Performance

Report

**1800 951 822**

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| Name of service: | Outlook Gardens Aged Care |
| Service address: | 504 Police Road DANDENONG NORTH VIC 3175 |
| Commission ID: | 3176 |
| Approved provider: | Association for Christian Senior Citizens Homes Inc |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 16 March 2023 |
| Performance report date: | 18 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 Outlook Gardens Aged Care (**the service**) has been prepared by T Wurf, 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, and
* the following information received from the Secretary of the Department of Health and Aged Care (**the Secretary**):
  + exceptional circumstances determinations to continue accreditation dated 1 November 2022 and 29 April 2022.

# 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 and representatives reported that staff make consumers feel respected and valued as an individual. The said staff use strategies to communicate with consumers from culturally and linguistically diverse (CALD) backgrounds.

Consumers said they are provided with information that enables them to make choices about how they live their lives, such as information about meals, activities, and what is happening at the service. Representatives reported that communication from the service regarding their loved one is regular and assists them in supporting the consumers to make choices. Staff described various ways in which information is provided to consumers, including via noticeboards, newsletters and verbally.

Consumers felt supported to take risks, such as smoking. Staff described individual risks to consumers, how risk is discussed with the consumer, and how the consumer is supported. Risk assessments are completed and strategies are documented in the care plans to manage the risks.

The staff interviewed spoke about consumers in a respectful manner. They described aspects of individual consumer’s personal circumstances, life journey, culture and lifestyle preferences and how these influence the care they provide. Staff interviewed said they know the consumers well and support them to receive individual care, maintain relationships that are important to them and make choices and decisions.

Care planning documents reflected what is important to the consumer and provided information to guide staff in delivering care that meets the consumer’s needs and preferences.

Consumers provided examples of how staff respect their privacy, including not interrupting at certain times and knocking before entering consumer rooms. Staff provided information consistent with consumer feedback.

The Assessment Team observed:

* staff engaging with consumers in a respectful way and using communication aids to support consumers from CALD backgrounds when necessary
* notice boards with daily activities, and daily menus displayed at the point of service
* staff adapting to individual consumers’ preferred communication style and allowing time for consumers to respond
* staff knocking on consumer doors prior to entering, and
* consumer information was securely stored.

# 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

Consumers and representatives were satisfied with the service’s assessment and planning processes and said:

* staff involve them in discussions about assessment, planning and review of care and services, including in relation to risks, complex care and end of life wishes
* staff explain relevant information and communicate well with them, including when incidents occur or needs change, and
* they can access the consumer’s care plan if they wish.

Clinical and care staff understood the service’s assessment and care planning processes. An initial assessment is undertaken prior to entry to the service with the consumer and others they wish to be involved. Upon entry and within the first 28 days, a range of assessments with clinical and care staff, allied health staff, medical practitioners and other providers are completed. Care plan reviews occur 3 monthly or when there is a change to a consumer’s condition, and ‘resident of the day’ assessments occur for each consumer monthly. Changes are documented in care plans and discussed at shift handover.

End of life care planning is discussed with consumers and representatives during regular care reviews and when there is a deterioration in a consumer’s health status. Staff described how they initiated end of life discussions with consumers and their families. Care planning documents included an advanced care plan and end-of-life wishes.

Care planning documentation was individualised and evidenced:

* identified risks to each consumer’s health and well-being
* outcomes of assessment and planning
* consultation with consumers and their representatives and others, such as lifestyle staff, medical officers, and allied health professionals, and
* regular review of care, including when circumstances changed and or incidents occurred.

Incidents were recorded and investigated. Care staff understood their responsibilities and the process for reporting and escalating incidents or a change in a consumer’s condition, which triggers a reassessment or review of the consumer.

Clinical assessment tools were available to staff in the electronic clinical care system and the service had clinical guidelines, policies and procedures to guide staff in assessment and care planning processes.

# 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 their representatives were satisfied with the personal and clinical care consumers receive, including in relation to complex care needs. They were also satisfied:

* with how the service manages risks to consumers
* they had discussed end of life wishes with the service (staff interviewed by the Assessment Team understood processes to support end of life care)
* consumers’ needs and preferences are effectively communicated between staff
* staff are responsive to changes or deterioration in a consumer’s condition, and
* consumers get the care they need.

For example:

* a representative for a consumer who has been on a palliative care pathway since their entry to the service said staff are proactive and know the consumer’s needs and the consumer’s deterioration has gradually slowed
* a representative for a consumer with a complex health condition and pressure injuries reported that the care is exceptional, communication with the family is good and staff know the consumer’s preferences and needs, and
* a representative for a consumer with chronic pain said their pain is effectively managed.

Staff said they receive support, resources and training relevant to their role. They have access to the information they need, including in progress notes and via shift handover. Clinical staff described how risks to consumers are continually assessed and strategies to manage identified risks are updated in care planning documents. They described how they identify, report and respond to a deterioration or change in a consumer’s condition.

The Assessment Team reviewed a sample of consumers and found care planning documentation was individualised and

* demonstrated management of consumers’ restrictive practices, skin integrity, and pain. For example:
  + where restrictive practices were used, assessments, authorisation, informed consent, consultation with medical officers and representatives, and regular review were demonstrated and behaviour support plans were in place
  + skin integrity was monitored and assessed and strategies to manage pressure area care were in place. Staff understood key practices for skin care. Wounds were attended to in accordance with consumers’ wound management plans, and
  + pain assessments were completed, reviewed and evaluated. Consumers with chronic pain had regular pain assessments and pharmacological and non-pharmacological strategies in place
* included end of life needs and preferences
* reflected management of high impact, high prevalence risks to consumers, such as wounds, falls, swallowing and changed behaviours
* evidenced referrals to external health providers including allied health professionals and medical officers, and
* recorded relevant care information such as changes to a consumer’s condition, contact with medical officers and representatives, clinical incidents, changes in medication and transfer to/from hospital.

The service has policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and the management of a COVID-19 outbreak. Consumers were satisfied with the service’s management of infections and said they are kept well informed about prevention measures. The service has a COVID-19 vaccination program for staff and consumers and an Infection Prevention and Control (IPC) Lead that monitors staff practices. The clinical manager described the service’s strategies to minimise the use of antibiotics.

# 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 said they get the services and supports they need, and staff assist them to be as independent as possible. Consumers said staff are supportive and spend time with them when they are feeling low. Consumers spoke about being supported by the service to participate in meaningful activities both within and outside the service, such as community outings, entertainment and church services. They were satisfied that information is effectively communicated between staff.

Consumer care documentation was individualised and reflected what was important to them, lifestyle activities of interest, strategies to support emotional, spiritual and psychological needs of the consumer, and the involvement of other organisations. Staff were familiar with this information.

The service’s well-being program was varied to suit individual consumer interests and levels of functional and cognitive ability. It included a range of activities and events, pastoral visits and church services, outings, and one-on-one engagement for those consumers who prefer individual rather than group activities. Lifestyle staff described engagement with external organisations to support consumers, such as the Community Visitors Scheme, community organisations and counsellors.

Consumers were satisfied with the meals provided by the service. They reported that staff know their likes and preferences, ask about their daily meal preferences and offer alternative options. They said they can provide feedback and input into the service menu, and changes have been made as a result of feedback. Consumers’ care documentation reflected dietary requirements, preferences and allergies and was consistent with information available to kitchen staff. The service monitors consumer enjoyment of the food through surveys, feedback forms and consumer meetings. Kitchen staff were familiar with consumers’ needs and preferences.

Consumers and representatives were satisfied that equipment used was clean and well maintained. Staff confirmed they have access to sufficient equipment and maintenance staff are prompt to fix faulty or defective equipment.

The Assessment Team observed consumers engaging in a variety of activities and interacting with each other, staff, family and visitors.

# 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 were satisfied with the service environment and reported:

* the service feels like home, and is welcoming and easy to understand
* they feel the service is safe, clean and well-maintained.
* they can move easily throughout the service (including those consumers who use motorised scooters or 4-wheel walkers), and
* equipment and furniture within the service are clean, well maintained and suitable, and they know how to report cleaning or maintenance issues.

Staff said they ensure walkways and communal areas are clear and they encourage consumers to personalise their rooms. They described processes for cleaning and maintenance. Cleaning and maintenance are scheduled and monitored daily by staff. Maintenance issues or cleaning required are reported and resolved in a timely manner.

The Assessment Team observed:

* consumer bedrooms to be personalised with photographs, artworks and other personal items
* the service environment is easy to understand and supported consumers to interact and maintain their independence
* staff cleaning consumers’ rooms
* pathways to be wide and clear and evacuation routes and exits clearly marked
* consumers moving freely around the service; and
* furniture and equipment to be clean, well maintained and in good condition.

# 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 said they:

* felt safe and comfortable providing feedback and raising concerns, including directly with staff and management and at consumer meetings
* have access to external mechanisms for raising and resolving complaints and advocacy services, and
* were satisfied with the actions taken in response to the complaints they had raised and said improvements are made at the service in response to their feedback.

Staff described the service’s complaints management process and their role in supporting consumers/representatives to access external complaints bodies and advocates. Open disclosure is understood and used by staff in response to complaints and when things go wrong.

Information about the service’s feedback and complaints process, advocates and external complaints avenues are included in the consumer handbook and posters and brochures throughout the service. The service has a feedback box and feedback forms accessible in the service.

The service maintains a register to record feedback and complaints. Minutes from various meetings held at the service captured a range of feedback from consumers and documented actions taken in response to the feedback.

The service uses feedback and complaints to improve the quality of care and services. Consumer and management meetings and documented quality improvement actions demonstrated feedback is regularly received from a variety of sources and used to make improvements. In response to an increase in feedback about food, the service established a Food Focus Group for consumers, changed to a new catering company and made extensive changes to the menu.

# 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 and representatives provided positive feedback about staff. Consumers said staff are “brilliant”, kind, caring and respectful. They said staff are available to meet their needs, are well trained, and generally know what they are doing.

Staff considered there was enough staff to deliver care and services. They spoke about strategies to cover unplanned gaps in the roster. Staff demonstrated a thorough understanding of consumers and spoke respectfully about them to the Assessment Team.

Staff rosters demonstrated all shifts were filled for the two weeks prior to the site audit and showed:

* a registered nurse and care staff were on every shift, and
* allied health, lifestyle, maintenance and environmental staff are available 7 days a week.

The service has processes to recruit and train staff. The service monitors staff criminal record checks, qualifications, professional registrations and vaccinations. Staff said they are supported in their role and have access to training.

The performance of the workforce is monitored and reviewed. The service determines staff capabilities and competency through processes such as competency assessments, performance appraisals, supervision and consumer/representative feedback. Staff mandatory training records demonstrated high completion rates across a range of topics.

The Assessment Team observed kind, attentive, considerate and respectful interactions between staff and consumers, and staff attending to consumers in a responsive and timely manner.

# 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 were confident the service is well run. They reported feeling safe and at home in the service, they receive the care they need and they are engaged in the development, delivery and evaluation of care and services. A consumer representative attends the service’s quality and clinical meeting. Consumers and their representatives spoke positively about the service’s management of incidents and risks to consumers.

The Board maintains accountability for care and service delivery by receiving relevant information via an executive meeting. Various clinical and quality governance committees and meetings report to the Board via the executive meeting and provide information about quality and clinical data, feedback and complaints, risks, staffing and continuous improvement.

The service has effective governance systems and processes relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

The service promptly responds to risks that are identified across the care and service continuum and the service has a documented clinical governance framework in place. The service has policies, procedures and staff training on various topics that relate to risk and clinical governance. Staff demonstrated an understanding of these areas relevant to their role. The service’s risk and incident registers were current and reflected appropriate response and reporting of incidents.

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)