Performance

Report

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| Name of service: | Arthur Blackburn VC Gardens |
| Service address: | 821 Ocean Drive PORT MACQUARIE NSW 2444 |
| Commission ID: | 0537 |
| Approved provider: | RSL LifeCare Limited |
| Activity type: | Site Audit |
| Activity date: | 17 October 2022 to 19 October 2022 |
| Performance report date: | 15 December 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 Arthur Blackburn VC Gardens (**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 conducted from 17 October 2022 to 19 October 2022; 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.
* 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 confirmed they were treated with dignity and respect, and felt accepted and valued. Staff described practical examples how they treated consumers with dignity and respect.

Staff described how consumer’s care needs were delivered to ensure they received culturally safe care. A review of the service’s policies, procedures and guidelines indicated the service had an inclusive, consumer-centred approach to the delivery of care and services.

Consumers were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff provided examples of how they supported consumers to exercise choice and independence.

Staff provided examples how the service supported consumers to have exercise choice and control, including then their choices involved engaging in activities with an element of risk. A review of training records identified staff were supported to understand the consumer’s rights to take risks.

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 noticeboards located around the service with up to date information.

Consumers expressed the serviced protected the privacy and confidentiality of their information, and were satisfied that care and services were delivered in a way that respected their privacy. Staff understood the importance of confidentiality and could describe how they supported consumers to communicate their privacy preferences.

# 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

Consumers were satisfied the care provided supported their health and well-being, and met their care needs. The service demonstrated the assessment and planning process was effective and included the consideration of risks to the consumer’s safety, health and well-being.

Care planning documentation outlined consumers’ end of life care needs, goals and preferences. Consumers and representatives confirmed they had input into the planning of their care including end of life care wishes and felt the service addressed their current needs, goals, and preferences.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals. Consumers indicated they were actively involved in the assessment, planning and review of their care and services.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. Care planning documentation reflected outcomes of assessment and planning were communicated with consumers and representatives.

Staff confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or incidents occurred. The service had policies and procedures in place to guide the regular review of the consumer’s care and services.

# 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 were confident they received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. The workforce was well trained, and staff described how the organisation supported them to deliver personal and clinical care that was best practice and met the needs of each consumer.

The service had policies and procedures in place which directed the management of high impact or high prevalence risks. Consumers outlined the risks associated with their care, such as, falls, pressure sores and weight loss were managed and explained to them.

Care planning documentation identified the consumer’s personal choices and preferences for end of life care. Staff were equipped to provide end of life care and could receive assistance from nursing staff as well as their palliative care service.

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. The service had policies, procedures and clinical protocols to guide staff in the management of and recognition of deteriorations in the health and well-being of consumers.

Consumers and representatives stated consumers’ care needs and preferences were effectively communicated between staff and they received the care they needed. Staff and others responsible for care had access to information relation to the consumer’s condition, needs and preferences via the service’s electronic care management system.

Care planning documentation demonstrated collaboration and timely referrals to other individuals, organisations or providers to support the needs of consumers. Consumers indicated the service had access to, and have referred them to the appropriate providers and organisations to meet their care needs.

The service had implemented policies and procedures to guide the management of antimicrobial stewardship, minimising the use of restraint and open disclosure. Consumers expressed the service was clean, and were confident in the service’s ability to manage an infectious outbreak.

# 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 they received services and supports that met their needs, goals and preferences, and enabled them to maintain their independence and quality of life. Care planning documentation accurately identified consumers’ needs, goals and preferences.

Consumers advised the service provided supports for daily living which promoted their 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. A review of care planning documentation and consumer and representative meetings indicated the organisation designed services and supports with consumer input to reflect their changing needs goals and preferences.

Consumers indicated information regarding their daily living choices and preferences was effectively communicated to staff and others where responsibility for care was shared. The service had effective systems in place to manage information and maintain the consumer’s privacy and confidentiality.

Care planning documentation evidenced the service collaborated with external providers to support the needs of consumers. Staff described the ways consumers were actively involved in the referral process and how their consent was obtained.

Consumers indicted they took part in planning their menu and were satisfied they received meals that were varied and of suitable quality and quantity. Staff demonstrated an understanding of consumers’ nutrition and hydration needs.

Consumers felt safe when using equipment, and knew how to report any concerns about the safety of the equipment. Management outlined how they planned and followed maintenance and cleaning routines for equipment.

# 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

The service environment was welcoming, with consumers able to navigate throughout the service. Staff described the aspects of the service that optimised consumers’ sense of interaction and function, such as directional signage and consumers’ names and familiar images clearly displayed on each door.

The Assessment Team observed the service environment was safe, clean and well maintained and allowed consumers to move freely, both indoors and outdoors. The service had cleaning schedules in place which ensured the efficient and throughout cleaning practices.

The service’s furniture, fittings, and equipment were maintained to ensure safety and cleanliness and consumers had access to furniture and equipment that suited their needs.

# 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 advised they felt encouraged and supported to make complaints and provide feedback to staff or management. The service had multiple avenues for consumers to provide feedback, such as, a formal feedback form, food post cards, within the consumer and representative meetings and directly with management.

The service had processes to support access to advocacy and language service for consumers. The Assessment Team observed noticeboards on display in the front entrance of the service containing information about advocacy services and included the Older Persons Advocacy Network and a copy of the Charter of Aged Care Rights.

Consumers indicated the service demonstrated appropriate, effective and timely action in response to complaints. Staff outlined the complaints process and understood the open disclosure principles to resolve complaints.

Management demonstrated that all feedback and complaints were reviewed and used to improve the quality of care and services, and were linked to the service’s continuous improvement plan. Consumers confirmed the service used feedback and complaints to improve care and services.

# 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

Management and staff described how they ensured there were enough staff to provide safe and quality care by reviewing the change needs of consumers and ensuring the base roster is regularly reviewed. Consumers indicated staff had enough time to meet their care needs and call bells were answered in a timely manner.

The Assessment Team observed staff were attentive 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.

Consumers and representatives expressed confidence in the ability of staff to perform their roles and meet their care needs. The service maintained an up to date register of staff qualifications and regularly reviewed this register.

The service demonstrated staff were recruited, trained, and equipped to support and deliver care and services in line with the Quality Standards. Staff indicated they received training during their orientation program and regularly throughout the year.

As outlined by the service’s policies, formal performance appraisals were conducted annually, or more frequently if performance issues were identified. Staff demonstrated an understanding of the service’s performance development process, including performance appraisals which included discussions of their performance and areas where they would like to develop their skills and knowledge.

# 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

Consumers advised they provided ongoing input into how care and services were delivered and confirmed the service have sought their input from a variety of different avenues. Management indicated all feedback and suggestions made by consumers and representatives were included in the service’s improvement register.

The service demonstrated the organisation’s governing body promoted a culture of safe and inclusive care. The governance boards utilised information from consolidated reports to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance and monitor care and service delivery.

There were organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The service had risk management systems in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers. Management and staff were able to describe how incidents were identified, responded to, and reported, including through the serious incident response scheme.

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. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

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)