Performance

Report

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| Name: | Trinity Manor Greensborough |
| Commission ID: | 3396 |
| Address: | 226-230 Elder Street, GREENSBOROUGH, Victoria, 3088 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 30 July 2024 |
| Performance report date: | 23 August 2024 |
| Service included in this assessment: | Provider: 937 Trinity Care Pty Ltd  Service: 26146 Trinity Manor Greensborough |

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 Trinity Manor Greensborough (**the service**) has been prepared by L Glass, 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.
* the provider’s response to the assessment team’s report received on 21 August 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements were assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements were assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were 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)(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 |

Findings

Consumers and representatives confirmed information received is accurate and timely, enabling consumers to exercise choice. Feedback from consumers and representatives confirmed staff communicate in ways that is easy for consumers to understand and facilitates choice. Staff described processes in place to communicate with consumers who are living with cognitive impairment or have communication difficulties. Care documentation showed support worker’s progress notes of phone calls and details of discussions with consumers and representatives.

Staff enhance communication and support consumer choice with a range of targeted tools and resources. The service supports consumers in exercising choices for activities, events, meetings, and meals by speaking to them directly and seeking input. Representatives are notified and invited to events, meetings, or activities by email, newsletters and phone where necessary. The Assessment Team observed lifestyle calendars and event posters around the service which reflected information in a simple and easy to understand format, and menus with options throughout the service's dining areas.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

The Assessment Team report recommended Requirement 2(3)(d) is not met. I have come to a different view. I find Requirement 2(3)(d) is Compliant. I am persuaded by the written response provided by the approved provider including evidence of internal review at the service resulting in revised processes, templates and flowcharts and staff education about implementation of the revised tools and practices.

The Assessment Team found some consumers and representatives were not involved by the service in scheduled care plan evaluations and have not seen copies of the care plans as per the service’s care evaluation policy. While this was acknowledged by clinical staff updates were provided after evaluations and reviews if changes were identified. Care documentation of consumers sampled did not reflect consumers and representatives were involved during three monthly care plan evaluations.

In response to feedback from the Assessment Team, management said the service only provides care plans to the consumer and or representative, if asked and updated Plan for Continuous Improvement (PCI) which referenced remedial actions, including staff education and review of the service’s policy and processes in response to care plan evaluation. The Assessment Team noted the remedial actions had no completion date recorded.

The approved provider’s written response to the Assessment Team report included a revised PCI with completion dates and notification of completed communication with all consumers and or representatives confirming supply of the consumer’s care plan and an invitation to a regular care plan review meeting. Since the assessment activity was undertaken the Consumer Advisory Board and a consumer representative have been involved in a review of the care planning and communication process at the service including review of care plan evaluation templates, processes, flowcharts and communication pathways. Staff education about the revised processes, communication and responsibilities was also undertaken.

# Standard 3

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| Personal care and clinical care | |  |
| 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 |

Findings

Consumers and representatives said the service communicates a consumer’s condition, needs and preferences with others where care is shared. Feedback from consumers and representatives confirmed staff know each consumer well and communicate with others involved in care, as appropriate. Support workers said they have accurate information about consumer needs and share information and strategies for supporting consumers they share responsibility for.

Clinical staff update care plans as required, and the updated version is available to all staff electronically and via handover processes. Care documentation reflected the service communicates with others internally and externally to facilitate safe and effective personal and clinical care. The Assessment Team observed the service's clinical handover sheet, which reflected information consistent with care documentation.

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)