

**Performance Report**

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| Name: | Abel Tasman Village |
| Commission ID: | 0356 |
| Address: | 222 Waldron Road, CHESTER HILL, New South Wales, 2162 |
| Activity type: | Site Audit |
| Activity date: | 7 January 2025 to 9 January 2025 |
| Performance report date: | 6 February 2025 |
| Service included in this assessment: | Provider: 1011 The Abel Tasman Village Association Ltd  Service: 372 Abel Tasman Village |

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 Abel Tasman Village (**the service**) has been prepared by Denise McDonald, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumer/representatives and others
* the provider’s response to the assessment team’s report received 29 January 2025

# 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

These 6 Requirements have been found Compliant, as:

Consumers and representatives said consumers were treated with dignity and felt valued as their cultural and diverse heritages were respected. Staff were observed interacting with consumers respectfully and assisted consumers with activities of daily living in ways which afforded them dignity. Staff confirmed they participated in training on dignity and respect.

Consumers gave practical examples of being able to request their personal care being delivered by gender specific staff, as how their care is delivered safely and in line with the cultural needs. Care documentation contained consumers cultural needs including how they wished to engage in faith-based practices. Consumers of Dutch heritage were observed cooking traditional foods for lunch, confirming this was significantly important to them.

Consumers and representatives said staff supported consumers to maintain important relationships and consumers confirmed they were able to make their own decisions regarding how they wanted their care to be delivered. Care documentation identified family or significant others to be involved in decision making, and staff demonstrated awareness of these choices.

Consumers and representative said consumers lived life as they chose, by being supported to undertake activities which may involve risk. Staff described the risks taken by individual consumers and the care strategies agreed to promote the consumer’s safety. Care documentation evidenced consumers were enabled to make informed decisions regarding their activities of choice.

Staff were observed interacting with consumers who were non-verbal in ways which supported the consumer to exercise choice on their activities of daily living. Information displayed was observed to have been produced in large print to cater for consumer’s varying levels of sensory ability ensuring menus, activity calendars and newsletters were easy to understand. Staff were observed communicating with consumers to promote their choice during mealtime.

Consumers and representatives gave practical examples of how staff respect the privacy of consumers. Consumer’s private and confidential information was stored in secured electronic systems and staff workspaces were kept free of consumer notes or files. Staff confirmed they received training in privacy and confidentiality and were observed undertaking care discussion in areas where their conversations could not be overheard.

Based on the information above, this Standard is found compliant.

# 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

These 5 Requirements have been found Compliant, as:

Consumers said they received the care and services they needed, and they were involved in the assessment and care planning process. Staff confirmed policies and procedures guided how assessment and care planning was completed and how this translated into informing the delivery of safe and effective care. Care documentation evidenced the use of validated assessment tools to identify risks to consumers and assessment outcomes informed the development of consumer’s care plans, which guides staff on their care needs.

Consumers confirmed advance care planning and end of life wishes were discussed with them on entry and when the consumers condition changed. Care documentation was individualised and accurately reflected consumer’s care needs and preferences including for when they were nearing end of life. Staff demonstrated knowledge of what was important in the care of consumers.

Consumers said they, their medical officer and other health professionals were actively involved in the assessment, planning and review of their care and services. Staff described processes which ensured consumers, and their representatives were partners in care planning processes. Care documentation evidenced medical officer, specialist and allied health professionals, input into care planning and consumers and representatives participated in care consultations.

Consumers and representatives knew they could access the consumer’s care plan, however, most said they did not require a copy, as staff communicated assessment outcomes, verbally. Staff described processes for documenting and communicating assessment outcomes, confirming copies of care plans are offered; and provided according to preferences. Care documentation was observed to be readily available via the ECMS.

Consumers and representatives confirmed care was reviewed when there was an incident or a change in their care needs. Staff described care review processes where care strategies were reviewed 3-monthly, or in response to changing consumer condition. Care documentation evidenced reviews were occurring as scheduled and care was evaluated to ensure its effectiveness.

Based on the information above, this Standard is found compliant.

# 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

These 7 Requirements have been found Compliant, as:

Consumers said they were confident they were getting care which was safe and right for them, and the care provided supports their health and wellbeing. Staff described how the delivery of personal and clinical care was reviewed to ensure best practice, and it met the needs of each consumer. Care documentation evidenced staff were providing safe and effective care in line with consumers needs and preferences.

Consumers and representatives said care provided for consumers was safe and right for them as risks were assessed, explained, and managed well. Policies, procedures, medical input, and clinical protocols guided staff on how to effectively manage consumer risks. Care documentation evidenced staff adhered to care directives and their practices in response to high impact risks was in accordance with procedural requirements.

Staff demonstrated knowledge of how to care for consumers who were nearing end of life. Care documentation evidenced consumers care needs, goals and preferences had been captured to inform end of life care delivery. Staff advised registered nurses were continuously on duty and palliative care specialist support was available if needed.

Consumers gave examples demonstrating staff had quickly responded when the consumer was unwell. Care documentation evidenced consumers were routinely screened and their condition monitored to ensure prompt action was taken if deterioration was detected. Staff knew what may indicate a change, monitored for this and escalation occurred to ensure the consumer was reviewed in a timely manner.

Consumers confirmed their information was effectively shared as they don’t have to repeat their needs to staff, and their medical officer was kept informed of their condition and needs. Care documentation was observed to be stored on an ECMS, and direct input and access by staff, medical officers and health professionals was evidenced. Staff were observed to receive a comprehensive handover document informing them of consumers care needs and recent changes.

Care documentation evidenced consumers were referred to other health professionals, when needed. Consumers confirmed being referred to specialists and allied health professionals when their condition or care needs required review. Staff were knowledgeable of referral processes and confirmed after hours medical officers were available if a consumer required an urgent referral.

Staff were observed implementing practices to reduce the likelihood of infection being transmitted and described processes undertaken to ensure the appropriate use of antimicrobials. Policies, procedures and plans guided staff on actions to take in the event of an infectious outbreak. Staff advised they had received training in antimicrobial stewardship and infection prevention and control.

Based on the information above, this Standard is found compliant.

# 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

These 7 Requirements have been found Compliant, as:

Consumers and representatives said consumers were supported by staff to undertake activities which improved their quality of life, health, well-being and independence. Staff demonstrated knowledge of consumers’ needs, goals and preferences and the support consumers required to participate in activities or pursue individual interests. Care documentation evidenced the service ensures they know what services and supports consumers enjoyed, which helps them to maintain their quality of life.

Consumers and representatives said consumers had access to support from staff and spiritual service providers to meet their individual emotional, spiritual, and psychological needs, as required. Staff demonstrated knowledge of how to support consumers who were feeling low and knew consumers faith-based practice preferences. Care documentation reflected consumers emotional, social and spiritual needs.

Consumers confirmed staff assisted with their mobilisation to ensure they could maintain their friendships with each other and consumers were observed exiting to the community with their family and friends. Staff confirmed supports are provided for consumers who wished to attend community events including concerts. Meeting minutes evidenced consumer input is sought in the development of the activities calendar to ensure this aligns with consumer preferences.

Consumers and representatives said consumers receive consistent daily living services and supports as staff know consumer’s individual preferences and the organisations who may be involved in their care. Staff described how they were updated on changing conditions, needs or preferences through handover and alerts generated by the ECMS. Care documentation contained sufficient information to ensure consumer’s needs, goals and preferences were shared between staff of various departments and other service providers.

Consumers gave positive feedback regarding their referral to services which support their daily living activities. Staff said they have engaged with other service providers as well as specialised providers to ensure activities are appropriate for all consumers and to develop strategies for engagement with consumers who are living with dementia. Staff confirmed consumers had been referred for daily living support to volunteer services who assisted consumers to access the community for activities.

Consumers and representatives said the meals consumers received were varied, with consumers confirming they enjoyed the meals and snacks were available if they were hungry outside of meal service times. Staff were knowledgeable of consumers dietary preferences, allergies and required texture modifications, with needs described consistent with the information in consumer’s nutritional and dietary documentation. Consumers were observed sharing their dining experiences and if assistance was required, this was provided by staff in a respectful manner.

Mobility equipment was observed to be in good condition, safe and was well maintained. Staff confirmed they had access to equipment when they needed and new equipment was acquired to meet consumer needs. Staff were observed cleaning equipment as part of their routine duties and after consumer use.

Based on the information above, this Standard is found compliant.

# 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

These 3 Requirements have been found Compliant, as:

Consumers advised of a sense of belonging as they described the service as their home. The environment was observed to have a welcoming reception area, several communal and outdoors areas which fostered interaction and directional signage was installed to aid consumers to move around independently. Consumer’s rooms were observed to be decorated with their own furniture, personal belongings and whitegoods to promote a homelike environment.

Consumers said they had free access to outdoor areas directly from their rooms and there were many indoor communal areas which they enjoyed using. Staff advised the cleaning of consumer rooms, communal and service areas were undertaken according to a schedule. Consumers were observed moving around as they wished, through an environment which was clean and well-maintained.

Fittings, furnishings and equipment were observed to be clean and equipment used to provide care or services was stored securely when not in use. Staff demonstrated knowledge of reactive and preventative maintenance systems to ensure the safety of equipment and fittings. Maintenance documentation evidenced building and equipment monitoring processes were conducted as scheduled.

Based on the information above, this Standard is found compliant.

# 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

These 4 Requirements have been found Compliant, as:

Consumers and representatives said they were able to give feedback or make a complaint, through a variety of means, including speaking directly to staff. Staff advised they support consumers to give feedback and raise concerns through assisting them to access management personnel. Noticeboards were observed to display information which encouraged consumers to make complaints, with feedback forms and lodgement boxes readily accessible.

Consumers and representatives confirmed they had been given information on advocacy services but had not needed to access these services. Staff demonstrated awareness of how to access translation and interpretation services, confirming consumers who spoke another language had declined this assistance. Promotional material for external complaints and advocacy agencies was displayed to raise consumer awareness.

Consumers and representatives said appropriate action is taken in response to their complaints. Staff demonstrated knowledge of the principles of open disclosure and confirmed these were applied when complaints were made. Complaints documentation evidenced staff apologised when concerns were raised, and resolution occurred quickly in consultation with the complainant.

Consumers and representatives said their feedback had resulted in the reconfiguration of the dining room, with larger tables provided so consumers could enjoy eating meals with the friends. Staff advised feedback is collected through a variety of sources to identify trends and analyse where improvement was needed. Continuous improvement documentation evidenced responsive actions are planned, monitored through to completion and consumer satisfaction is evaluated.

Based on the information above, this Standard is found compliant.

# 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

These 5 Requirements have been found Compliant, as:

Consumers and representatives said there were enough staff to deliver the care and services they require, confirming staff attend promptly to consumer’s calls for assistance. Staff confirmed sufficient staff were allocated and they have enough time to provide care to consumers and complete their work. Rostering documentation evidenced the number and mix of staff required was planned, care minute targets were being met and strategies were in place to manage unplanned leave.

Consumers and representatives advised staff have a caring and kind attitude. Education records evidenced staff were trained in person centred care, the code of conduct and cultural appreciation with management confirming their staff interactions were monitored. Staff were observed treating consumers with kindness, respect, patience and as individuals.

Consumers and representatives said they believed the workforce was competent and staff had the knowledge to effectively perform their roles. Management advised staff competency was determined through onboarding and induction processes. Personnel records evidenced staff qualifications, and suitability to work in aged care was certified at commencement and monitored for currency.

Consumers and representatives gave positive feedback regarding staff being trained to provide the care and services consumers needed. Management confirmed staff were provided with training on commencement, on an ongoing basis and in response to emerging needs. Education records evidenced staff had completed the required training when scheduled.

Staff confirmed their performance was regularly reviewed and areas for skill improvement were monitored. Management advised staff’s performance was monitored through visual observations, using consumer and peer feedback. Personnel records evidenced performance management processes were initiated when less than ideal behaviours were detected.

Based on the information above, this Standard is found compliant.

# 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**

These 5 Requirements have been found Compliant, as:

Consumers confirmed they were involved in the development, delivery and evaluation of care and services through various mechanisms including via meetings, feedback and care consultations. Management explained consumer feedback informs operations and provided examples of changes made based on consumer input. Meeting minutes evidenced consumer consultation informed development of the annual lifestyle program.

Management confirmed member of the governing body (Board) engage directly with consumers to promote a culture of inclusion and demonstrate their accountability for the care and services provided. Management advised the quality of the care delivered is monitored by the Board and their decisions and knowledge of aged care is informed through broader sector engagements. Meeting minutes evidenced reciprocal information is exchanged between the Board and consumers.

Consumers and their representatives interviewed stated the service is well run, and the management is both approachable and open to discussing their concerns. Organisation-wide governance systems and processes were as policy, and procedural guidance had translated into practice. Staff understood their roles, responsibilities and delegations in the management of finances, the workforce, information, feedback and complaints with monitoring systems evidencing compliance with legislative requirements.

Risk management systems and practices were effective in managing high-impact or high-prevalence risks which supported consumers to live their best lives and incident management systems were effective in identifying, responding to clinical and serious incidents. Staff understood risks to consumers and described their reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced clinical monitoring occurred and results were provided to the Board.

Based on the information above, this Standard is found compliant.

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)