Performance

Report

**1800 951 822**

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| Name of service: | Peninsula Grange Aged Care |
| Service address: | 2 Booker Avenue MORNINGTON VIC 3931 |
| Commission ID: | 3978 |
| Approved provider: | Australian Unity Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 10 November 2022 |

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 Peninsula Grange Aged Care (**the service**) has been prepared by James 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. 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.
* other information and intelligence held by the Aged Care Quality and Safety 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 | | Compliant |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

Consumers said staff treated them with dignity and respect, and valued their identities and cultures. Consumers’ care plans included information about their identities, backgrounds, cultural history, likes and dislikes. Staff provided consumers with culturally safe care and services by supporting them to practice their beliefs and cultures, which included using communication strategies for those from non-English speaking backgrounds. Consumers said they were supported to exercise choice, make connections with others, maintain relationships of choice, make their own decisions and maintain their independence. For example, consumers chose who was involved in their care and couples spent time together.

Consumers said they were supported to take risks which enabled them to live their best lives. The Assessment Team reviewed documentation for consumers who took risks, which showed staff held discussions with consumers and representatives prior to a risk assessment which was signed by consumers. Consumers said they were provided with current and timely information which assisted them to make choices about their care and lifestyle. For example, the weekly activity planner and menu were displayed on noticeboards and in consumers’ rooms; consumer and representative meeting minutes were made available to consumers; and the service circulated a monthly newsletter to consumers.

Consumers said staff respected their privacy by knocking on doors before being invited to enter their rooms. The service had privacy and confidentiality policies which guided staff on the collection, protection, use, disclosure, security and storage of consumers’ personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service’s assessment and planning process was effective and included consideration of risks to consumers’ safety, health and well-being. Consumers were satisfied their needs, preferences, risks and end of life planning were assessed during the care planning process. Consumers’ care plans showed staff conducted a comprehensive assessment of consumers’ wishes and needs and staff described the planning process. Clinical staff said when assessments identified consumers’ needs which could not be met within the service, they made referrals to specialist providers.

Consumers and their representatives said they were actively involved in the assessment, planning and review of care and services. Staff identified who consumers wanted involved in their care, so communications were clear and consumers’ privacy was maintained. The service had procedures which required staff to use a person-centred approach to care and services, which included working with others involved in caring for consumers. Consumers’ care plans showed their needs were reviewed regularly, when circumstances changed, or when incidents occurred. Assessment outcomes were communicated to consumers and their representatives in a documented care and services plan.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers said they were satisfied the care and services delivered were tailored to their individual needs and optimised their health and well-being. Clinical and care staff understood consumers’ personal needs, which were documented in care plans. The service effectively managed high-impact and high-prevalence risks such as falls, pain, behaviours of concern, skin integrity and complex clinical needs, all of which had management strategies included in consumers’ care plans. Consumers and representatives said they were satisfied with how risks were managed.

Consumers were satisfied with how the service addressed their end-of-life needs, goals and preferences. Consumers and representatives confirmed staff spoke with them about advance care planning. Staff described the ways in which they preserved consumer dignity, which included developing a palliative care plan in accordance with an individuals’ choices and end-of-life wishes.

The service recognised and responded to deterioration or changes in consumers’ conditions, which was confirmed through feedback from consumers and representatives, as well as a review of care plans. A review of consumers’ care plans showed changes in conditions were recorded in progress notes, clinical charts, incident reports and shared between staff during shift handovers. Consumers with changed conditions were referred to medical officers and allied health providers as needed. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers said services and supports for daily living met their needs, goals and preferences, in ways which maintained their well-being and quality of life. Consumers’ care plans detailed their life stories; identified choices, likes, dislikes and social affiliations; religious and spiritual needs; and the supports required to participate in the community and do things of interest to them. Lifestyle staff used the information to develop consumers’ leisure and lifestyle care plans, which were reviewed monthly. Consumers said they benefited from maintaining links within their faith-based communities.

Consumers said the service provided meals which were varied and of suitable quality and quantity. The weekly menu was displayed in dining rooms and consumers were offered an alternative if they did not like the available options. The chef manager maintained a summary of consumers’ specific or modified diets and allergies, a copy of which was available to hospitality staff. Where the service provided equipment for use by consumers and staff, both groups said it was clean, well maintained and suitable for use. Consumers said they felt safe using the equipment provided for them. Staff described how maintenance issues were reported and the Assessment Team reviewed the maintenance system, which included schedules for preventative and corrective maintenance.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

Consumers said the service environment was welcoming, easy to understand and optimised their sense of belonging, independence, interaction and function. The Assessment Team noted the environment was welcoming, uncluttered and spacious. Consumers with cognitive impairment were supported by clearly labelled room names, handrails in hallways and accommodation in the memory support unit.

Consumers said the service environment was clean, well maintained and comfortable. Consumers moved freely both indoors and outdoors, with most external access doors unlocked during the day. Cleaning schedules were in place for consumers’ living and communal areas which staff cleaned frequently, such as high touch-point areas. Consumers said furniture and equipment was safe, clean, well maintained and suitable for their use, which was confirmed through observations by the Assessment Team.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

Consumers and representatives said they were encouraged and supported to provide feedback to the service. Feedback could be provided via a specific form or discussions with staff, who were trained in the feedback and complaints process. The Assessment Team viewed completed feedback forms, as well as minutes of resident meetings, which confirmed consumers were encouraged to provide feedback. Consumers were aware of how to access external complaints mechanisms, including advocacy and language services, which were explained during the admission process, care consultations and consumer meetings.

The service took appropriate action in response to feedback and complaints, including the use of an open disclosure process when something went wrong. Staff were guided by an open disclosure framework when handling complaints and feedback. Feedback and complaints were documented in a register and consumers said appropriate action was taken by staff and management when issues had been raised. The service reviewed feedback and complaints, which were used to improve the quality of care and services. For example, consumers’ view of an external courtyard was obscured by trees and they could not enjoy the outdoor scenery. The service acted on feedback by trimming the trees, which improved consumers’ enjoyment of their outdoor view.

# Standard 7

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| Human resources | | Compliant |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Most consumers and representatives said they were satisfied with the number of staff providing care, though some said the service could benefit from more staff. Consumers said staff were busy; however, their needs were met and calls bells were generally answered in a timely manner. Management said they mitigated the impact of staff shortages by implementing a new rostering system which better filled vacant shifts. Senior staff allocated duties during each shift to ensure consumers’ needs were met. Clinical indicators showed staff shortages had not impacted consumer care.

Consumers and representatives said staff were kind, caring, gentle and respectful of cultural preferences when providing care and services. The Assessment Team noted staff interactions with consumers were respectful of each person’s identity and diversity. Consumers were confident staff had the skills to meet their care needs. The service had policies which required staff to hold qualifications and knowledge essential to their roles.

Staff were trained, equipped and supported to deliver care which met the Quality Standards. A review of the service’s records showed a high staff completion rate for compulsory training. Staff said they were given adequate resources and training to perform their roles. The service regularly assessed, monitored and reviewed the performance of its workforce. Whilst the service did not routinely undertake performance appraisals, it monitored staff capabilities through consumer feedback and observations in the workplace. The service had a staff management framework which included expectations for workforce conduct and the consequences of poor behaviour.

# Standard 8

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| Organisational governance | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers said they were engaged in the development, delivery and evaluation of care and services, particularly through consumer experience surveys, feedback forms, resident meetings, during care consultations and service audits. The organisation’s board of directors (the board) promoted a culture of safe, inclusive and quality care through implementing a clinical and quality governance framework which provided the board with reports which included clinical and quality indicators; critical incidents; Serious Incident Response Scheme reports; consumer feedback and complaints; and continuous improvement. The Assessment Team viewed the quality reports which were comprehensive, analysed by the board and used to ensure the organisation was accountable for the care and services it delivered.

The service had organisation-wide governance systems which guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation had policies which guided management and staff in risk management. The risk management framework addressed consumer safety, person-centred care, clinical safety, escalation of incidents, staff responsibilities as they relate to incident management, infection control, mandatory reporting, falls management, skin integrity and unexpected consumer weight loss. The framework was used to analyse an increase in consumer falls in the service’s memory support unit, following which staff numbers were increased during afternoon shifts. The service had systems in place which supported clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something 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)