Performance

Report

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| Name: | The Views at Heidelberg |
| Commission ID: | 3127 |
| Address: | 2-6 Lower Plenty Road, HEIDELBERG, Victoria, 3084 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 8 July 2024 to 9 July 2024 |
| Performance report date: | 25 July 2024 |
| Service included in this assessment: | Provider: 995 Anglican Aged Care Services Group  Service: 1886 The Views at Heidelberg |

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 Views at Heidelberg (**the service**) has been prepared by G. Harbrow, 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 Assessment contact (performance assessment) – site 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 | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

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 |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as above and complies with this Standard.

Consumers and representatives confirmed staff treat consumers with dignity and respect. Consumers said staff demonstrate how they value their identity and diversity through listening, taking the time to have conversations, being dependable and professional. Staff described several ways they demonstrate consumer respect and the Assessment Team observed staff interactions between staff and consumers as kind and respectful. Staff treated consumers as individuals, promoting their dignity. Consumer care documentation contained inclusive and respectful language and identified what is important to each consumer.

# 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 |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as above and complies with this Standard.

The Assessment Team found consumers and representatives were satisfied the personal and clinical care they receive is tailored to their individual needs and preferences. Clinical staff discussed and demonstrated skin care and wound management, restrictive practices, personal care, and pain management delivered in line with organisational policies.Care documentation demonstrated that planning of care delivery is undertaken in consultation with the consumer, to meet consumer needs and optimise their health and well-being.

The service has demonstrated safe and effective person-centred care reflective of best practice guidelines.

Pain management was determined to include a holistic personal approach and incorporates non-pharmacological strategies. Care documentation indicated the use of validated pain assessment tool and pain charting aligned to service policy.

Care documentation evidenced wound care provided in line with consumer care plans with regular review and charting, and in consultation with consumers and their representatives. Consumer medical practitioners and wound specialists are consulted for complex wounds.

The service has a documented policy to minimise the use of restrictive practices with all restrictive practices reviewed regularly by the consumer’s medical practitioner and by clinical staff during a 3 monthly care plan review. The service maintains a register of restrictive practices and a psychotropic medication register that identifies medications used as chemical restraints. The Assessment Team report indicated consent provided by consumer representatives for the use of restrictive practices.

# 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 |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as above and complies with this Standard.

Consumers and representatives identified the service’s they receive, help them to improve their independence, health, and well-being. Staff described and demonstrated how they support consumers to participate in individual and group activities with activities tailored to consumers’ level of physical and cognitive abilities. Staff could identify the preferred activities and routines of individual consumers and indicated ongoing evaluation of the activities program to inform future activities.

# Standard 6

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| Feedback and complaints | |  |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as above and complies with this Standard.

Consumers and representatives were satisfied with how the service manages complaints. Staff described a process of complaints escalation and resolution dependent on the nature of the complaint. Management advised management of complaints as they arise, which includes the practice of open disclosure. Documentation evidenced the service is taking appropriate action in response to complaints and utilises open disclosure in line with the service’s feedback and complaints policy.

The Assessment Team found the service effectively demonstrated feedback, compliments and complaints used to improve the quality of care and services. Management described a process of feedback, and complaints review to inform improvements in care and services and service documentation reflected feedback from consumer meetings have resulted in improvements for consumers.

# 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)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as above and complies with this Standard.

Consumers and representatives were satisfied with the number of staff available to provide safe and quality care. The master roster is reflective of the service’s occupancy level and consumer care needs and can be adapted in response should these needs change. Staff described an improvement in staffing levels across the service including the introduction of two extra staff members for each shift.

Consumers and representatives said staff were respectful and kind and would take the time to get to know consumers receiving care. Staff demonstrated an understanding of the consumers for whom they were providing care. The Assessment Team observed staff addressing consumers by name and engaging with them in a respectful manner. The service has policies and guidance material for staff relating to duty of care, diversity, and culturally appropriate care.

Consumers and representatives were satisfied staff have the competence and skills to effectively perform their roles. Staff described having confidence in their own experience and knowledge to meet consumer care needs. Management advised of the qualifications, skills and knowledge required of staff to effectively perform their roles. The service’s induction and orientation process include mandatory training and inexperienced staff are rostered to work alongside more experienced staff, as required. The Assessment Team confirmed workforce position descriptions detailing role expectations and qualities, knowledge and experience required for each role.

The Assessment Team determined where staff knowledge and or skill deficits had been identified, management responded with the introduction of ongoing staff education. Staff were satisfied with the training provided by the service and identified associated positive outcomes for consumers. The Assessment Team confirmed staff attendance through education records.

The service demonstrated performance of the workforce is regularly assessed, monitored, and reviewed. Management advised, and staff confirmed the service has a probationary and ongoing performance review system. Documentation evidenced all staff had completed performance reviews at the time of the Assessment Contact.

# 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)(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 |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as above and complies with this Standard.

Consumers and representatives advised of having input into the development and delivery of care and services. They confirmed involvement is supported through care consultations, and resident and representative meetings Documentation evidenced service material presented to consumers and their representatives in January 2024, inviting participation to and implementation of the consumer advisory body (CAB). The first meeting of the CAB was confirmed by meeting minutes held 30 April 2024. Documentation evidenced ongoing consultation with consumers and their representatives about the implementation of initiatives and enhancement of consumer quality of life.

The Assessment Team found, and I am satisfied, the organisation has service-wide governance systems to monitor processes such as information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

The service utilises numerous electronic applications and platforms to effectively manage service and consumer information.

The service effectively demonstrated continuous improvement planning being informed by numerous reports, indicators and updates evidenced by a 2024 plan for continuous improvement (PCI).

Management described the organisation’s budgetary process and accountability structure.

The service is supported by a central human resource department that assists with recruitment, monitoring of staff performance and performance management. A risk management approach is in place to ensure servcie provision of safe staffing numbers and skill mix.

Regulatory compliance is managed at organisation level by a quality and risk team. The quality and risk team receive updates to legislative changes with subsequent changes to policies and procedures communicated to service management and staff.

Consumers, representatives, and other stakeholders are encouraged to provide feedback through various mechanisms. The incident reporting system includes a register of feedback and complaints which is reviewed by the care quality committee. Documentation indicates actions taken in response to feedback and complaints, including the practice of open disclosure, and feedback provided to the complainant.

The organisation demonstrated an effective risk governance framework in place to ensure consumers are supported to live their best lives. Consumer risks are identified, managed, and responded to appropriately. Documentation confirmed the service operates a risk management system with incidents reported to the service quality team each month. The Assessment Team found staff could identify appropriate response in the event of consumer neglect and or abuse, and how to expedite an incident report. Policies and procedures provide guidance to staff in managing high-impact or high-prevalence risks associated with consumer care.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)