Performance

Report

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| Name of service: | Snug Village |
| Service address: | 10A Torpy Avenue SNUG TAS 7054 |
| Commission ID: | 8064 |
| Approved provider: | Christian Homes Tasmania Inc. |
| Activity type: | Site Audit |
| Activity date: | 1 May 2023 to 3 May 2023 |
| Performance report date: | 16 June 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 Snug Village (**the service**) has been prepared by M. Nassif, 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.
* The provider’s response to the assessment team’s report received 31 May 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 1(3)(d) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the provider’s response and my findings are:

Regarding Requirement 1(3)(d), the Site Audit report brought forward the following deficiency: One consumer said staff were not attending to their call bells to provide them with toileting assistance, as a result they wanted to use a wheelchair so that they can self-mobilise, despite them knowing they require staff assistance. However, the consumer said they were unable to access their wheelchair on several occasions. Documentation evidencing the risk to the consumer’s wishes was assessed with strategies in place and this was discussed with the consumer and their representative.

The provider’s response included evidence to demonstrate that the consumer’s call bells were responded to in a timely manner. The response outlined the outcomes of a physiotherapist review meant the consumer required 2-staff assistance to transfer to the wheelchair.

The Site Audit report and the provider’s response did not clarify what risk the consumer’s wishes to undertake or bring forward sufficient evidence to determine whether the consumer was being supported to take risks. Therefore I am unable to form a view and have not considered this example.

Overall, consumers said they could not think of something that they wanted to do but were not able to do at the service and said that staff support them to live the best life they can. Therefore, on the balance of the evidence before me, I find the Requirement 1(3)(d) compliant.

I am satisfied the remaining 5 requirements in Quality Standard 1 are compliant.

Consumers said they are treated with dignity and respect. Staff demonstrated respectful interactions with consumers and showed an understanding of consumers’ cultural backgrounds and individuality. Care planning documents outlined consumers’ backgrounds and personal preferences which assisted in guiding staff to deliver care tailored to their needs.

Consumers are satisfied with staff practices which value their cultural backgrounds and said they feel culturally safe within the service. Staff demonstrated awareness, and provided examples, of consumers with diverse backgrounds and how this influences their daily care which aligns with their individualised care plans.

Consumers said they are supported to make decisions about their care, to maintain relationships and allow others to be involved in their decision making when they want to. The service had a policy and procedure in place supporting consumer choice and decision making.

Consumers are satisfied with the information provided by the service, felt it is easy to understand and it assisted them to make informed choices. Information to support consumers to make choices, such as monthly activities schedule and menus, was observed throughout the service.

Consumers said their privacy and confidentiality is respected. Staff were observed knocking on consumers’ doors and waiting for a response before entering. Consumers’ personal information was observed to be securely stored on the service’s password protected electronic system.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 2(3)(e) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the provider’s response and my findings are:

Regarding Requirement 2(3)(e), the Site Audit report brought forward the following deficiency: There was evidence that the service reviewed relevant aspects of care in response to changes and incidents involving consumers. However, there was also no evidence that care and services were being reviewed on a regular basis and a number of care planning documents were not reviewed in the last 4 months as required under the service’s policy. Additionally, this deficiency was not identified in the service’s continuous improvement plan. Management acknowledged this deficiency, explained that understaffing has been a major factor in the amount of overdue care plans and they were actively recruiting for additional positions to complete care plan reviews. Management also explained they had taken interim measures to utilise other staff to complete audits of care plans to identify information for review.

The provider’s response provided further information in relation to the deficiency identified:

* Although the response acknowledged full care plan reviews were not being completed by their due dates due to staff shortages, partial reviews had been completed in response to changes in consumer care needs. The response provided that care plans that were identified as overdue for complete review have now been conducted. The response advised that this strategy optimised available staff and ensured care plans reflected current resident care needs. Despite staffing challenges, the response provided that the service continues to engage with consumers and their representatives to ensure the delivery of care and services is of the highest standard and individualised to each consumer’s care needs. The response referred to the finding in the Site Audit that consumers were satisfied that information about their needs and preferences was communicated appropriately and the Assessment Team were satisfied the service was actively innovating to meet consumers’ needs.
* The service’s continuous improvement plan now reflects the need to ensure care plans are completely reviewed on a regular basis.
* Additional strategies were outlined to ensure sufficiency of staff to undertaken regular review of care and service plans.

I consider the provider’s response demonstrated the service has taken appropriate action to ensure the regular review of care and services for effectiveness and when circumstances change for consumers that impact their needs, goals or preferences. Further, the Site Audit report provided feedback from consumers and representatives which reflected satisfaction with reviews of care and services post incident and felt that care provided was reflective of consumers’ current needs, goals and preferences. Therefore, on the balance of the evidence before me, I find Requirement 2(3)(e) compliant.

I am satisfied the remaining 4 requirements in Quality Standard 2 are compliant.

Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers. This included information about risks to consumers’ wellbeing and individualised strategies to manage risks. Staff said they use assessments to ensure safe and effective care is delivered.

Management described how the service obtains information regarding consumers’ preferences and wishes for end of life, which was supported by relevant policies. Care planning documents for consumers contained consumers’ preferences for end of life care and advance care directives were in place.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Management described how consumers, representatives and others providing care are involved in assessment and care planning to inform care and services. This was consistent with consumer and representative feedback.

Consumers and representatives said staff explain information about care and services in a timely manner, and they can access a copy of care and services plan when they want to. Staff described how they effectively communicated outcomes of assessment and planning to consumers and representatives.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers are receiving care that is safe and effective care that meets their needs. The service had processes in place to manage restrictive practices, skin integrity and pain management which aligned with best practices. Staff demonstrated accurate knowledge of restrictive practice which reflected current legislation. Care planning documents demonstrated the delivery of safe and effective clinical care, including for consumers subject to restrictive practices with the inclusion of restraint authorisation, informed consent and behaviour support plan. One consumer said they could not transfer to the bathroom on time which resulted in them soiling themselves. However, the Site Audit report did not bring forward information in relation to the consumer’s personal care needs to determine whether those needs are being met. Therefore, I am unable to form a view and hence have not considered this example.

Care planning documents evidenced effective management of high impact or high prevalence risks associated with consumers’ care, with relevant strategies to minimise risks. Management and staff explained how they identify, assess and manage risks. Although it was found that for 2 consumers oxygen care plans were missing, there was evidence to indicate that the service was monitoring the consumers’ care needs , and care plans were promptly created when brought to management’s attention.

Care planning documents of consumers receiving palliative care support reflected the consumer’s comfort is maximised and their wishes and needs are supported. Staff described how they deliver end of life care to consumers in line with their needs, goals and preferences. Consumers and representatives said they have been engaged in conversations around end of life planning, and consumers on palliative care reported that their wishes are being respected and comfort maintained.

Staff described how they identify, monitor and respond to deterioration or change in consumers’ condition which was reflected in care planning documents. Consumers and representatives said that staff respond well to any changes in consumers’ health or signs of deterioration. The service had policies and procedures in place to guide staff in recognising and responding to deterioration.

Staff described how information about consumers’ needs, conditions, and preferences is documented and communicated within the organisation and with others where clinical care is shared such as via shift handovers, written and verbal communication and the service’s electronic care management system, which was observed. Staff were knowledgeable about recent changes in consumers’ conditions, their needs and preferences.

Consumers and representatives said the consumer has access to a range of health professionals. Management and staff described the process to refer clinical matters to other providers, supported by the service’s policies and procedures to guide staff in referrals and support consumers in this process. Care planning documents included input and recommendations made to inform care and services.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship and infection control management. Consumers and representatives were satisfied with the service’s infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and how to promote appropriate 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said the service supports them to do the things they want to do that and were satisfied that their needs, goals, and preferences were being met. Staff explained how the service supports consumers to do what is important to them, including activities they enjoy, which was reflected in care planning documents. Care planning documents reflected what was important to the consumer and how the service supported their independence and well-being.

Consumers described how their emotional, spiritual, and psychological needs are supported by staff. Staff described how they ensure consumers’ needs and well-being is supported through specific activities and providing one-on-one support to them when they identify a change in a consumer’s mood or emotional need. Care planning documents included information on strategies for staff to support their emotional well-being.

Consumers said that they are supported to participate in activities within and outside the service, maintain relationships of their choice, and do the things of interest to them. Staff provided examples and described how they support consumers to access the community and maintain relationships. Care planning documents identified the people important to individual consumers and their activities of interest.

Staff described how communication of consumers’ needs and preferences occurs via shift handover, staff meetings, written records, verbal discussions, dietary folders and care planning documents. Consumers felt their needs and preferences are well communicated. A thorough shift handover between staff covering changes to consumers’ conditions, needs or preferences was observed.

Care planning documents evidenced the service collaborates with external providers of other care and services. Staff described how they work with external organisations, including from the community and volunteers, to help supplement the lifestyle activities offered within the service. The service’s monthly activities calendar observed included a number of activities hosted by volunteers at the service.

Consumers were satisfied with the meals provided and said the service accommodated any requests for alternative meals and dining preferences. Staff were aware of consumers’ dietary needs and preferences and these were included in care planning documents. Dietary needs and preferences information was updated on the kitchen noticeboard and communication book in the kitchen area.

Equipment which supported consumers to engage in lifestyle activities was observed to be safe, clean and suitable for use. Consumers confirmed this to be the case and staff described the process for reporting faulty equipment. The service had policies and procedures to guide staff in managing and maintaining equipment.

# Standard 5

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

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said the service environment was welcoming, easy to understand, and felt like home. The service environment was observed to enable consumers to maintain their independence and was easy to understand. Staff explained how they ensure consumers are comfortable and maintain their independence and sense of belonging.

Consumers said the service environment is clean and well maintained and they are able to move around freely, consistent with observations. Staff described processes in place for documenting, reporting and attending to hazards, cleaning and maintenance including via regular cleaning schedules and maintenance logs and schedules. Documentation demonstrated cleaning and maintenance processes are completed in a timely manner.

Furniture and equipment throughout the service was observed to be clean, well maintained and suitable for consumers’ needs. Consumers said furniture, fittings and equipment within the service is safe, clean, well maintained and appropriate. Cleaning and maintenance documentation demonstrated the service was cleaned daily and maintenance issues were promptly addressed.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they feel safe and supported to raise concerns or provide feedback. Management and staff advised feedback and complaints are gathered through verbal and written communication, feedback forms, consumer satisfaction surveys, consumer meetings and external complaints. A secure feedback box with feedback forms was observed available to consumers at the service’s reception, together with information posters displayed throughout the service describing how to provide feedback.

Consumers said they were aware of other ways of raising complaints and advocacy services if needed. Management and staff were aware of processes to engage advocacy, social work and language services should a consumer require them. The service had interpreter and advocacy information pamphlets, in addition to external complaints services, available to consumers.

Consumers felt the service appropriately communicated and responded to their complaints, which was demonstrated in the service’s feedback records. Management and staff described and provided examples of the process that is followed when feedback or a complaint is received and demonstrated understanding of open disclosure principles. The service had policies and procedures in place to guide staff and ensure open disclosure principles are adhered to.

Consumers and representatives reported their feedback is used to improve the service. Management described and provided examples of processes in place to escalate complaints, and how they are used to improve the care and services. Staff described improvements that had been made at the service as a result of consumer feedback and complaints.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives reported that although there are staffing challenges at the service, there has not been any adverse impact on consumers’, and staff respond to call bells promptly, which was observed. Documentation demonstrated an adequate level of staff in the service across daily shifts, and staffing levels are managed through the selection of appropriately skilled staff for each shift via the service’s electronic rostering system. Management explained how call bell data is monitored and analysed on a regular basis and any issues are escalated.

Consumers and representatives felt that staff interaction with consumers was kind, caring and respectful. Staff were observed being kind, caring and respectful to consumers’ identity by addressing them by their preferred name, knocking on consumers’ doors prior to entry and using respectful language when assisting consumers.

Consumers and representatives felt that staff are skilled and know what they are doing. Management described the process to ensure staff are suitable and competent in their roles. Documentation demonstrated staff have appropriate qualifications, credentials, knowledge, and experience to perform their duties outlined in the position descriptions held by the service which were observed.

Staff felt that they were adequately trained to perform their roles. Management described the annual face to face mandatory training and online training resources for staff to complete, and an orientation program for new employees. Documentation demonstrated staff are satisfactorily recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards and all staff are up to date with their mandatory training.

Staff records demonstrated performance of staff is regularly assessed, monitored and reviewed in line with the service’s policy and procedures. Management explained the process for staff formal performance appraisal, which is conducted annually, and staff are notified when their appraisal is due, which was reflected in staff feedback.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said the service consistently engaged with them in the development, delivery and evaluation of care and services. Management and staff described the ways consumers and representatives are engaged including monthly consumer and representative meetings, surveys and feedback. Meeting minutes evidenced consumers are engaged by the service on an ongoing basis.

Management described an organisational structure which facilitates the oversight and governing of the delivery of quality care and services across the service. Documentation demonstrated the service gathers quality indicator data to ensure the service is meeting the Quality Standards.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, management described the process of seeking changed to budget to support the changing environment for consumers.

The service had policies and procedures in relation to the management of risks in response to incidents. Management and staff described the processes to identify and manage high impact or high prevalence risks, prevention of abuse and neglect and incident management.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff demonstrated knowledge in these areas and provided examples of how it applied to their day-to-day work.

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)