Performance

Report

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| Name of service: | The Greek Community Home For The Aged |
| Service address: | 2 Woolcott Street EARLWOOD NSW 2206 |
| Commission ID: | 0287 |
| Approved provider: | The Greek Orthodox Community of New South Wales Ltd |
| Activity type: | Site Audit |
| Activity date: | 20 June 2023 to 22 June 2023 |
| Performance report date: | 1 August 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 Greek Community Home For The Aged (**the service**) has been prepared by G Hope-Simpson, 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 received on the 19 July 2023.
* 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 | **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 said consumers were treated with dignity and respect, and their identity and culture valued. Staff said care provided was tailored to consumers, most of whom were of Greek descent, however, it was important to consider each individual consumer’s identity in the delivery of care and services. Care documentation identified consumer’s care preferences and cultural backgrounds.

Consumers and representatives said and staff demonstrated, consumers’ cultural backgrounds and beliefs were respected, and care and services were tailored accordingly. The Diversity and Inclusion policy guided staff in providing care and services for consumers.

Consumers said they were able to maintain important relationships and were supported to exercise their independence and make care choices. Consumers who were married were observed to share a room and spend their time together. Care documentation identified who was involved in consumers’ care decisions and how care was to be delivered.

Consumers said they were supported to take risks if they chose, to enable them to live the best life they can. Staff described areas in which consumers wanted to take risks and how the consumer was supported to understand the benefits, and possible harm when they make decisions about taking them. Care documentation evidenced risks were assessed with the consumer, strategies to minimise the risk were implemented and informed consent to engage in risk was obtained. A dignity of risk policy was in place.

Consumers described how information was communicated through hard copy format and verbal reminders to help them make informed choices. Staff described how timely information was provided to consumers through the public address system, monthly newsletters and posters, as well as verbally by multilingual staff. These were observed on noticeboards.

Consumers said their personal privacy was respected and they were confident their information was kept confidential. Staff described practical ways they respect the privacy of consumers, such as knocking on doors prior to entering a consumer’s room and were observed implementing practices which promoted privacy. Computers were observed to be password protected and nurses’ stations kept locked. A service privacy policy was in place.

# 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 involved in the assessment planning process. Staff described the assessment and care planning process upon admission, or when there were changes in a consumer’s condition. Care documentation outlined consideration of potential risks to consumers’ health and wellbeing, including in relation to diabetes management.

Consumers and representatives said, and care documentation evidenced, consumers’ current needs, goals and preferences including for advance and end of life care had been captured. Staff confirmed end of life is discussed during entry and the consumers’ wishes are regularly revisited.

Consumers and representatives confirmed they were actively involved in the assessment, planning and review of their care and services. Care documentation reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process.

Consumers and representatives confirmed they have copies of the consumer’s care plan and they are involved in any changes made to the care plan. Care conferences were conducted regularly to evaluate the care provided and staff advised regular updates are provided.

Care documentation evidenced care was reviewed every 3 months, and when a change or incident occurred. Consumers and representatives confirmed care reviews were routinely scheduled. Staff confirmed monthly ‘Resident of the Day’ reviews were also carried out.

# 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 they were happy with the personal and clinical care provided at the service and expressed their satisfaction with how the service met consumers’ needs. Staff and management described consumers’ individual needs, preferences, their most significant personal and clinical care requirements and how these were delivered in line with their care plans. Documentation reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer. Skin integrity, pain management and use of restrictive practices was found to be safe, effective and in line with legal requirements.

Consumers, representatives and care documentation showed consumers’ high-impact or high-prevalence risks were being effectively managed. Management and staff described high impact or high prevalence risks for consumers and strategies to manage those risks. Risk minimisation strategies were observed to be in place or had been enacted in response to consumer risks.

Consumers and representatives were satisfied with care provided as end-of-life neared. Staff described how they maximise consumers’ comfort and support consumers’ families during palliative care. Care documentation for a consumer who received end of life care, evidenced the consumer was comfortable and their family were supported during the end-of-life period.

Care documentation reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff recognised and responded to deterioration or changes through a range of systems and processes, including baseline observations, changes to mobility, appetite and behaviour.

Consumers and representatives said consumers’ needs and preferences were effectively communicated between staff. Care documentation evidenced adequate information was shared to support delivery of care. Staff were observed handing over updates to a consumer’s care between shifts.

Consumers and representatives confirmed consumers were referred to other organisations to meet their clinical care needs. Staff described processes for referring consumers to other healthcare providers and documentation reflected their engagement in a timely manner. Consumer care planning documentation and progress notes showed evidence of input and collaboration with a range of allied health professionals, medical officers and specialists.

Consumers and representatives gave positive feedback about the management of COVID-19 precautions and other infection control practices. Staff were observed following all infection control procedures. The Infection Prevention and Control Leads, and a suite of documents, informed and guided staff practice in relation to infection control, appropriate antibiotic use and outbreaks. Staff, visitors and contractors were subject to a screening process prior to entry to the service.

# 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 and representatives said consumers were supported to participate in activities they enjoyed which aligned with their interests. Staff demonstrated an understanding of what is important to consumers and what they like to do. Care documentation outlined consumers’ interest and supports required to optimise their health, well-being, and independence. The Assessment Team observed consumers engaging in various group and independent activities.

Consumers and representatives provided positive feedback about support provided to enhance consumers’ emotional, spiritual and psychological well-being, including church services and pastoral care. Care documentation included personalised information to guide staff in providing emotional support and reflected religious practices.

Consumers said they were supported to undertake activities within the service and community and to maintain relationships. Staff described how they support consumers to stay connected to family and friends who are important to them. Care documentation showed consumers’ community connections, interest and people of importance to them.

Consumers and representatives said consumer needs and preferences were known and shared with those involved in supporting consumers. Care plans contained sufficient information to support effective and safe care provision, and service staff described methods, including handover and written, that were used to communicate changes in care and service needs.

Consumers said they were supported by other individuals and organisations who provided support and services. Lifestyle staff described collaborating with other care providers to ensure activities and supports were available and appropriate for consumers, including a hairdresser and visits from children involved in a local volunteer program to undertake lifestyle activities with consumers.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. Hospitality staff advised menus were developed in response to consumer feedback and they were knowledgeable about consumers’ dietary needs and preferences. The menu was seasonal, with a strong Greek influence. The dining experience was observed to be organised and staff assisted consumers where required.

Consumers and representatives said consumers had access to equipment, including mobility aids and shower chairs to assist them with their daily living activities. Staff confirmed there was enough equipment available to provide care and services, with maintenance requests tended to in a timely manner. Staff were able to describe processes to ensure equipment is cleaned between use, including deep cleaning of heavily soiled 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

Consumers and representatives said the service environment was open, welcoming, easy to understand and they felt at home. Management described how consumers were encouraged to decorate their rooms with personal belongings and possessions to promote a sense of belonging. The Assessment Team observed the environment was clean and designed with dementia-friendly principles in mind, including hallways with accessible handrails, carpets, painting to delineate between floor and walls, and signage written in both English and Greek.

Consumers and representatives said the service environment was safe, clean, well-maintained and allows them to move freely indoors and outdoors. Staff described the process for raising maintenance requests and confirmed these were attended to promptly. Cleaning schedules were in place to guide staff in regular cleaning of the service environment, including cleaning of high touch points. Consumers were observed moving freely between areas of the service.

Consumers and representatives confirmed equipment is clean and well-maintained. Consumers have access to and were observed using a range of equipment including walking aids and wheelchairs. Staff described processes for logging maintenance requests and preventative and reactive maintenance schedules showed maintenance tasks were consistently completed.

# 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 encouraged and supported to provide feedback and make complaints and felt comfortable doing this. Staff were aware how feedback and complaints can be made and said if a consumer made a complaint to them, they would try to resolve the issue if it was within the scope of their role. Feedback forms and lodgement boxes were available to support anonymous submission.

Consumers and representatives said they were aware of and had access to advocates, language services and other methods for raising and resolving complaints but preferred to raise concerns within the service. Management advised they did not have any consumers at the service who required interpreter services as there was adequate number of Greek staff employed to interpret. Multilingual information about advocacy services and the Commission was observed on display, and the service demonstrated how they made consumers aware of advocacy organisations, such as by having them visit the service.

Consumers and representatives said the service used open disclosure and responded to and resolved their complaints or concerns when they are raised. Management and staff understood the underlying principles of open disclosure such as acknowledging the issue, apologising to the consumer and their representative, and keeping all parties informed throughout the investigation process. Although the service had a low level of complaints, documentation reviewed showed complaints were resolved in a timely manner with open disclosure followed in the resolution process.

Consumers and representatives said their feedback is used to improve the quality of care and services. Management described how trending and analysing feedback and complaints have resulted in improvements and actions being taken in response to feedback and complaints. For example, the service’s Plan for Continuous Improvement identified consumers had asked for snack baskets to be made available around the service. Observations confirmed snack baskets were placed around the service to allow consumers to replenish themselves throughout the day.

# 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

The Service was found non-compliant in relation to Requirement 7(3)(a) following an Assessment Contact - Site in December 2021. The service was unable to demonstrate the workforce was planned to enable the delivery and management of safe and quality care and services, specifically in relation to a lack of clear roles, responsibilities, and skills to enable clinical and management oversight. Evidence in the Site Audit report dated 20 to 22 June 2023 supported the Service had implemented improvements to address the non-compliance and is now compliant with this Requirement.

For example, the service appointed their clinical coordinator to maintain a risk register, which included responsibility for identifying and managing consumers at risk of high-impact and high-prevalence incidents and investigating and resolving incidents on a clinical management level. The clinical coordinator demonstrated they were equipped with the skills and knowledge to enable the delivery and management of safe and quality care and services and had clinical oversight across all clinical matters at the service. Additionally, the service has two Infection Prevention and Control Leads as outlined under Requirement 3(3)(g) who described their roles and responsibilities in preventing and managing infection related risks. Furthermore, consumers and representatives felt confident the service had a sufficient number of staff to meet their care and service needs. Management and staff described how they ensure there is enough staff to provide safe and effective care and used a roster based on consumers’ clinical care needs to ensure adequate staffing levels. Documentation evidenced the service had adequate staffing levels, and call bell response times were monitored daily and were within target timeframes.

Consumers and representatives said staff were kind and caring, and always gentle when providing care and services. Staff were observed interacting with consumers in a positive, caring, and respectful manner and using each consumer’s preferred name in line with their choice. Policies and procedures guided staff practice and behaviour.

Consumers and representatives said staff were competent and had the knowledge and skills to perform their roles. Management described processes for assessing staff competencies, including through review of feedback mechanisms. Position descriptions outline role requirements and personnel records evidenced criminal history, vaccination and professional registration were monitored.

Consumers and representatives felt staff were competent and qualified to do their jobs. Management described and documentation confirmed staffed were supported with the training they need to perform their roles and meet the Quality Standards. Staff reported receiving ongoing training including annual mandatory training and said they were comfortable to identify gaps in knowledge and then request further training in specific such areas.

Management described the performance of staff is monitored through a 2-yearly formal performance appraisal process, continuous informal monitoring and review, and ad-hoc performance management when the need arises. Review of the staff appraisal register showed 97% of staff appraisals had been completed.

# 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 they felt involved in the design, delivery, and evaluation of care and services. Management confirmed consumer inclusion through consumer meetings, feedback, complaints, surveys and case conferences. Documentation reviewed showed consumers were encouraged and supported to be actively engaged in the development, delivery and evaluation of care and services through care plan reviews, meetings and resident of the day discussions.

Management confirmed the governing body promoted a culture of quality, safety, and inclusion, and described how the board satisfied itself the Quality Standards were met through analysis of internal audit results and monitoring of clinical indicators, consumer and workforce feedback.

The service demonstrated appropriate systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the Plan for Continuous Improvement was monitored to ensure appropriate action in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks and to identify, report, escalate and review risks and incidents to improve care delivery. Staff knew how to identify, respond to, and report serious incidents. Records evidenced staff had participated in training regarding management of serious incidents. Dignity of risk was supported at the service.

The service has a documented clinical governance framework and supporting policies which address antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated a shared understanding of these policies and were able to describe how they apply these as relevant to their roles.

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)