Performance

Report

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| Name of service: | The Glen Residential Care Service |
| Service address: | 16 Correa Place CATALINA NSW 2536 |
| Commission ID: | 0855 |
| Approved provider: | Goodwin Aged Care Services Limited |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 9 March 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 The Glen Residential Care Service (**the service**) has been prepared by D. 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 and representatives considered consumers were treated with dignity and respect and had their culture and diversity valued. Staff stated the service recognised individuality, accepted and respected the diversity of consumers. Staff were observed speaking to consumers in a respectful manner.

Consumers from diverse backgrounds felt their culture was respected and staff were happy to meet their preferences. Staff demonstrated knowledge of the consumer’s identity and how they supported consumers to meet their care and service needs. Care documentation reflected consumers’ care choices, including what was important to them.

Representatives confirmed the service involved them in the care planning decisions for the consumer. Staff described how they enabled consumers to develop and maintain relationships. Consumers were observed spending time with their family, participating in group and individual activities and engaging with each other.

Representatives and consumers said the service supported risk taking and they could continue activities they enjoyed. Management described consultation with the consumer, representative and medical officer occurred to assess risk and agree mitigation strategies. A Dignity of risk policy supports the rights of individuals and informed decision making to engage with risk.

Consumers and representatives said they have been well informed during a recent transition of management. Representatives said staff knew consumers, understood their non-verbal communication and assisted them to convey their choices and used aids, such as whiteboards, to express complicated requests. Staff advised they spoke to each consumer daily and explained the activities available.

Consumers and representatives said staff respected their privacy. Staff described practical ways they respected privacy as not discussing consumer’s information where their conversation may be overheard. A privacy statement outlined the service’s commitment to ensuring the safety of information collected about 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 and representatives said they were partners in the care planning process. Care documentation reflected and supported risk taking in line with consumers’ wishes, such as self-administration of medication. Staff described the assessment and care planning process

Consumers and representatives advised assessment and planning addressed the consumer’s needs, goals and preferences. Care plans reviewed were individualised, and reflected the individuals’ needs and preferences, including end of life care. Staff described what was important to consumers in terms of how their care was delivered.

Consumers and representatives said allied health professionals were regularly involved in care planning. Staff described, and documentation evidenced, processes were in place to ensure the service partnered with consumers and others to assess, plan and review care and services.

Consumers said staff explained their care plan to them and they were offered a copy. Staff said, and care documentation evidenced, it was accurate; current; and contained enough detail to deliver individualised care and services for the consumer.

Consumers and representatives said the service regularly communicated with them about their care and services and made changes to meet current needs, goals, and preferences. Care documentation reflected regular care reviews by qualified staff. Staff discussed their role in awareness of the review process and additional reviews as required.

# Standard 3

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

Findings

Consumers and representatives said care met the consumer’s needs and supported their health and well-being. Care documentation reflected best practice care, which was safe, effective, and specific for each consumer. Assessments were completed using validated tools and effective strategies were developed, including pain management, behaviour support and pressure area care.

Consumers said risks such as falls, pressure areas, weight loss and infection were assessed, explained and managed to reduce risk. Care documentation contained effective identification of risk, and included management strategies. Policies, procedures and clinical protocols guided the management of high-impact or high-prevalence risks through standardised assessments, charting and care planning tools.

Care documentation evidenced end of life care was provided in line with consumer’s care needs, goals and preferences. Staff described providing end of life care, including prioritising the consumers comfort and dignity and supporting the consumers loved ones. Representatives of a consumer, who recently passed away, advised they were included in end of life care.

Staff described a range of signs related to deterioration and the escalation process, if required. Consumers and representatives reported staff were quick to recognise when consumers were unwell and acted immediately. Care documents demonstrated deterioration in health, capacity and function were promptly recognised and responded to.

Representatives described the involvement of external care providers, saying they were updated about the consumers’ care and staff were always aware of any changes. Staff described how changes were communicated. Medical officers and allied health professionals were observed to have access to the electronic care management system.

Consumers said, and documentation confirmed, the organisation had access to and had referred them to appropriately, when they required additional support or assessment. Staff understood referral pathways.

Consumers and representatives said the service had effective measures in place to minimise infection-related risks. Staff demonstrated an understanding of precautions required to prevent and control infection, and the steps they take to minimise the need for antibiotics. The service was observed to be clean and tidy, and staff wore appropriate personal protective equipment.

# 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 the services and support for daily living met their needs, goals, and preferences and their independence and quality of life was optimised. Care documentation provided information about the support consumers required to do the things they want to do. Group exercise sessions were observed, as well as gender specific exercise session to promote wellbeing for all consumers in a safe environment.

Consumers and representatives said the consumers’ emotional, spiritual, and psychological well-being was supported. Staff were observed spending one-on-one time with consumers who appeared upset. Care documentation for identified the spiritual needs of the individual consumers.

Consumers and representatives said they were supported to maintain relationships and engage in activities in the wider community. Care documentation identified activities important to consumers. Staff supported community access by organising taxi vouchers and bookings for consumers who wished to leave the service independently.

Staff described handovers and the electronic care planning system was used to exchange information. Care documentation provided information on the supports or services required by a consumer. Representatives stated the service updated them about any incidents, change or decline in the consumer’s condition.

Staff described working with external individuals and organisations to supplement the services and supports offered to consumers. Care documentation evidenced referrals to external services, such as such as specialist medical services, and hairdressers. Policies and procedures guided staff in referral processes.

Consumers and representatives said the quality of meals had recently improved, due to a change in management. Management stated the service prepared all meals fresh on-site and a large emphasis was put on ‘home-cooked’ style meals. Menu planning involved a dietician to ensure meals had a high nutritional value.

Consumers said they felt safe when they used equipment and they knew how to report any concerns. Staff advised, and observations confirmed, there was sufficient equipment to provide suitable activities for consumers.

# 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 they felt safe, at home and confirmed their paintings and artworks displayed enhanced their environment. Signage and directions were clear with consumers stating it was easy to navigate throughout the service. Consumers were observed moving freely, inside and outside, and interacting with visitors and other consumers.

Consumers stated the service was clean and well maintained. Staff described the cleaning and maintenance practices. An onsite maintenance team is responsible for attending to preventative and reactive maintenance, with documentation supporting servicing and repairs had been attended promptly.

Consumers said the furniture and equipment is cleaned regularly. Management advised an equipment audit is currently being progressed and equipment deemed unsafe was being disposed. Staff knew how to report maintenance issues and any safety risks were prioritised.

# Standard 6

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

Findings

Consumers and representatives said they were supported and encouraged to give feedback. A feedback and complaints policy detailed processes for receiving, documenting and managing complaints and feedback, and staff knowledge aligned with the policy.

Consumers said they know where they could get assistance with raising and resolving complaints. Management confirmed, the consumer handbook, currently being revised, will contain the contact details for advocacy services. Staff were aware of external advocacy and interpreter services.

Representatives said prompt actions were taken quickly following the lodgement of a complaint. Policies and procedures guided complaints management and staff understood open disclosure.

Consumers and representatives advised their complaints or feedback were contributing to improvements in care and services. Meeting minutes evidenced feedback and complaints were trended, with feedback about cutlery and crockery, resulting in it being replaced.

# Standard 7

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

Findings

Consumers and representatives said the quality of care and services provided were good, adding sometimes there were delays but requests were always completed. Staff said there was an adequate mix of skills to deliver safe and effective care. A review of the roster found all leave had been filled using a mixture of existing staff, agency staff, and reallocating staff around the service.

Consumers and representatives said staff engaged with consumers in a respectful, kind, and caring manner, and were gentle when providing care. Management advised they monitored staff interactions through observations and feedback. Staff interactions with consumers were observed to be kind, caring and respectful.

Consumers and representatives said staff performed effectively and they felt safe. Management described how the service determined whether staff were competent and capable in their role. Training and assessment records evidenced staff had been consistently and regularly assessed against key skill areas such as manual handling, handwashing and medications administration.

Consumers and representatives said staff knew what they were doing, and they felt safe when staff provided care. Staff advised their position descriptions and duty statements directed them in their roles and responsibilities. Documentation evidenced staff were trained, equipped, and supported to provide quality care and services.

Documented policies guided managers and staff in the process of monitoring and reviewing workforce performance. Management explained the process of 3-month, 6-month probationary and annual staff appraisals. Staff said they get useful feedback on their performance and their performance had been reviewed in the past 12 months.

# Standard 8

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

Findings

Consumers and representatives said, and management confirmed, they were involved in the development and evaluation of care and services via resident meetings and care planning. Documentation showed consumers are meaningfully engaged in evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Consumers described feeling safe and living in an inclusive environment and care documentation demonstrated culture, spirituality and individuality were reflected in the information recorded. The Board provided strategic direction and oversight and was informed via consolidated reports detailing the performance of the service against the Standards.

The service is part of a wider organisation providing effective governance systems and enabled benchmarking against similar services. Staff and management described the responsibilities and accountabilities of their various roles and said they had the information to do their job. Documentation and practices reflected effective implementation of governance systems, for example continuous improvement was informed by a variety of sources and were logged with reference to the relevant Standard.

The organisation provided a suite of policy and procedure to guide staff in identifying and responding to abuse and neglect, conducting assessments, identifying and managing hazards and risks, reporting and managing incidents and supporting consumer to live their best lives. The Clinical Risk Register identified and proposed controls for high impact / high prevalence risks. Staff described practices in line with documented policy.

The organisation ensured clinical governance by providing policy, procedure, training and oversight via various reporting, meetings and discussions. Staff demonstrated a sound understanding of infection control practices, minimising the use of antimicrobial medications, identifying and minimising all types of restraint, and using an open disclosure approach when mistakes were made.

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)