Performance

Report

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| Name: | Arthur Blackburn VC Gardens |
| Commission ID: | 0537 |
| Address: | 821 Ocean Drive, PORT MACQUARIE, New South Wales, 2444 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 2 September 2024 to 3 September 2024 |
| Performance report date: | 15 October 2024 |
| Service included in this assessment: | Provider: 643 RSL LifeCare Limited  Service: 19290 Arthur Blackburn VC Gardens |

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 Arthur Blackburn VC Gardens (**the service**) has been prepared by M.Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

Consumers and representatives advised they are routinely treated with dignity and respect, with their identity, culture and diversity valued. Consumer care plans appropriately reflect individual consumer diversity, including information about their cultural preferences. Staff demonstrated a culture of respect where they routinely spoke about consumers and were observed interacting with consumers in a respectful manner. Consumers and representatives highlighted that staff always treat them with dignity and respect and that staff demonstrate genuine interest in relation to individual consumer backgrounds and consistently know the things that are important to them.

With these considerations, I find the service compliant in Requirement 1(3)(a).

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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

The service demonstrated effective processes to manage high impact or high prevalence risks such as consumer wound management, falls management and management of medication incidents. Clinical indicator data assists the service to identify high impact and high prevalence risks for consumers and the service maintains a clinical risk register of consumers identified with high impact and high prevalence risks. Regular meetings occur that involve the registered nursing staff and management team where the high impact high prevalence consumer risks are discussed and monitored. Appropriate actions are planned and implemented by the clinical team. Consumers and representatives provided positive feedback about the delivery of care at the service and management and registered staff were able to describe the high impact and high prevalence risks for consumers at the service. Consumer documentation highlights the service is effectively managing high impact and high prevalence risks for consumers.

With these considerations, I find the service compliant in Requirement 3(3)(b).

The service demonstrated preparedness in relation to managing an outbreak including an outbreak preparedness plan and procedure document to guide staff and management practice in the event of an outbreak. The service has antiviral medications in stock and has access to further stock from their pharmacy as needed. Consumers are routinely offered access to vaccinations and the service facilitates vaccination clinics from local medical officers. Registered nursing staff demonstrated an appropriate understanding of antimicrobial stewardship and the principles for outbreaks as well as standard precautions. Clinical staff demonstrated that they request the medical officer, where possible, to order pathology prior to commencing antibiotics. Staff were observed washing and sanitising hands and consumer care planning and infection documentation demonstrated that when consumer infections have occurred the service implements relevant preventative measures to mitigate risk of reoccurrence of a repeat infection.

With these considerations, I find the service compliant in Requirement 3(3)(g).

# 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 |

Findings

Consumers and representatives advised they are encouraged and supported to provide feedback and to raise complaints with the service. Consumers and representatives advised they are comfortable expressing their concerns to the management team and to staff. The service displays relevant information regarding complaints throughout service and the facility manager highlighted they have an open-door policy which allows consumers and their representatives to speak with them when required. The service undertakes regular resident and relative meetings where feedback can be openly provided to the service and care staff advised that they routinely support consumers to make complaints and attempt to rectify any minor concerns immediately. However, if a consumer or representative wanted to lodge a complaint, staff would escalate the complaint to the registered nursing staff or to management.

With these considerations, I find the service compliant in Requirement 6(3)(a).

# 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)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

The service demonstrated appropriate processes to ensure that the workforce is planned and deployed to enable delivery and management of safe and quality care and services for consumers. The service demonstrated sufficient staff rostered across majority of shifts in line with their master roster. The service administers agency staff from two preferred contractors to support their staffing rosters and this supports consistency for consumers. Consumers and representatives advised that their needs are consistently met and that staff are not rushed to complete tasks. Staff advised they are able to consistently complete their workloads.

With these considerations, I find the service compliant in Requirement 7(3)(a).

The service demonstrated a workforce that has the necessary qualifications to effectively perform their roles. The management team demonstrated that staff are recruited with the right qualifications for the position and that the service administers documented position descriptions for each role. The service undertakes an orientation program for all new staff including agency staff and staff are tasked to complete compulsory annual training and biannual competency assessments. These staff competencies include, medication management, hand hygiene, donning and doffing, fire and safety exercise/drill and manual handling. Staff demonstrated completion of mandatory competencies and training and provided examples of compulsory education including changing staff culture, manual handling and infection prevention and control. Staff also advised that dementia care, restrictive practices, and falls management are examples of additional educational sessions provided for staff. Consumers and representatives advised that staff are competent and well trained.

With these considerations, I find the service compliant in Requirement 7(3)(c).

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The organisation demonstrated effective risk management systems and practices that identify, assess, respond to and monitor high-impact and high-prevalence risks at the organisational and service levels. The organisation administers appropriate process that ensure risks are escalated to the executive management team who escalate to the board based on severity, impact and outcome. The organisation administers a risk management policy and framework as part of their policy platform. The organisation demonstrated effective systems for identifying and responding to consumer abuse or neglect via the organisation’s clinical governance framework and their risk and incident management systems framework. The regional management team report to the organisation’s executive management team any serious or critical incidents immediately and the organisation’s executive management team will either review the incident themselves or manage independently within the organisation. The organisation demonstrated relevant tolerances to risk in their enterprise risk management framework, including reputational, financial and clinical. The executive management team demonstrated that they liaise closely with the regional manager and service manager to ensure that system risks and consumer risks are promptly identified and analysed. The organisation supports consumers to live the best life they can as part of their core values and the organisation routinely monitors this through their dignity of risk processes, and via data from complaints, incidents and surveys.

With these considerations, I find the service compliant in Requirement 8(3)(d).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)