Performance

Report

**1800 951 822**

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| Name of service: | Templestowe Manor |
| Service address: | 410-418 Thompsons Road Templestowe Lower VIC 3107 |
| Commission ID: | 3972 |
| Approved provider: | Allity Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 16 November 2022 to 18 November 2022 |
| Performance report date: | 9 January 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 Templestowe Manor (**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
* the Approved Provider’s response to the Assessment Team’s report, received on 9 December 2022
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 5(3)(b) – The service must ensure the service environment is safe, clean well maintained and comfortable.

# 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

Consumers felt staff were kind and caring, and treated them with dignity and respect. Staff described how they respected consumers by using their preferred names when engaging with them, and knocked on their doors and awaited a response prior to entering their rooms.

Consumers indicated the service provided care and services that were culturally safe. Care planning documentation captured information regarding the consumers’ cultural needs and preferences.

Consumers and representatives considered they were supported to exercise choice and independence, make their own decisions and maintain personal relationships. Staff provided examples of how they supported consumers to exercise choice and independence.

Care planning documentation reflected the supports provided by the service which enabled consumers to take risks and live their best lives. Staff outlined supports provided to consumers who chose to engage in activities that included an element of risk, and how consumers were supported to understand the benefits and potential harm when making decisions about risks.

The Assessment Team observed the service’s lifestyle calendar was displayed throughout the service. Consumers and representatives stated they received information regarding activities, care needs, COVID-19, meals and other events that was timely and current.

Consumers reported their privacy was respected and were confident their personal information was kept confidential. Staff described they maintained consumer privacy when providing care and outlined computers were kept locked to preserve the confidentiality of 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

Care planning documentation identified the relevant risks to consumers, including pressure injuries, falls and behaviour management strategies. The Assessment Team noted the service had policies and procedures which guided the assessment and care planning process.

Staff described how they approached end of life planning discussions with consumers and representatives. Advance care directive forms were provided to representatives and were uploaded to the service’s electronic clinical management system.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, input was sought from health professionals. Consumers and representatives confirmed they were involved in the assessment and planning process.

The service’s electronic clinical management system evidenced regular communication between the service and consumers and representatives regarding the outcomes of assessment and planning. Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request.

Staff outlined the process to evaluate and review care plans and confirmed evaluations occurred every six months. Consumers and representatives confirmed they were informed of changes to their care needs, or when an incident occurred.

# 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

Consumers and representatives expressed consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Care planning documentation showed evidence of individualised care and effective management of pain, skin integrity and restrictive practices.

Consumers and representatives were satisfied with the care received in relation to the management of high impact or high prevalence risks. The service had policies and procedures in place to guide the management of wounds, falls, weight loss, nutrition and hydration.

Care planning documentation of a recently deceased consumer evidenced their dignity was preserved and care was provided to them in alignment with their preferences. Staff described how care was provided to consumers requiring end of life care.

Consumers and representatives indicated staff were able to recognise and respond to deterioration or changes to a consumer’s health and well-being in a timely manner. Staff demonstrated their understanding of the process of managing change in the consumers’ function and condition.

Consumers and representatives stated consumers’ care needs and preferences were effectively communicated between staff and they received the care they needed. Staff reported they were updated on the consumer’ condition and change of care needs through the electronic clinical management system, shift handovers and emails.

Consumers and representatives confirmed they had access to the required health care providers and supports. Care planning documentation evidenced timely and appropriate referrals to health professions, including dieticians, wound consultants and medical officers when required.

The service had policies and procedures in place which guided staff practices on antimicrobial stewardship and infection control management. Staff described the COVID-19 precautions in place and the process of isolating consumers if they tested positive for COVID-19.

# 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 Assessment Team observed a wide range of lifestyle activities occurred throughout the duration of the site audit. Consumers and representatives reported the daily living services and supports provided met their needs, goals and preferences.

Consumers advised the service provided supports for daily living which promoted consumers’ emotional, spiritual and psychological well-being. Care planning documentation detailed individual support strategies outlining how to best support the emotional, spiritual and psychological well-being of consumers.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Care planning documentation identified activities of interest to consumers and their relationships of importance.

Staff demonstrated an understanding of the consumers’ conditions and indicated they referred to care plans if further information was required. Consumers indicated information regarding their daily living choices and preferences was effectively communicated to staff and others where responsibility for care was shared.

Care planning documentation identified the involvement of other organisations and providers of care and services. Lifestyle staff indicated the service engaged external service providers to provide specific activities that consumers wished to participate in that were of interest to them.

Consumers indicated the provided meals were varied and of suitable quality and quantity. Staff demonstrated a shared understanding regarding consumers’ dietary requirements and preferences.

Staff advised the service conducted regular inspections of all equipment to ensure operational integrity and safety, and they had access to required equipment. Consumers expressed the equipment provided was safe, suitable, clean and well maintained.

# Standard 5

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| Organisation’s service environment | | Non-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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

*Requirement 5(3)(b):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service was unable to demonstrate the service environment was safe, clean, well maintained and comfortable.

The site audit report noted:

* Several consumers and representatives provided feedback regarding the service environment and advised consumers’ rooms and bathrooms were cleaned infrequently and to an unsatisfactory standard.
* Observations made by the Assessment Team aligned with feedback provided by consumers and representatives. The Assessment Team noted multiple consumers’ rooms were dirty, as well as detecting a notable odour and crumbs on the floor. The carpet in the service’s dining room was stained, with food crumbs left on the floor after mealtimes.
* A review of the service’s continuous improvement plan did not reflect the level of dissatisfaction expressed by consumers and representatives.

The Assessment Team raised these issues with management during the site audit. In response, management acknowledged deficits regarding the cleanliness of the service. Management advised they did not have a proper cleaning schedule for individual consumers’ rooms and needed to develop a robust and effective cleaning schedule.

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

The Approved Provider advised:

* It has now implemented a number of improvements to cleaning at the service, including the introduction of a cleaning schedule and a cleaning request folder, which is available to consumers, representatives and staff.
* The service has since been deep cleaned, and consumers provided positive feedback in response.
* Staff were provided with training and education regarding cleaning responsibilities, with increased oversight by management.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to address the identified issues. However, based on observations by the Assessment Team and feedback from consumers and representatives, I consider that at the time of the site audit, the service did not demonstrate the service environment was safe, clean, well maintained and comfortable. Therefore, I decided the service is non-compliant with Requirement 5(3)(b).

*The other Requirements:*

Consumers advised they felt safe, comfortable and at home within the service environment. The Assessment Team observed consumers’ rooms were personalised with their own photographs and artwork.

Staff advised equipment used to mobilise and assist consumers was cleaned after each use, and antibacterial wipes dispensers were attached to each piece of equipment to prompt staff to wipe the equipment. Consumers reported that furniture, fittings and equipment was safe, clean and well maintained.

# 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

Consumers felt supported to provide feedback and make complaints. Staff described the avenues available to consumers and representatives to provide feedback and described the ways they supported consumers to lodge complaints.

The Assessment Team observed brochures and information regarding open disclosure processes and consumer advocacy services on display throughout the service. Consumers and representatives infirmed they were aware of and had access to advocates.

A review of the service’s feedback register evidenced open disclosure was utilised and there was a timely management of complaints in accordance with the service’s feedback and management policy. Staff advised the service promptly actioned feedback provided by staff and consumers.

Consumers and representatives confirmed the service used feedback and complaints to improve care and services. Management demonstrated that feedback and complaints were trended, analysed and used to improve the quality of care and services.

# 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 service demonstrated the workforce was planned to enable a suitable number and mix of staff to support the delivery of safe and quality care and services to consumers. Consumers and representatives indicated the service had a sufficient number and mix of staff to meet consumers’ care needs.

The Assessment Team observed staff were attentive to and respectful of consumers’ needs and preferences. Care planning documentation evidenced consumers’ cultural and religious preferences were recorded and supported.

The service demonstrated members of the workforce had the qualifications and knowledge needed to effectively perform their roles. Consumers and representatives felt staff were competent and had the knowledge to effectively perform their roles.

Staff confirmed orientation training was well organised and comprehensive, and they received mandatory training via an effective online system as well as face-to-face onsite training programs. Management demonstrated the service was aware of training completion details for all staff members.

Staff advised performance appraisals occurred annual and worked effectively to improve their professional skills and development. Management indicated that performance was monitored in accordance with the service’s documented employee performance and feedback policy.

# 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

Consumers and representatives confirmed they were engaged in the development, delivery and evaluation of care and services and could provide feedback through consumer and representative meetings, surveys and direct discussions with management and staff.

The service demonstrated the organisation’s governing body was responsible for the delivery of care and services, and actively promoted a culture of safe and inclusive care. Management explained the service provided regular quality and clinical reports to the Board through systemised and documented reporting lines and committees.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Management demonstrated an effective online document management system and intranet portal that was utilised effectively by the service to support the provision of quality care and services.

The service had implemented effective risk management systems to monitor and assess high impact or high prevalence risks associated with the care of consumers. Management described the service’s auditing system and schedule assisted them to manage emerging risks.

The service demonstrated it had a clinical governance framework and systems in place which addressed antimicrobial stewardship, the minimisation of the use of restraints and open disclosure. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

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)