Performance

Report

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| Name of service: | The Heights Donvale |
| Service address: | 39-41 Mitcham Road DONVALE VIC 3111 |
| Commission ID: | 3954 |
| Approved provider: | TLC Melbourne Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 1 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 Heights Donvale (**the service**) has been prepared by G.H. 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.
* 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 said they are treated with dignity and respect by staff throughout the service and their diversity and culture is valued. Staff demonstrated respectful interactions with consumers and showed an understanding of consumers’ care preferences and individuality. Consumers’ cultural and spiritual needs are assessed on entry to the service and documented in their care plans.

Consumers said staff respect their culture, values and beliefs and they feel culturally safe within the service. Staff said they understood and valued consumers’ diverse culture, spiritual beliefs and individuality and how this influences their daily care. Care plans included information on policy and procedures to assist staff in providing culturally safe and inclusive practice. The Assessment Team observed the monthly activities calendar which included event days for national holidays, cultural festivities and weekly armchair travel.

Consumers said they are supported to make decisions that are right for them, maintain their independence, have others involved in their decision making and to maintain personal relationships with partners, family and friends. Staff described how they encourage and support consumers to make choices to maintain their independence and communicate their decisions about their care and who they want to spend time with. Care planning documentation is reviewed every 4 months with consumers, and evidenced the service encourages and captures immediate changes to individual consumers’ choices and decisions.

Consumers and representatives said consumers are encouraged and supported to take risks to live the best life they can. Staff described consumer choices which involved risks and how the consumer is supported to understand the benefits and potential harm when considering decisions involving risks. The Assessment Team reviewed the service’s risk assessment policies which outline and inform risk management practices and processes for staff and consumers.

Consumers said they receive updates and information from the service through monthly activity calendars and newsletters which keeps them informed of changes. Staff said the service communicates current updates through one-on-one discussions, meetings, activities schedules, and important updates texted or emailed to consumers, representatives and families. The Assessment Team observed information on activity schedules and newsletters displayed throughout the service, and menu forms in the dining room to support consumer choice.

Consumers informed the Assessment Team that staff respect their privacy and confidentiality, always knock on doors before entering their rooms and close doors when providing personal care. Staff said all consumers personal information is secured electronically and is password protected by restricted staff. However, the Assessment Team observed handover notes left unattended at a nurse’s station as well as a door to a restricted area being propped open. The Assessment Team reported this to management who immediately responded by providing the emailing all staff to remind them of the service’s policy on shredding personal information at the end of shifts, and keeping restricted areas closed.

# 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

Most consumers and representatives confirmed they are involved in assessment and care planning and their care is delivered to meet their needs. Staff demonstrated they were aware of the assessment and care planning processes, which identify risks to the consumer’s safety, health and well-being. Care planning documentation reviewed individual risk assessments are conducted to identify mitigation strategies to enable the delivery of safe care.

Consumers and representatives said clinical staff regularly discuss their needs, goals and preferences, including their end of life wishes. Staff described assessment and care planning processes and how they initiate end of life discussions with consumers and their families. Care planning documents include advance care directives that reflect consumers’ palliative care wishes.

Most consumers and representatives reported the service partnered with consumers and others who consumers wish to involve in the planning and assessment of their care, including allied health professionals. Staff described how assessment and planning occurs in partnership with consumers and representatives together with input from allied health specialists and are reviewed every 3 months or when there is a change in the consumers condition. Care planning documents evidenced regular consultation with representatives, allied health specialists or other services as required. Consumers and representatives confirmed the service effectively kept them informed about care review updates and how their care plan is readily available. Staff explained updates to care plans are conducted during handover, via telehealth conferences attended by consumers, representatives and a Medical Officer. The Assessment Team observed care plans are readily available to staff and effectively communicated via the electronic care system alerts.

Care planning documentation confirmed care plans are reviewed on a regular basis and when the consumer’s circumstances change, or incidents have occurred. Staff described how reviews capture all aspects of consumer’s needs, goals and preferences and trigger a reassessment to update care and services plans.

# 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 consumers receive safe and effective care that meets their needs and preferences. Clinical and care staff said they were provided with support and resources which ensures they are kept up to date with best practice and the needs of consumers. The organisation has policies, procedures and guidelines for key areas of care including but not limited to, restrictive practices, skin integrity and pain management in line with best practice.

Most consumers and representative were satisfied that risks are effectively managed. Staff said the service provided comprehensive risk assessments on high impact and high prevalence risks and risk mitigation strategies for consumers. The Assessment Team reviewed the service’s documented risk and incident systems which guides how risk is identified, managed, and recorded.

Care planning documents reflected consumers receive end of life care in line with their end of life wishes. The service has access to a palliative care team and a Medical Officer to support the management of complex end of life care needs and supported families to be present during the consumer’s end of life care. The service’s Palliative Care Policy recognised and addressed consumers nearing end of life and how the service maximises comfort and their dignity is preserved.

Consumers and representatives sampled are satisfied consumers’ needs and preferences are effectively communicated between staff and they receive the care they need. Care plans confirmed staff are guided by polices to monitor consumer changes and respond in a timely and appropriate manner. The Assessment Team observed consistent, timely and comprehensive sharing of information.

Staff said, and care planning documentation confirmed, changes to consumers’ needs or conditions was shared with staff and other providers of care through progress notes, handover, referrals, and other notifications. Care plans confirmed consumer referrals to medical officers, external providers and representatives were communicated, documented and completed.

Consumers and representatives said timely and appropriate referrals to other health professionals occur. Staff described the process for referring consumers to other health professionals and care planning documents evidence referrals to other health professionals such as physiotherapists, speech pathologists, dieticians and podiatrists.

Consumers and representatives said they are satisfied with infection control practices, and staff described infection minimising strategies for consumers. The service had policies and procedures on antimicrobial stewardship and infection control that guides staff practice, and explains how the service will prepare for, identify, and manage any outbreaks.

# 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 services and supports for daily living meet their needs, goals, and preferences to optimise independence and quality of life. Staff develop care plans based on activities consumers like. The Assessment Team reviewed a variety of activities in the monthly activity calendar and observed consumers engaging in activities and interacting with each other.

Care planning documentation demonstrated care plans include interventions and strategies to support the emotional, spiritual, and psychological wellbeing of consumers. The Assessment Team observed visiting families spending time with consumers in their rooms and in outdoor and indoor communal areas. The service supports assisted consumers to participate in their community through religious services, doing things of interest to them and one-on-one support. Staff said they assist consumers to maintain contact with family and friends via newsletters, phone calls, skype, face to face visits and bus trips.

Consumers expressed their needs and preferences are communicated within the organisation, and to those who share responsibility for care. Staff described how changes in consumers’ care and services are communicated through verbal and documented handover processes, and how care plans are updated to align with consumers preferences.

Some consumers confirmed they received support from outside individuals, such as volunteers and NDIS providers, and staff explained how they work with outside groups and individuals such as musicians, to enhance consumers’ experience. Care planning documentation and observations showed appropriate referrals to external services.

Most consumers provided positive feedback regarding the quality and quantity of the meals provided by the service. Care plans reflected information on consumers’ preferences, dietary requirements and allergies. Management and hospitality staff explained how a dietician reviews the menus, and meals are designed from consumers’ Food Focus Meetings, formal and informal feedback directly from consumers following meals.

Consumers reported equipment provided by the service is safe, suitable, clean, and well maintained. Staff said maintenance undertake ongoing monitoring to ensure equipment is safe and cleaned after each use. The Assessment Team observed the online preventative maintenance portal demonstrated regular scheduled maintenance of equipment is completed.

# Standard 5

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

Findings

Consumers said the service was welcoming and easy to navigate. The Assessment Team observed the service had well-lit spaces to optimise easy movement around the service. Consumers’ rooms were large enough to fit mobility equipment such as wheel chairs and scooters, with ensuites and kitchenette and personalised with pictures and furniture.

Consumers said the service was safe, clean and well-maintained and the Assessment Team observed consumers moving around the service. Staff described how they assist consumers with medical conditions to move around the service to the garden, lounge and dining areas for daily activities. Hallways are kept clear so consumers can use handrails and consumers were able to walk freely around the service using their own mobility aids, wheelchairs or walkers. However, the Assessment Team identified a bin of leaves in the smoking area was a hazard and advised Management who rectified the issue.

The Assessment Team observed, and consumers confirmed that furniture, fittings and equipment was generally safe, clean, in good condition and well maintained. The service is cleaned daily through a contracted cleaning service. Staff described how maintenance logs are reviewed daily and completed on time, and preventative maintenance is scheduled every 6 months.

# 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 a representative said they felt encouraged by the service to provide feedback and make complaints. The service has processes and systems in place for consumers to raise concerns about their care and services, such as through Food Focus Meetings and monthly Resident Support General Meetings. Staff explained how they support consumers to raise concerns. Feedback forms and collection boxes were available throughout the service.

Consumers and a representative described how they make complaints and have access to advocacy and language services for raising and resolving complaints. The service provides support for multilingual consumers to provide feedback and complaints through an electronic translator application. The Assessment Team observed external complaints information in multiple languages and advocacy information, posters, and brochures available to all consumers on display throughout the service.

Consumers and representatives said staff and management addresses and resolves their concerns once a complaint or incident has occurred, and they are offered an apology. Documentation review confirmed an open disclosure process is applied following incidents and the service has monthly reporting procedures that guide staff through the complaints register and open disclosure process.

Consumers said their feedback and participation in monthly food focus meetings was reviewed and used to improve the quality of care and services. Management described how complaints and feedback are captured, actioned and resolved and data is analysed to identify trends, and consumer feedback is used to inform continuous improvement.

# Standard 7

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

Findings

Consumers and a representative reported their current needs are met and felt the number and mix of staff members enable the service to deliver safe and quality care and services, even though staff are busy. Staff said unplanned leave is filled by extra staff or staff can volunteer to work a double shift. A review of call bell audits indicated average response time is 3.33 minutes, with staff actively responding to call bells.

Consumers and representatives indicated staff deliver care and services according to their culture and preferences. Staff were observed and demonstrated how they provide care that respects the consumer’s identity, culture and diversity, in a gentle, kind and respectful way. Staff receive training in Cultural Diversity and the Code of Conduct and Privacy and Dignity.

Consumers said staff are competent and were confident staff are skilled to meet their care needs. Management described the process to ensure staff are suitable and competent in their role through a robust recruitment process. Documentation demonstrated staff have appropriate position descriptions, qualifications, knowledge, and experience to perform their duties.

Consumers and representatives mostly considered staff are adequately trained and competent to meet their care needs. The Assessment Team reviewed the dementia care training records reflected all staff had completed annual training and observed staff in the unit supporting consumers at lunch and interacting with consumers in meaningful activities. The service established an education program that supports staff with online and face to face training; and online mandatory training completion is monitored and tracked.

The service has a formal performance appraisal process and all staff have completed a scheduled appraisal. Staff competency is monitored through self-reflection, performance appraisals, feedback from consumers and representatives, and input from staff members.

# Standard 8

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

Findings

Consumers said they are actively engaged in the development, delivery and evaluation of care and services through discussions at consumer meetings and through food focus groups. documentation demonstrated consumers’ input to and evaluation of care and services through surveys, consumer feedback, focus groups, care plan reviews and evaluations with representatives.

Management described how the governing body promotes a culture of safe, inclusive and quality care via a range of reports for the Board from meetings with the quality risk manager, executive management, staff and consumers. The Assessment Team reviewed Board reports from the previous 3 months which reflected a range of executive governance committees regularly meet to report to the Board on the ongoing benchmarking of quality data, maintained and monitored by the quality team.

The service demonstrated effective organisation wide governance systems are in place relating to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints.

The service demonstrated an effective risk management framework and supporting policies describing how high impact and high prevalent risks associated with the care of consumers is managed, abuse or neglect is identified and responded to, consumers are supported to live the best life they can, and how to manage and prevent incidents. Management and staff described a shared understanding of these practices and provided practical examples of their relevance to their work and responsibilities. The Assessment Team reviewed training records reflected all staff had received education on these policies.

The service demonstrated a clinical governance framework and supporting policies that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management was able to explain the areas of responsibility for clinical leadership, provided examples and demonstrated a comprehensive understanding of the minimisation of types of restraint and least intrusive measures.

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)