Performance

Report

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| Name of service: | Vermont Aged Care |
| Service address: | 770 Canterbury Road VERMONT VIC 3133 |
| Commission ID: | 4331 |
| Approved provider: | Georjose Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 10 November 2022 |

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 Vermont Aged Care (**the service**) has been prepared by James Howard, 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
* the Approved Provider’s response to the Assessment Team’s report, received on 14 October 2022
* 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 and representatives confirmed staff treated them with dignity and respect and valued their identities, cultures and diversity. Care planning documentation identified consumers’ backgrounds, preferences, identities, cultures and preferences.

Staff identified consumers with diverse cultural backgrounds and explained how they delivered culturally safe care and services. Care planning documentation captured information regarding the consumers’ cultural needs and preferences.

Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff described how they supported consumers’ decisions and how they assisted them to maintain relationships with their families.

Staff outlined supports provided to consumers who chose to engage in activities that included an element of risk, and how consumers were supported to understand the benefits and potential harm when making decisions about risks. Consumers advised they were supported by staff to take risks and live the best life they can.

The service demonstrated information provided to consumers and representatives concerning care and services was current, accurate and timely, and was provided in a manner that was clear, easy to understand and enabled them to exercise choice. The Assessment Team observed lifestyle calendars and newsletters in consumers’ rooms and on noticeboards within the service.

Consumers and representatives reported their privacy was respected and were confident their personal information was kept confidential. Staff indicated they knocked on consumers’ doors and awaited a response prior to entering and ensured doors were kept closed when providing care and services.

# 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

*Requirement 2(3)(b):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate its assessment and planning processes identified and addressed the consumer’s current needs, goals and preferences.

The site audit report noted:

* Care planning documentation for three consumers did not accurately reflect the consumers’ preferences to be assisted with hygiene care by staff of a specific gender.
* A consumer’s care plan was not reviewed on alternate months, as outlined by the service’s care planning policy.

The site audit team discussed its observations with management while on site. In response, management advised it planned to review all consumer assessment and care plans to ensure they were updated and accurate. This action item was added to the service’s plan for continuous improvement.

Significantly, in the site audit report, the Assessment Team noted there was no identifiable impact on consumers with outdated care planning documentation, as staff were familiar with and aware of their needs.

In its response to the site audit report, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning inaccurate care planning documentation – the service acknowledged some care planning documentation was inconsistent with the preferences of consumers and reiterated that staff were aware of the consumers’ preferences and their care needs were being delivered in line with their preferences. Management advised it will review the care plans of all consumers to ensure information is accurate.
* Concerning the consumer’s care plan review – the service indicated the consumer’s care plan was reviewed in line with their policy. The Approved Provider outlined their policy stated care plans were to be reviewed every three months and physiotherapy assessments every two months and there may have been a misunderstanding with the care plan review timeframe by the Assessment Team.

I have considered the information provided by the Assessment Team and the Approved Provider. Whilst I acknowledge there were deficits in the assessment and planning process within the service and this constituted a departure from best practice, both the Assessment Team’s observations and the Approved Provider’s response indicated there was no adverse impact on consumers resulting from these deficits. Furthermore, the service is reviewing care plans for all consumers to ensure they are up to date, and this action is part of the service’s plan for continuous improvement. Therefore, having considered all relevant information, I decided the service was Compliant with this requirement.

*The other Requirements:*

Consumers and representatives were satisfied with the delivery of care planning and assessments. Staff demonstrated an understanding of the relevant risks to the health and well-being of each consumer.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, input was sought from health professionals. Consumers and representatives confirmed they were notified of any changes to consumers’ care needs.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. The Assessment Team observed reports from other providers were uploaded in the service’s electronic care management system.

Care planning documentation generally confirmed care plans were reviewed on a regular basis and when consumers’ circumstances changed, or incidents occurred.

# 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 expressed consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. The service had policies and procedures in place to direct the delivery of personal and clinical care.

Care planning documentation noted high impact or high prevalence risks were effectively identified and managed by the service. Staff demonstrated an understanding of high impact or high prevalence risks to consumers and the strategies in place to manage these risks.

A recently deceased consumer’s care planning documentation showed staff at the service ensured their dignity was preserved and their comfort maximised during end-of-life care. The service had a palliative care plan which guided end-of-life care.

Deterioration or changes to consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff described the process they followed in the event they noticed a deterioration in the health and well-being of a consumer.

Consumers and representatives stated consumers’ care needs and preferences were effectively communicated between staff and they received the care they needed. Staff were aware of consumers’ needs and preferences and confirmed they received up to date information about consumers during the handover process.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives were satisfied with the referral process and confirmed they had access to the required health care supports.

The service had policies and procedures in place which guided staff practices on antimicrobial stewardship and infection control management. The Assessment Team observed infection control supplies were accessible throughout the service and staff adhered to infection control practices, such as wearing masks and washing their hands.

# 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 were satisfied with the diverse range of activities provided and stated the lifestyle programs were fun, entertaining and met their needs, goals and preferences. Care planning documentation accurately identified consumers’ needs goals and preferences.

Consumers advised the service provided supports for daily living which promoted consumers’ emotional, spiritual and psychological well-being. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and described how staff could assist them.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Care planning documentation identified the individuals important to consumers and their preferred activities of interest.

Care planning documentation provided adequate information to support the delivery of effective services and safe care. Staff described the ways in which information was shared and were kept informed of the changing health conditions, needs and preferences of each consumer.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Care planning documentation identified the involvement of other organisations and providers of care and services.

Consumers and representatives indicated the provided meals were varied and of suitable quality and quantity. The Assessment Team observed daily menus on display throughout the service and staff knocked on consumers’ doors prior to providing them with menu options.

Consumers and representatives stated the equipment provided is safe, suitable, clean and well maintained. Staff had access to the required equipment and described how maintenance requests were logged and actioned.

# 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 and representatives felt safe, comfortable and at home within the service environment. The Assessment Team observed the common areas of the service were comfortably furnished, and multiple areas were available for consumers to meet and socialise with their families and friends.

Consumers advised the service was clean, well maintained and management promptly responded to maintenance issues. The Assessment Team observed the service was clean, and the corridors were mostly free of equipment.

The service had preventative and reactive maintenance programs in place to ensure furniture, fittings and equipment were safe, clean and well maintained. Each floor of the service had a paper-based maintenance request logbook, which was reviewed daily by the maintenance manager.

# 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 representatives stated they felt comfortable and understood how to provide feedback or make complaints. Staff were aware of the avenues available to consumers and representatives to provide feedback and described the ways they supported consumers to lodge complaints.

Management advised information regarding advocacy and interpreter services was available around the service and was included in the welcome pack provided to consumers. Consumers and representatives stated they were aware of other avenues for raising a complaint; however, they felt comfortable raising concerns directly with staff and management.

Management and staff described the principles of open disclosure, and a review of complaints showed management generally apologised when things went wrong. Consumers and representatives reported management and staff were very responsive to any concerns they had and took appropriate actions in response to complaints or feedback.

Staff described improvements taken in response to feedback and complaints. Management described the processes in place to escalate complaints, and how they were used to improve the care and services available to 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)(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 representatives were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. The service had a master roster which was regularly reviewed and adjusted based on occupancy and consumer needs.

The Assessment Team observed staff were attentive to and respectful of consumers’ needs and preferences. Consumers and representatives advised workforce interactions were kind, caring and respectful of each consumer’s identity, culture and diversity.

The service demonstrated members of the workforce had the qualifications and knowledge needed to effectively perform their roles. Position descriptions were provided to staff on their commencement at the service and set out the expectations for their respective roles.

Staff described the training, professional development and supervision they received during orientation and on an ongoing basis which supported the delivery of outcomes required by the Quality Standards. The service had annual mandatory training and competency assessments, which included emergency fire training, infection control practices and personal protective equipment competencies.

Management advised, and staff confirmed, the service had a probationary and annual ongoing performance review system in place. The service had a range of documented policies and procedures which guided the management of the workforce, recruitment of staff and review of staff performance.

# 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

*Requirement 8(3)(c):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate effective organisation-wide governance systems relating to information management, continuous improvement and regulatory compliance.

The site audit report noted:

* Feedback from consumers and representatives was not consistently reflected in the service’s centralised continuous improvement plan. Management advised that minor issues were dealt with at the time they were identified and acknowledged that trends should be added to the service’s continuous improvement plan.
* The Assessment Team identified informed consent was not gathered for twelve consumers subject to chemical restraint. Of this cohort, three consumers and representatives were contacted by the Assessment Team, they confirmed they had provided verbal consent for the usage of psychotropic medication; however, this was not reflected on the service’s psychotropic register or in their progress notes. In addition, ten consumers subject to chemical restraint were overdue for their three-monthly medication review which was not in line with the service’s restrictive practices policy.

The Assessment Team raised these issues with management during the site audit. In response, management acknowledged deficits regarding information management, specifically in relation to maintenance, assessment and care planning and training records. Management advised it was in the process of centralising data to support staff to have electronic access to consumer information and increase the Board’s oversight of the service.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the continuous improvement plan – the service clarified that feedback requiring a change to the service’s practices will be added to the continuous improvement plan. In contrast, feedback that is in an operational item, such as a request for repair, is logged in the maintenance book and repaired as soon as practicable.
* Concerning chemical restraints – the service noted the psychotropic register was accurate at the time of the assessment audit; however, there was missing information regarding informed consent. Following the site audit, the service located the missing consent documents and confirmed informed consent was obtained for all prescribed psychotropic medications.
* Concerning deficits regarding information management – the service advised its asset management and maintenance protocol is considered best practice and utilised responsive and proactive methodologies to balance consumer outcomes whist managing infrastructure and equipment cost. Training records were consolidated into one centralised location, and all mandatory training for 2022 will shortly be completed.

Whilst I acknowledge the service had demonstrated discrepancies with its regulatory compliance and information management, these examples alone were insufficient to indicate significant deficits in the overall efficacy of the service’s governance systems. The primary issue of concern was with chemical restraint and informed consent and the Approved Provider’s response demonstrated that it had obtained informed consent from consumers and representatives before using chemical restraint. As a consequence, having considered all available information, I decided the service was Compliant with this requirement.

*The other Requirements:*

Consumers and representatives expressed satisfaction with the management of the service and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff described the ways in which consumers were encouraged to be engaged and involved in decisions regarding the delivery of care and services.

The service demonstrated the governing body was accountable for the delivery of care and services, and promoted a culture of safe, inclusive and quality-driven culture. The governing body received consolidated reports, which were generated monthly, which outlined information relating to internal audits, reported hazards and risks and a clinical incident data analysis.

Staff described how they utilised the service’s policies and procedures to minimise risks to consumers including falls, infection prevention, pressure injuries, restrictive practices and the use of an incident management system. Management advised they received the monthly clinical data that is trended and analysed by the clinical team and presented to the Board.

The service demonstrated it had a clinical governance framework and supporting polices in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Consumers and representatives indicated the service followed open disclosure principles.

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)