials.

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)