Traralgon Aged Care

Performance Report

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**Commission ID:** 4009

**Provider name:** Aged Care Group Pty Ltd

**Site Audit date:** 19 July 2022 to 22 July 2022

**Date of Performance Report:** 24 August 2022

# Performance report prepared by

L Malone, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Overall, consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Staff were observed treating consumers with respect and demonstrated an understanding of consumers’ choices and preferences. Consumers’ care planning documents reflect their individual preferences and the people who are important to them.

Consumers and/or representatives described making decisions about their care and services, including who should be involved in their care.

Consumers and representatives are satisfied information provided by the service is current and up to date, easy to understand and enables them to exercise choice.

Consumers described various ways in which staff respect their privacy, and staff demonstrated knowledge of the service's policies which ensure consumer's private information is kept confidential.

Staff described how they support consumers to take risks to live the best life they can, and consumers described being supported to take risks. The service has policies and procedures to ensure that staff provide care and services in a way that supports consumer dignity and choice.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Overall, consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Consumers and representatives are satisfied that the service's approach to care planning identifies the needs, goals and preferences of consumers. Care plans showed the service identifies risks to consumers’ health and how these risks inform the provision of care.

Care planning documents provide evidence that assessment, planning, monitoring and review of each consumer’s care and services occurs in partnership with the consumer, representatives and other health professionals as appropriate.

The Assessment Team found the service discusses advance care planning and end of life wishes with consumers when they enter the service. Consumer wishes in relation to end of life care are reviewed during the ‘resident of the day’ process and/or when a change or deterioration to a consumer’s health is identified.

Consumers and representatives provided feedback on communication received about consumers’ assessment and planning outcomes. Care planning documentation reflects communication of relevant information with the consumer and/or their representative.

Care planning documents demonstrate care and services are reviewed regularly for effectiveness, when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. Consumers and representatives said staff inform them when incidents or changes in consumers’ circumstances occur.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Overall, consumers considered that they receive personal care and clinical care that is safe and right for them.

Consumers and their representatives expressed satisfaction with the safe and effective personal and clinical care consumers receive. Consumers and representatives are satisfied with the management of wounds and pain, and that restrictive practices are used appropriately.

Consumers and representatives expressed satisfaction that care is safely managed and risks affecting each consumer are controlled. Care planning documents reflect processes for the effective management of high impact or high prevalence risks.

The Assessment Team found consumers and representatives were informed of their choices in palliative care and expressed confidence their end of life wishes were known by staff and would be respected.

Consumers and representatives expressed satisfaction with how the service has responded to a change or deterioration in a consumer’s condition. Care planning documents reflected appropriate actions taken in response to a deterioration or change in a consumer’s health.

Consumers and representatives are satisfied they have access to medical practitioners and other health services and professionals when required.

The service has an infection control policy and an outbreak management plan to support the service in practicing transmission-based precautions and preparing for a possible infectious outbreak. The service has an antimicrobial stewardship policy that guides staff in the appropriate use of antibiotics.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Overall, consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers described how information about their individual preferences is sought by the service. Consumer preferences are documented and communicated to those providing care and services to the consumer.

Consumers and/or their representatives said consumers are supported to maintain emotional, spiritual and psychological well-being. The consumer’s preferences for how they want to be supported are documented and communicated to those providing care and services.

Consumers are supported to participate in community activities within the service and outside as they choose, and the service supports consumers to maintain social and personal connections.

The service is responsive to the needs and preferences of the consumers, with appropriate referrals actioned to other organisations and providers of care including the National Disability Insurance Scheme and community groups.

While some consumers provided mixed feedback about meals, their care planning documentation reflected their dietary needs and preferences which are obtained through regular food focus meetings.

The service supplies a range of equipment and resources which are safe, clean and appropriate to support consumers in lifestyle activities. Staff confirmed they have enough, well-maintained equipment and resources.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Overall, consumers and their representatives considered that consumers have a sense of belonging in the service, and feel safe and comfortable in the service environment.

Consumers and/or their representatives provided positive feedback about the service environment saying it has a ‘homely feel’ and is easy for consumers to find their way around. They described consumers’ rooms and bathrooms as clean and well maintained.

The Assessment Team found the service environment to be calm, clean and well maintained. The service has communal areas and courtyards in the different wings. Furniture, fittings and equipment were observed to be safe, clean and well maintained.

Staff demonstrated the service has proactive and reactive maintenance systems and described how requests for maintenance are submitted and actioned. Staff explained how equipment is cleaned between use.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and their representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken in a timely manner. They described various ways in which feedback and complaints have resulted in improvements to the quality of care and services.

Consumers and/or their representatives are aware of the feedback and complaints process and also said they can approach staff or management directly with feedback or concerns.

Consumer representatives are aware of language services that can assist with interpreter needs of the consumer or themselves. Information on the internal and external complaints systems is available to consumers on display and is available in a diversity of languages.

Consumers and their representatives who had raised issues were satisfied actions had been taken to resolve their respective issues. They described how staff apologise when something goes wrong. Staff and management personnel described using open disclosure principles in their handling of feedback and complaints.

The service’s plan for continuous improvement and complaints documentation showed prompt action is taken by management and demonstrated how services are improved in response to feedback and complaints.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Overall, consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers and/or their representatives described how staff are kind, caring and gentle when providing care.

Consumers and/or their representatives considered staff know about their personal care needs and are adequately trained. Consumers said they observe staff to be usually very busy, but this does not impact on the provision of care.

The Assessment Team found the workforce is planned to ensure sufficient skill mix in various roles to enable the delivery of safe and effective quality care and services. The workforce is recruited, trained, and supported to provide safe, high quality and person-centred care.

The service demonstrated the workforce is competent and members of the workforce have the qualifications and skills to effectively perform their roles. Consumers and/or their representatives expressed satisfaction staff have the knowledge and skills to meet consumers’ care needs.

The service's recruitment processes ensure staff have the qualifications, skills, and knowledge to successfully complete their jobs. Staff expressed satisfaction with the training provided and are able to access additional training where required.

The service has formal and informal processes for monitoring and reviewing the performance of each member of the workforce. This process includes day to day monitoring and an annual, documented performance appraisal.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

All consumers and/or their representatives said the service is run well. Consumers and/or their representatives provided examples of being involved in the development, delivery and evaluation of care and services by participating in surveys, meetings, and providing feedback to staff. The Assessment Team found evidence of management actively seeking input from consumers and representatives and then acting on feedback received.

The service's governance structure ensures appropriate care and services are being provided in accordance with the Quality Standards.

Management and the organisation’s Quality Team conduct internal auditing at the service to monitor and review performance against the Quality Standards. This includes reviewing key performance data including incident data, consumer and representative feedback, critical incidents and consumer experience surveys to identify and analyse trends. Any issues and gaps are discussed at the clinical governance meeting and the Board determines any requirement to change policies and procedures, which may trigger continuous improvement activity.

The service demonstrated its governance systems and their application in providing the best outcomes for consumers. These include information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service operates under a risk management framework to ensure risks are reported, escalated and reviewed by management at the service level and by the organisation’s executive management including the Board.

The organisation’s clinical governance framework includes monitoring and review of antimicrobial use, the use of restraint and the application of open disclosure principles.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.