Taralga Retirement Village Hostel

Performance Report

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**Commission ID:** 5110

**Provider name:** Taralga Retirement Village Incorporated

**Assessment Contact - Site date:** 16 December 2020 to 17 December 2020

**Date of Performance Report:** 29 January 2021

# Publication of report

This Performance Report **may 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

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| --- | --- |
| **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** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |

# Detailed assessment

This performance report details the Commission’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 Assessment Contact - Site; the Assessment Contact - 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 Contact - Site report received 29 January 2021

# 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

To understand the consumer’s experience and how the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Sampled consumers and representatives confirmed that they felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed advised the service involved them with the initial and ongoing assessments of planning for their care and services. Consumers and representatives confirmed they had access to their care plans and they were provided with relevant information about the consumers’ assessed care needs.

Consumers and representatives were consulted when changes occurred in care needs and review of consumer files identified care plans were individualised to reflect consumers’ needs, goals and preferences. Staff were able to describe how consumers, representatives and health professionals contribute to care planning information to deliver a tailored care and service plan.

The Assessment Team reviewed the service’s Plan for continuous improvement which addressed the deficiencies identified in the previous assessment conducted on 10 June 2020. Review of the Plan for continuous improvement and actions undertaken by the service demonstrated the service had reviewed systems and processes and trained staff to be skilled and qualified to ensure the provision of safe and quality care and services to consumers.

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.*

Assessment and planning for consumers had been comprehensively completed for each consumer. The assessments and planning include consideration of risks and are individualised relative to the risk of each consumers’ health and well-being. The outcomes of the assessment inform the delivery of safe and effective care and services.

The consumer cohort has been divided between registered staff to ensure all assessments have been completed. Assessment processes include baseline assessments to be undertaken on entry; followed by focussed assessments that are completed as needs change. Registered staff provided examples of assessments that have informed the delivery of care and services. Care staff interviewed demonstrated a shared understanding of the assessments that had been undertaken and their involvement in documentation to support the strategies that have been trialled to support consumers.

The Assessment Team reviewed consumer files and consumer files had been reviewed and included information relevant to this requirement.

### 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.*

For the consumers sampled by the Assessment Team, care planning documents included advance care planning and end of life planning, as well as the consumer’s current needs, goals and preferences.

Consumers and representatives described information that had been provided by them and discussed with the staff. This included information about what was important to individual consumers as well as advance care and end of life planning; and how staff supported the consumers’ care needs goals and preferences. Staff demonstrated a shared understanding of consumers’ needs, goals and preferences.

Case conference consultation records confirmed advance care planning and end of life preferences were discussed at case conferences.

### 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.*

Care planning documents reflected that the consumer, representative and others were involved in assessment and planning.

Consumers and representatives explained how they were informed about changes in the consumer’s health, which includes adverse events, any changes in care and service needs, including mobility changes, medication changes, equipment required to support the consumer and visitor access and supports for the consumer.

Consumer documentation identified that consumers and their representatives were involved in the development of assessments and care plans goals. Consumer files reviewed confirmed consumer representatives were notified following any incidents which occurred or changes to care needs.

### 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.*

Review of consumer files by the Assessment Team demonstrated outcomes of assessment and planning were effectively communicated to the consumer and representatives. There was a documented care plan that was available to the consumer and staff. Care planning and assessment processes included information specific to the consumers’ needs and to guide staff practice.

Consumers and representatives explained how staff supported them day to day and knew the support measures and individual needs of each consumer.

Staff had access to care planning records in consumers’ rooms; and visiting health professionals had electronical access to care plans. The Assessment Team reviewed consumer files and identified consumer files had been reviewed and included information relevant to this requirement.

### 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.*

Care and services were reviewed regularly, when circumstances change or when incidents impacted on the needs, goals or preferences of the consumers.

Consumers and representatives explained how registered staff discussed with them changed circumstances or needs in relation to the consumers’ health status. Registered staff referred the consumer to health professionals and they were included in discussions in relation to changes that will support the consumer.

Training had been provided to all staff in relation to recognising and responding to deterioration. Registered staff and care staff interviewed demonstrated their awareness of their roles and responsibilities within their scope of practice, to identify, report and action signs of deterioration.

# STANDARD 3 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

To understand the consumer’s experience and how the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, their care plans and assessments were reviewed and staff were asked about how they ensured the delivery of safe and effective care for consumers.

Consumers considered that they received personal care and clinical care that was safe and right for them. Consumers interviewed confirmed that they get the received care they need and confirmed that they had access to a Medical officer or other health professional when they needed it.

Representatives interviewed stated the consumers they represent received care that is safe and right for them and that staff knew their preferences. Care planning documents reflected the identification of, and response to, changes in the consumer’s condition and/or health status.

Clinical records reflected referrals and input from a range of allied health and other professionals including physiotherapist, podiatry, dementia advisory services.

The service has acted to implement processes to minimise infection related risks including prevention and response strategies relating to a potential COVID 19 outbreak.

The Assessment Team reviewed the service’s Plan for continuous improvement to address the deficiencies identified in the previous assessment conducted on 10 June 2020. Review of the Plan for continuous improvement and actions undertaken by the service demonstrated the service has reviewed systems and processes and trained staff who are skilled and qualified to ensure the provision of safe and quality care and services to consumers.

The Assessment Team did not assess all Requirements under this Quality Standard, therefore a compliance rating is not provided.

### 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.*

Assessments were linked to best practice models of care and included a range of risk-based assessments. Care planning documents and progress notes included referrals and recommendations from specialist services and demonstrated directives are being implemented and followed.

Consumers and representatives were satisfied with the provision of both personal and clinical care.

Documentation for consumers reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer to support health and well-being.

The Assessment Team observed interactions between consumers, representatives and staff to be respectful and kind.

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

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

Care documentation reflected high impact or high prevalence risks were identified and effectively managed. Care plans have been reviewed to reflect behaviour management strategies and is part of the three-month care plan review process. For consumers sampled with challenging behaviours the care documentation reflected regular review, input by specialist dementia services with non-pharmacological interventions documented and effectiveness of strategies noted.

### 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.*

Care planning documentation reflected the identification of, and response to, deterioration or changes in the function, capacity or condition of consumers.

Consumers and representatives were satisfied with the recognition and response to deterioration or changes in consumers.

Allied Health professionals confirmed they were involved in reviews of consumers who had deteriorated. Staff are informed of changes to consumers during handover processes.

### 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.*

Care documentation reviewed by the Assessment Team provided adequate information to support safe and effective sharing of consumers’ care. Review of progress notes reflected Medical officer and allied health staff regularly reviewed and documented consumers’ health care needs.

Consumers and representatives stated staff were aware of their needs and they received the care they needed.

Information regarding consumers was shared at handover, printed in handover records to ensure the effective sharing of information

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

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

Care planning documents reviewed by the Assessment Team demonstrated input from Medical officers in progress notes and in other assessments such as risk assessments. Consumer file reviews noted consumers experiencing challenging behaviours as a result of dementia, were being referred to specialist dementia services and mental health services if required.

The Assessment Team identified consumers had been reviewed by dementia specialist services in a timely manner. A range of allied health service staff regularly visit to provide services to consumers.

The Assessment team reviewed the services Plan for continuous improvement and noted improvements identified and implemented in relation to timely and appropriate referrals to other services and providers.

### 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.*

The Assessment Team recommended the service did not meet this Requirement as the service lacked an outbreak management plan in relation to a potential COVID 19 outbreak. The Approved provider in its written response to the Assessment Team’s findings has demonstrated the service has acted to implement a range of strategies, procedures and practices to prepare for and minimise the risk of a potential COVID-19 outbreak.

It is therefore my decision; this Requirement is Compliant.

# 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.