Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Bangalor Retreat |
| Service address: | 27 Stott Street TWEED HEADS WEST NSW 2485 |
| Commission ID: | 0604 |
| Approved provider: | Temahl (AUST) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 5 December 2022 to 9 December 2022 |
| Performance report date: | 17 January 2023 |

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 Bangalor Retreat (**the service**) has been prepared by Stewart Brumm 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 provider’s response to the assessment team’s report received 3 January 2023.
* Material change notification

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure processes are established to monitor and ensure the outbreak management plan remains current.
* Ensure processes are established to train staff in the use of personal protective equipment and implement monitoring processes to monitor staff compliance.
* Ensure the external living environment is clean and well maintained.
* Ensure consumers can freely move both inside and outside the service.

# Other relevant matters:

Following the site audit on 05 and 06 December 2022, ownership of the Approved Provider Temahl (AUST) Pty Ltd changed. New key personnel have been appointed, and the new key personnel are implementing a range of new governance systems, and policies. They are making these changes in a staged and planned manner.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team provided information that consumers/representatives said staff treat the consumer with dignity and respect. Staff were observed treating consumers with dignity and respect and understood consumers’ individual choices and preferences. Care planning documentation sampled reflected what is important to consumers to maintain their identity. The organisation has documents and processes which outline consumers’ right to respect and dignity. Consumers/representatives said staff valued their culture, values and diversity by describing what is important to them and how staff provide care and services that are culturally, socially and emotionally safe for them and their family members

The Approved Provider was able to demonstrate consumers are supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers are supported to nominate who they would like involved in their care, communicate their decisions, make connections with others and maintain relationships of choice. Consumers/representatives interviewed gave examples of where consumers have chosen to take risks and have been supported by the service to live the life they choose. The Approved provider has documented policies and procedures regarding consumer dignity and risk which guides staff in supporting consumers to take risks to enable them to live their best lives.

Consumers/representatives said they are confident their information is kept confidential. Care staff described how they maintain the consumer’s privacy when providing care.

The Approved Provider has implemented a range of improvement activities related to previous non-compliance with Requirements 1(3)(a), 1(3)(c), 1(3)(f) identified at the site audit conducted 20-25 March 2022. The Assessment Team verified that the improvement activities have been implemented via staff and consumer interviews, a review of documentation and observations.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and completion of a range of improvement activities in determining my findings for this Standard.

As all Requirements are compliant I find this Standard compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team provided information that consumers/representatives said consumers’ care is planned to meet their care needs and preferences, with strategies to manage risk to consumers’ health and wellbeing. Care documentation demonstrates risks to consumers’ health and well-being is assessed using risk assessment tools and strategies to manage risk is documented in most consumers’ care plans.

Consumers/representatives described how the assessment and care planning processes included consideration of consumer’s current needs, goals and preferences, including end of life care. Care documentation identified care and service plans detailed consumers’ individual needs, goals and preferences, and staff interviewed demonstrated awareness of what matters to individual consumers. Registered staff advised care needs and preferences are discussed with consumers on entry to service, during ongoing care reviews and as care needs change.

Consumers said they are involved with the planning of their care and services which includes their representative and other organisations when required.

Consumers/representatives advised staff discuss the consumer’s care with them and they could obtain a copy of the consumer’s care and service plan if they wished to. Care documentation demonstrated consumers’ care and service plans are effectively communicated to consumers/representatives and made accessible for staff and visiting health care professionals providing consumer care. Consumers/representatives said the consumer is reviewed when their care and service needs change and staff talk to them regularly for feedback on their provided care and service.

The Approved Provider has implemented a range of improvement activities related to previous non-compliance with Requirements 2(3)(a), 2(3)(b), 2(3)(d),2(3)(e), identified at the site audit conducted 20-25 March 2022. The Assessment Team verified that the improvement activities have been implemented via staff and consumer interviews, a review of documentation and observations.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and completion of a range of improvement activities in determining my findings for this Standard.

As all Requirements are compliant I find this Standard compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |

Findings

The Assessment Team Provider information that consumers/representatives said the consumer receives care that is safe, individualised to their needs, and supports their health and well-being. Staff could describe consumers’ individual needs and preferences and how these are managed in line with their care and service plan. The Approved Provider has policies and procedures, which guides care and clinical practice. All consumers subject to a restrictive practice had an appropriate authorisation, consent and a behaviour support plan.

Consumers said their care is safe and right for them. The Approved Provider has effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Staff could describe consumers’ individual care needs and care planning to manage and minimise risk. Consumers/representatives sampled said they felt confident staff would provide end of life care in line with their preferences to maximise dignity and comfort. The Approved Provider demonstrated consumers’ end of life care preferences were documented in a care and service plan. The registered staff discuss with consumers/representatives end of life preferences during case conferences and as consumers move through palliative care phases.

The Approved Provider has policies such as changes in health status, to guide staff practice when monitoring for a consumer’s deterioration. Consumers said staff respond to their needs quickly and care documentation demonstrates staff recognise changes to the consumer’s condition. Care documentation evidences the consumer’s condition, needs and preferences are communicated to other services and the consumer’s representative.

Consumers/representatives said they are referred to other health care services as they need them.

The Approved Provider has implemented a range of improvement activities related to previous non-compliance with Requirements 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(e), 3(3)(f), identified at the site audit conducted 20-25 March 2022. The Assessment Team verified that the improvement activities have been implemented via staff and consumer interviews, a review of documentation and observations.

In relation to Requirement 3(3)(g) the Assessment Team provided information that included processes to monitor the currency and accuracy of the outbreak management plan have not been effective. The outbreak management plan had not been updated to align with national guidelines. The Approved Provider was unable to demonstrate staff consistently wore masks fitted correctly as per the national guidelines, the process to monitor staff compliance with personal protective equipment use have not been effective.

The Approved Provider acknowledged the deficits identified by the Assessment Team. The Approved Provider provided a plan for continuous improvement, a revised outbreak management plan, a Covid-19 outbreak resource pack, training records indicating staff have attended correct use of face masks and covid-19 guidelines, as well as an infection prevention and control course completion certificate.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and completion of a range of improvement activities in determining my findings of compliant for Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), and 3(3)(f).

I have also considered the information provided by the Assessment Team in relation Requirement 3(3)(g), I am persuaded by the observations from the Assessment team about staff practices and the Approved Provider not maintaining the outbreak management plan in my finding of non-compliant for this Requirement. I acknowledge the response from the Approved Provider and materials supplied, however the effectives and sustainability of the actions taken are yet to evaluated as effective. I find Requirement 3(3)(g) non-compliant.

As one requirement is non-compliant I find the overall Standard non-compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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**

The Assessment Team provided information that consumers/representatives confirmed the lifestyle program was supporting their lifestyle needs and said staff assist them to be as independent as possible. Staff demonstrated knowledge of consumers’ needs, goals and preferences and the support they require to participate in activities or pursue individual interests. Consumers said they are provided emotional, spiritual and psychological support when needed. Staff described the processes for providing emotional, spiritual and psychological support to consumers. The service’s activity schedule was visible in common areas and described a range of activities available for consumers to attend.

Consumers/representatives said their services and supports are consistent and the staff were aware of their individual preferences and needs including engagement with other organisations involved in the consumer’s care and services. Staff demonstrated awareness of things of importance to consumers regarding maintaining their well-being. consumers/representatives said the service support them to access external service providers and the local community if they wish to do things that are important or of interest to them.

Consumers/representatives said the meals are varied and of suitable quality and quantity. Consumers are offered a range of other options if they choose not to select a meal offered on the menu. Staff described how they know consumers’ nutrition and hydration needs and preferences.

The Approved Provider has implemented a range of improvement activities related to previous non-compliance with Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(f), 4(3)(g), identified at the site audit conducted 20-25 March 2022. The Assessment Team verified that the improvement activities have been implemented via staff and consumer interviews, a review of documentation and observations.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and completion of a range of improvement activities in determining my findings for this Standard.

As all Requirements are compliant I find this Standard compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Assessment Team provided information that the service is welcoming, has wide corridors with handrails, several large communal areas where consumers can meet with friends and family, an onsite hairdresser, chapel, cinema, and spacious outdoor garden/balcony areas. Consumers’ rooms are spacious and have been personalised with items reflecting their individual tastes and styles.

Furniture, fittings and equipment were observed to be well maintained, clean and safe. Cleaning and maintenance are scheduled and monitored daily by staff. A review of maintenance and cleaning logs support maintenance and cleaning jobs which are not scheduled are resolved in a timely manner. Processes are in place for programmed preventive maintenance monitoring.

In relation to Requirement 5(3)(b) the Assessment Team provided information that the Approved Provider was able to demonstrate the interior of the service was clean and well maintained. However, The Assessment Team also observed some evacuation exits were blocked, broken pot pants were observed on pathways and stairs at exit points were dirty. In relation to consumers being able to move freely, both indoors and outdoors the Assessment Team observed consumers residing in the secure care unit were not able to freely access the outdoor garden areas. Doors to this area were always locked and blocked with furniture.

The Approved Provider provided a response the included a plan for continuous improvement to address the matters raised in the Assessment Team report related to Requirement 5(3)(b).

The Approved Provider has implemented a range of improvement activities related to previous non-compliance with Requirements 5(3)(a), and 5(3)(c) identified at the site audit conducted 20-25 March 2022. The Assessment Team verified that the improvement activities have been implemented via staff and consumer interviews, a review of documentation and observations.

I have considered the information provided by the Assessment Team and I am persuaded by the Assessment Team information and completion of a range of improvement activities in determining my findings of compliant for Requirements 5(3)(a), and 5(3)(c).

I have also considered the information provided by the Assessment Team in relation Requirement 5(3)(b), I am persuaded by the observations from the Assessment team about the service environment and consumers inability to move freely inside and outside the service. I acknowledge the response from the Approved Provider and materials supplied, however the effectives and sustainability of the actions planned and/or taken are yet to evaluated as effective. I find Requirement 5(3)(b) non-compliant.

As one requirement is non-compliant I find the overall Standard non-compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team provided information that consumers/representatives feel encouraged, safe and supported to make a complaint or provide feedback to the service and consistently described management as approachable. Management and staff could describe mechanisms available to consumers/representatives within the service should they wish to provide feedback or raise a complaint.

Consumers/representatives were able to describe the external avenues available to them for raising a complaint, including through the Aged Care Quality and Safety Commission

Consumers/representatives who have made a recent complaint said management acknowledged the issue and involved the consumer/representative in the resolution process to achieve an outcome which satisfied the consumer/representative.

The Approved Provider has implemented a range of improvement activities related to previous non-compliance with Requirements 6(3)(a), 6(3)(c) and 6(3)(d), identified at the site audit conducted 20-25 March 2022. The Assessment Team verified that the improvement activities have been implemented via staff and consumer interviews, a review of documentation and observations.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and completion of a range of improvement activities in determining my findings for this Standard.

As all Requirements are compliant I find this Standard compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team provided information that consumers/representatives said staff are available to support them and if they use their call bells, staff respond in a timely manner. Staff said there is enough staff to provide care and services in accordance with consumers’ needs and preferences and they have sufficient time to complete their tasks. Management monitor staff’s response to consumers through avenues such as meetings, clinical indicators and direct feedback, including the use of regular consumer surveys and 24-hour call bell monitoring if required.

Consumers/representatives interviewed provided positive feedback in relation to staff interactions and confirmed staff are kind, caring and treat consumers well. The Assessment Team observed staff interacting with consumers respectfully and in a kind and caring manner demonstrating a non-rushed purposeful interaction with each consumer.

All staff are given opportunities to expand their knowledge and skills with the service able to support them in their education and training their human resources department and the onsite workplace coach. Management and staff demonstrated knowledge and skills in relation to the delivery of care and services that meet the requirements of the Quality Standards.

Staff confirmed they have undergone regular performance appraisals that involve feedback from management on their performance and an opportunity to identify areas for further improvement and/or training.

The Approved Provider has implemented a range of improvement activities related to previous non-compliance with Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d), and 7(3)(e), identified at the site audit conducted 20-25 March 2022. The Assessment Team verified that the improvement activities have been implemented via staff and consumer interviews, a review of documentation and observations.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and completion of a range of improvement activities in determining my findings for this Standard.

As all Requirements are compliant I find this Standard compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team provided information that consumers/representatives advised they considered the service is well run and they can provide feedback and suggestions to management.

The governing body promotes and is accountable for a culture based on a set of values that govern everything the service performs in line with their vision, mission and values to support a valued journey for people with care needs.

The Approved Provider demonstrated effective organisational wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The Approved Provider also demonstrated effective risk management systems.

The Approved Provider Demonstrated a clinical governance framework, that included antimicrobial stewardship, minimizing the use of restraints and open disclosure.

The Approved Provider has implemented a range of improvement activities related to previous non-compliance with Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d), and 8(3)(e), identified at the site audit conducted 20-25 March 2022. The Assessment Team verified that the improvement activities have been implemented via staff and consumer interviews, a review of documentation and observations.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback, the demonstrated range of governance systems and completion of a range of improvement activities in determining my findings for this Standard.

As all Requirements are compliant I find this Standard compliant.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)