Performance

Report

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| Name of service: | Trinity Manor Greensborough |
| Service address: | 226-230 Elder Street Greensborough VIC 308 |
| Commission ID: | 3396 |
| Approved provider: | Trinity Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 May 2023 to 2 June 2023 |
| Performance report date: | 7 July 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 Trinity Manor Greensborough (**the service**) has been prepared by M. Nassif, 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.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said staff treated them with dignity and respect, and were aware of their individual needs, culture and diversity. Care planning documents contained information about consumers identity, culture, and diversity to guide the delivery of care and services. Staff were observed to interact with consumers in a kind and respectful manner, and demonstrated knowledge of things important to consumers.

Staff explained how they tailored care and services in a way which was respectful to consumers culture and diversity. Care planning documents contained information about consumers cultural background and life story, and ways to support consumers’ needs and preferences. Observations confirmed care and services were provided in a culturally safe manner.

Consumers said they made decisions about care and services including who should be involved, and confirmed they were supported to communicate their decisions and maintain relationships. Staff described how they supported consumers to make and communicate decisions about care and services. Care planning documents included information about consumer preferences in how they prefer their care to be delivered.

Care planning documents identified areas of risk with potential impact to consumers care and services, and risks were discussed with consumers and risk mitigation strategies implemented. Consumers described how they were supported to do things they wanted to do to live the best life they can through risk assessment and consultation processes. Staff explained how they supported consumers to live life in accordance with their needs and preferences.

Consumers confirmed they were provided information in a timely and easy to understand manner which helped them to make decisions. Staff described how they communicated information to consumers to help them make decisions about care and services, and notify consumers of any changes. Information was observed throughout the service environment to support consumers in making informed decisions.

Consumers said staff were respectful of their personal privacy. Staff described ways they respected consumers privacy and maintained the confidentiality of consumers personal information. Staff were observed to be respectful of consumers privacy and maintaining the confidentiality of personal information, consistent with feedback.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Care planning documents demonstrated assessment and planning included consideration to consumers health and well-being, and risk mitigation strategies in place, consistent with staff feedback.

Staff said advance care and end of life planning was completed upon admission to the service, consistent with feedback from consumers and representatives. Care planning documents identified consumers’ needs and preferences and included advance care and end of life wishes.

Consumers and representatives said they were regularly involved in assessment and planning. Staff described how they involved consumers, representatives and others in the assessment and planning of consumers care and services, consistent with care planning documents.

Consumers and representatives said they could ask for a copy of the consumers care plan, and confirmed the service communicated with them regularly. Staff explained how they communicated with consumers and representatives during regular review processes or following any changes and incidents requiring an updated care plan.

Management and staff described circumstances requiring an updated care plan review, and outlined the processes in place. Care planning documents evidenced care and services were regularly reviewed and when there were changes to consumers needs, goals, or preferences.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered the service provided safe, effective personal and clinical care for consumers. Care planning documents evidenced consumers received best practice, tailored clinical care. Staff demonstrated an understanding of each consumer, and described how they provided safe, effective care. Policies and procedures were in place to guide staff delivery relating to clinical care, such as wound care, pain management, and medication management.

Consumers and representatives said they were satisfied with how the service managed risks associated with consumers clinical care. Management and staff explained how they managed high impact, high prevalence risks associated with the care of consumers, for example, through risk assessment processes. Care planning documents demonstrated high impact, high prevalence risks for each consumer was identified, with risk mitigation strategies in place.

Staff described how care and services change for consumers nearing end of life, and how they supported consumers in a dignified and comfortable manner. Care planning documentation demonstrated appropriate measures were in place to support consumers comfort and dignity during advance and end of life care.

Consumers and representatives considered the service recognised and responded to deterioration in a timely manner. Management and staff outlined what they would do when identifying and responding to deterioration in consumers, such as reporting mechanisms, updated assessments, and completing referrals. Care planning documents demonstrated changes to consumers condition were addressed in a timely and appropriate way.

Staff explained how they documented and communicated changes about consumers within the organisation and with others responsible for care, such as verbal and documented processes. Documentation and observations demonstrated information was appropriately shared between staff and others to support consumers care needs.

Consumers and representatives considered consumers received appropriate referrals to other services and supports when required, such as allied health therapists. Staff explained the referral processes in place, and care planning documents evidenced referrals were completed in a timely and appropriate manner.

Staff described how they implemented infection prevention control measures in their daily practice, such as appropriate hand hygiene. This was consistent with observations. Management explained how promoted appropriate antibiotic prescribing, such as obtaining and discussing pathology results with the medical officer. Policies and procedures guided staff in relation to infection prevention and management and antimicrobial stewardship, and an outbreak management plan was in place.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers considered they were supported to do things of interest which met their goals and preferences, and helped them to be independent. Staff identified what was important to consumers, and explained how they supported consumers’ needs and preferences to optimise their quality of life. Care planning documents outlined consumers goals and preferences, and ways to support consumers.

Consumers said their emotional, spiritual, psychological well-being was supported by the service. Staff explained how they supported the different emotional and spiritual needs of consumers, such as engaging consumers in conversation, and offering religious services. Care planning documents contained information about consumers emotional and spiritual needs and ways staff could support them.

Consumers and representatives said consumers were able to maintain social and personal relationships, and do things of interest. Staff demonstrated knowledge of consumers interests and hobbies and described ways they supported consumers social participation. Care planning documents contained information and strategies to support consumers interests, relationships, and social participation.

Staff explained, and observations confirmed, information about consumers condition, needs, and preferences was shared through verbal and documented handover processes, and they have access to information through the electronic records management system.

Consumers said they received support from other providers of care and services. This was evidenced in care planning documents. Staff explained how they collaborated with external organisations, providers, and individuals to complement the activities and support available at the service.

Consumers said meals were of varied, suitable quality and quantity. Staff explained the systems in place to support consumers dietary requirements and preferences. Care planning documents contained relevant information about consumers dietary requirements and preferences.

Consumers said equipment they used, such as mobility aids and activity resources, was clean, well maintained, and safe to use. Staff said equipment was available when required, and explained the processes to maintain the safety and cleanliness of equipment. Documentation demonstrated the service actively monitored and maintained equipment for safe, suitability, and cleanliness.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers considered the service to be home and said the service environment was easy to navigate around. Staff described how they supported consumers to move comfortably around the service. Consumer rooms were observed to be personalised, with photos and personal possessions. Signage, wide corridors, and clutter free areas were observed, to support consumers interaction and function within the service.

Consumers said their rooms were regularly cleaned and well maintained, and they were able to freely move between indoor and outdoor areas. Management described the processes in place to maintain the cleanliness and safety of the service environment, and outlined how the service supported consumers to move freely indoors and outdoors. Documentation confirmed cleaning schedules and service environment maintenance were up to date. The service environment was observed to be safe, clean, and well-maintained.

Consumers said their equipment was clean and well maintained. Furniture, fittings, and equipment were observed to be safe, clean, and suitable for consumers. Staff explained how they reported maintenance concerns, and processes and procedures in place to ensure fittings and equipment were safe and suitable for consumer needs. Documentation demonstrated maintenance requests and preventative checks were 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt comfortable to provide feedback and raise concerns, such as directly speaking with management and staff, and providing feedback at consumer meetings. Staff outlined the ways they encouraged and supported consumers to provide feedback. Complaints forms and boxes inviting feedback in accessible areas of the service was observed.

Consumers said they were aware of advocates and alternative ways to raise and resolve complaints, such as external organisations. Staff explained how they supported consumers to access advocates, language services, and external organisations. Information about advocacy and external complaints methods was observed to be available to consumers.

Consumers and representatives confirmed the service appropriately responded and resolved complaints. Staff explained how they would respond to complaints, using an open disclosure process. Documentation demonstrated appropriate action was undertaken in response to complaints, or when things went wrong, with open disclosure applied.

Consumers and representatives reported feedback and complaints were reviewed and used to make improvements to care and services, for example, in relation to food quality. Staff described how they responded to and reviewed feedback and complaints to inform improvements to care and services. Documentation evidenced improvements were made to the quality of care and services based on feedback and complaints.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Most consumers said there were adequate staff available. Four consumers said there was not enough staff to respond to their calls for assistance in a timely manner, however, reported no negative impact to their care. Management explained the processes to deploy an appropriate number and mix of staff, including accounting for the emerging needs of the consumer cohort or staff leave. Staff rosters demonstrated all shift vacancies had been filled over the fortnight immediately preceding the site audit.

Consumers and representatives reported staff were kind, caring, and respectful. Management and staff spoke about consumers in a respectful manner, and demonstrated familiarity of consumers’ backgrounds and people important to them. Staff were observed to interact with consumers in a respectful way, consistent with feedback.

Management explained how they determined staff competency, such as conducting daily rounds and asking consumers and representatives for their feedback, observations, and staff feedback. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to effectively perform their roles. Consumers and representatives said they believe staff are competent and have the knowledge needed to provide care and services.

Management explained the training and professional development available to staff to equip them with the knowledge and skills, to deliver the outcomes required by these standards. Staff considered there had access to education and training to support them in their role. Documentation demonstrated staff had access to, and completed, training for various topics relating to the Quality Standards.

Management and staff described the staff performance appraisal process in place, consistent with policy. Documentation demonstrated staff performance appraisals were up to date.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers, representatives and staff described ways consumers were involved in the development, delivery, and evaluation of care and services. Documentation evidenced consumers were engaged and supported in the evaluation of care and services.

Management outlined ways the governing body was accountable for the delivery of care and services. For example, through meetings attended by the board and leadership team members, direct contact with consumers, reviewing reports, committees, and receiving direct alerts from incident and complaints management systems. Documentation demonstrated the board maintained oversight of the delivery of safe, quality care and services.

The service had effective organisation wide governance systems in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, the service had processes in place for purchases supporting service delivery when required.

The service’s risk management system identified and managed risks associated with the care of consumers, including managing high-impact or high-prevalence risks, identifying and responding to abuse and neglect. Management and staff explained the processes in place to respond to risks associated with consumers care, including supporting consumers to live the best life they can.

The service had a clinical governance framework that included policies on antimicrobial stewardship, minimising the use of restraint, and using open disclosure. Staff demonstrated knowledge of these policies and provided examples relevant to their role.

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)