Performance

Report

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| Name of service: | Prom Country Aged Care |
| Service address: | 9 O’Connell Rd FOSTER VIC 3960 |
| Commission ID: | 3128 |
| Approved provider: | Prom Country Aged Care Inc |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 December 2022 |
| Performance report date: | 16 December 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 Prom Country Aged Care (**the service**) has been prepared by Denise McDonald, 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.

# 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 said they were treated with dignity and respect by staff, with their identity and culture valued. Staff were observed to and described how they respected consumers individuality. Care planning documentation showed individual cultural and diversity needs were identified for each consumer. Staff were observed to be respectful towards consumers with interactions and using consumers preferred names.

Consumers said individual care and services were tailored to their beliefs, customs and were culturally appropriate. Staff identified consumers with cultural differences and explained how they adapted the delivery of care and services. Care documentation demonstrated the service has personalised information related to consumers’ religious, spiritual, cultural needs and personal preferences.

Staff provided examples of supporting consumers choices in activities including ones involving risk and involving people important to them in decision making. Consumers gave examples of how they were able to make their own decisions and maintain relationships with people of their choosing. Representatives were recorded in consumers assessments and care plans. Individual consumer’s choices of personal care were observed.

Consumers confirmed they were supported to make choices based on risk assessments and were awareness of consequences. Staff said assessment of risk-taking activity occurred in consultation with the consumer, representative and health professionals. Generally, a risk consent form was completed when consumers and/or their representatives chose to accept the assessed risk.

Consumers said they were kept well informed of events, activities, COVID-19 advice, and menus by notices placed around the service and others delivered to their room. Staff described how they provided consumers with the monthly activity planner to enable choice in their everyday living. Upcoming events were discussed at monthly consumer meetings and the consumers had input into what they would like to do.

Consumers confirmed their privacy was respected in a variety of ways. Staff described the practical ways they respected the personal privacy of consumers, and this information aligned with the feedback received from consumers. Policies and procedures regarding privacy guided staff practice for maintaining consumer privacy, and the collection, disclosure, security, storage, and use of information relating to consumers.

# 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 said their current needs and preferences were considered in the care planning process and assessment of risk. Staff detailed the assessment and planning processes undertaken for new and continuing consumers including consideration of risks and information gathering in consultation with consumers. Clinical policies and procedures guided staff practice as to the completion of assessments, care plans and the assessment of risk.

Consumers provided feedback they had participated in conversations with staff in relation to advance care planning and end of life planning. Care planning documentation addressed consumer’s current needs, goals, and preferences. Policies and procedures guided staff practice in relation to assessment, care planning, the identification of needs, goals and preferences for end of life care.

Consumers provided feedback they felt involved and were partners in the assessment, planning and review of their care and services and the service included other organisations or providers as required. Staff detailed processes whereby other providers were involved and consumers and representatives were partnered with. Care documentation demonstrated other organisations and individuals were involved in the assessment and planning process for consumers as required.

Consumers and representatives advised care planning information is generally offered to them during consultation and were comfortable in requesting information if they chose to. Staff explained the process of accessing care plan documents on the electronic system and said they communicated outcomes of assessments to consumers. The consumer handbook gave general information for the assessment and care planning of consumers and advised outcomes of assessment and planning were communicated.

Processes were in place for the regular review of care and services for effectiveness, when circumstances changed or when incidents impacted on the needs, goals, or preferences of the consumer. Staff detailed the processes in relation to how often the care plans for consumers were regularly reviewed and gave examples where the care plan had been reviewed following an incident or change in care needs. Documentation confirmed care and services were reviewed where consumer needs, goals and preferences had changed.

# 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 gave positive feedback the care delivered to them was tailored to their needs, it was safe, effective, and optimised their health and wellbeing. Policies and procedures guided staff in their practices and the electronic system utilised clinical guidelines’, as well as being affiliated with peak bodies, to direct best practice. Care documentation for consumers reflected individualised care safe, effective, and tailored to the specific needs and preferences of the consumer.

Consumers and their representatives advised high impact or high prevalence risks were managed effectively by the service. Staff described the high impact and high prevalence risks for consumers within the service. Policies were available to guide staff on high impact or high prevalence risks associated with the care of consumers.

Consumers and representatives said staff had spoken with them about advance care planning and they felt comfortable talking to staff and expressed confidence when their needs increased the service would support them to be as comfortable as possible. Staff described how consumers who were nearing the end of life had their dignity preserved and care was provided according to their end-of-life pathways and care planning documentation. Policies and procedures were available electronically, including electronic alerts for any changes to policy or procedures.

Consumers and representatives provided positive feedback regarding the delivery of care, including in recognition of deterioration or any changes in consumers’ conditions. Staff provided recent examples of when a deterioration or change in a consumer’s condition was recognised and responded to, for example, early detection of coronavirus. Care documentation demonstrated deterioration in consumer health, capacity and function were recognised and responded to.

Consumers and representatives said staff knew what to do for the consumers and information about the consumer’s condition and preferences was documented and communicated to the relevant people. Care planning documents and progress notes provided adequate information to support effective and safe sharing of the consumer’s condition, preferences, and care needs.

Consumers and representatives said referrals were timely, appropriate, and occurred when needed and the consumer had access to relevant health professionals, such as allied health professionals and medical specialists. Staff described the process for referrals to other health professionals and advised the service was supported regularly by other services such as wound consultants, podiatrists, dietitians, medical officers, and speech therapists. Documentation included evidence of consumers referred to other health care professionals.

Consumers and representatives gave positive feedback regarding the management of infection-related risks. Policies and procedures supported the minimisation of infection-related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff were observed practicing regular hand washing, sanitising, and appropriate use of face masks.

# 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 received services and supports for daily living which met their needs, goals, and preferences with activities suited to individual needs both onsite and in the community. Staff had knowledge of consumers’ needs and preferred activities. Assessments and care plan documentation captured the consumers’ life story and identified consumers’ choices, lifestyle likes and dislikes, social affiliations, and spiritual and religious needs, and provided information about supports consumers required to do the things they wanted to do.

Consumers said there were services and supports for daily living which promoted their emotional and spiritual well-being. Staff described the services and supports in place which promoted consumers emotional, spiritual, and psychological well-being such as spending one-on-one time with consumers who did not wish to participate in group activities. Care planning documentation outlined consumers’ emotional and spiritual needs with strategies put in place to support and promote these needs.

Consumers said they were supported to participate in their community within and outside the service environment as they chose. Staff described the supports in place for individual consumers which enabled them to participate in the wider community and maintain personal relationships. Care planning documentation identified activities of interest for the consumers, how they were supported to participate in these activities and in the wider community.

Consumers said staff knew them, and they did not have to repeat what their preferences were to multiple staff members. An electronic documentation system and a handover process between shifts ensured consumer information was shared where care was provided. Staff detailed the process for communicating internally and externally to others where responsibility for care was shared.

Consumers said the service had referred them to external providers to support their care and service needs. Staff described how consumers were referred to other providers of care and services and gave examples, including guidance by policy on referral and partnerships. Care planning documentation showed the service collaborated with external providers.

Consumers gave positive feedback about the meals provided including quantity and variety. Staff described how they met individual consumer dietary needs and preferences and how any changes were communicated. Meals were observed delivered to each dining area already plated with individual consumer labels which had likes, dislikes, allergies, and preferences on them.

Consumers said they felt safe using the provided equipment and it was suitable for their needs, they also indicated equipment was clean, well maintained, and suitable for use. Maintenance documentation demonstrated preventative and corrective maintenance schedules were adhered to. A schedule for maintenance of equipment, stock management and cleaning services generally ensured equipment was cleaned and appropriate for use.

# 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 said the service environment was welcoming, easy to understand and optimised their sense of belonging, independence, interaction, and function. The environment was observed to be welcoming with plenty of individual spaces for consumers to gather socially outside their rooms with family, friends, or other consumers. Clear signage was in place in each area to aid navigation around the service for consumers and visitors.

Consumers said the service environment was clean, well maintained, and comfortable. Policies were in place on maintenance of equipment, stock management and cleaning services. The service environment was observed as safe, clean, and well maintained with outdoor areas easily accessible, consumers were observed utilising the outdoor areas.

Consumers said the furniture and equipment was safe, clean, well maintained, and suitable for them. Staff described the process for logging a maintenance request in the maintenance book and maintenance staff detailed the process followed after a job or request was logged and completed. Furniture and equipment were observed to be clean and well maintained throughout the service.

# 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 said they were encouraged and supported to provide feedback regarding care and services and felt comfortable in raising concerns should the need arise. Staff described avenues available for consumers and representatives when they wanted to provide feedback or make a complaint and the process they followed when a consumer or representative raised an issue with them directly. Policies and procedures guided staff in the management of feedback, complaints, and compliments.

Consumers said although they were aware of other avenues for raising a complaint, they were comfortable raising concerns with management and staff. Staff described how they acted as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms as required. Staff were aware of how to access interpreter and advocacy services for consumers. Information on advocacy services was displayed on the noticeboards throughout the service and brochures on making a complaint were available in multiple languages.

Consumers and their representatives said management promptly addressed and resolved their concerns following the making of a complaint, or when an incident had occurred. Staff described the process followed when feedback or a complaint was received. Staff provided examples of recent actions taken in response to complaints made and feedback provided by consumers/representatives which evidenced a timely resolution and appropriate actions being taken inclusive of an open disclosure process.

Consumers said they felt feedback and complaints provided was used to improve the quality of care and services. Staff detailed processes by which feedback provided was used to improve services and were able to provide examples. Policies guided the use of feedback and complaints information to identify areas for continuous improvement.

# 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 said the quantity of staff was appropriate and whilst the staff were busy, generally their needs were being met. Staff commented they all work as a strong team to ensure quality and safe care were provided to the consumers at the service. Management advised they analysed call bell response times and other clinical data to adjust the number and skills mix of staff to ensure quality care and services were provided.

Consumers provided feedback confirming staff engaged with them in a respectful, kind, and caring manner. Staff showed an in depth understanding of consumers, including their needs and preferences. Management advised they monitored staff interactions with consumers and representatives through observations, and formal and informal feedback and complaints processes.

Consumers said they were confident staff were suitably skilled and competent to meet their care needs. Management said staff competency was monitored through feedback from consumers and representatives, input from other staff members and analysis of clinical data to help monitor the clinical outcomes and competencies of registered staff. Position descriptions were set for all roles at the service and staff were required to meet the minimum qualification and registration requirements for their respective roles.

Consumers expressed confidence in the abilities of staff in delivering care and services, and staff were well trained and equipped to perform their roles. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis. Training records demonstrated the service orientated, trained, and evaluated staff training and competencies to ensure the workforce had the skills to perform their roles effectively.

Consumers and representatives provided feedback they had no concerns with any specific staff members performance. Staff confirmed the service had probationary and ongoing performance review systems in place. Staff performance was monitored through observations, competencies, and consumer/representative and staff feedback. Policies and procedures guided management in the selection and recruitment of new staff, orientation and probationary processes, monitoring of staff performance.

# 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 said the service was run well and were positive about their level of engagement in the development, delivery and evaluation of care and services. Staff described the ways consumers were encouraged to be engaged and involved in decisions about changes to the service, and the development, delivery and evaluation of care and services they received. Several mechanisms and strategies for consumer engagement were observed.

Systems and processes monitored the performance of the service and ensured the governing body was accountable for the delivery of safe, inclusive, and quality care and services. Clinical and quality governance frameworks established cascading accountability from the governing body, through various committees to the service manager. Management described the various ways in which the organisation communicated with consumers, representatives, and staff regarding updates on legislation, policies and procedures through regular staff meetings, emails, newsletters, online hubs, and training.

Consumers and representatives provided feedback they felt the service encouraged feedback and complaints and used this information for continuous improvement. Staff described key principles of the organisation wide governance systems such as feedback and complaints, workforce governance and regulatory compliance. Documentation reflected effective organisation wide governance systems in relation to areas including but not limited to, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Staff confirmed they have access to the information they need to perform their roles.

Consumers provided feedback they felt they were able to live the life they chose. Staff had sound knowledge of various risk minimisation strategies, including those to prevent falls, infections and manage challenging behaviours. Staff demonstrated knowledge in relation to minimising the use of restrictive practices, dignity of risk, what constituted elder abuse and neglect. The organisation had a risk management framework and a governance framework to guide staff in the work.

Consumers and representatives gave positive feedback regarding the management of infection-related risks. Policies and procedures supported staff in the minimisation of infection-related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff confirmed they had training in open disclosure, antimicrobial stewardship and minimising restrictive practices and antibiotic usage.

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)