Performance

Report

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| Name of service: | Bill McKenzie Gardens |
| Service address: | 23 Burkitt Street PAGE ACT 2614 |
| Commission ID: | 2914 |
| Approved provider: | RSL LifeCare Limited |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 29 May 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 Bill McKenzie Gardens (**the service**) has been prepared by   
J.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 7 March 2023 to 9 March 2023. 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 | | Compliant |
| 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 Quality Standard is assessed as Compliant, as the service was assessed as compliant with all six of the six specific requirements in the standard.

Consumers were treated with dignity and respect, and staff valued them as individuals. Information about consumers’ cultural backgrounds, preferences and cultural needs were recorded in their care plans. Consumers confirmed they received culturally safe care and services. Staff understood the needs of consumers from culturally diverse backgrounds and provided care in line with peoples’ preferences. Consumers were supported to communicate their decisions, maintain relationships of choice and choose when family and friends were involved in their care. Consumers confirmed they made decisions about their care, which could be changed at any time.

Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, a risk assessment was completed and documented in their care plans. Consumers confirmed they were provided with information that was accurate, clear, easy to understand and enabled them to exercise choice. For example, care plans were written in plain language, upcoming events were communicated in newsletters and information about consumers’ rights under aged care legislation was available throughout the service.

Consumers confirmed care and services were delivered in a way which respected their privacy. Consumers’ personal information was kept confidential in a password-protected electronic care management system.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 Quality Standard is assessed as Compliant, as the service was assessed as compliant with all five of the five specific requirements in the standard.

Consumers were involved in the assessment and planning process, which identified their goals, needs and preferences. The service considered risks to consumers’ safety, health and well-being during the needs assessment and care planning process, the outcomes of which informed the delivery of safe and effective care and services. The service had policies and procedures in place which guided staff in assessment, care planning and risk management. Consumers confirmed their needs assessments included end of life planning where they wished.

The service partnered with consumers, their representatives and external service providers when assessing, planning and reviewing care needs. A review of care plans showed consumers were partners in a coordinated needs assessment, which involved multiple health services providers. Consumers confirmed they were offered a copy of their care plan and understood the care and services they received. Consumers and representatives confirmed they were involved in care plan reviews and notified when incidents occurred or care needs changed.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as the service was assessed as compliant with all seven of the seven specific requirements in the standard.

Consumers received care that was tailored to their needs and optimised their health and well-being, which was confirmed by a review of consumers’ care plans and behaviour support plans. Consumers’ care plans identified risks associated with their care, such as restraint management, life choices, falls, dietary choices, behavioural changes and complex clinical needs. The service had risk management strategies in place for consumers and these were recorded in their care plans and progress notes. Consumers were confident in the service’s ability to meet their needs during the end-of-life process. For example, consumers said they would be supported to be free from pain, have their loved ones close to them and have their social, cultural and religious preferences respected. A review of care plans confirmed consumers’ end-of-life care needs, goals and preferences were accurately recorded.

Changes in consumers’ care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans. Consumers were satisfied with the delivery of care, including how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions were communicated during shift handovers, during meetings, by accessing care plans and through notifications generated in the service’s electronic care management system. The service made timely and appropriate referrals to other care providers, which was confirmed by a review of their care plans. The service had processes in place to minimise infection-related risks and support the appropriate usage of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 Quality Standard is assessed as Compliant, as the service was assessed as compliant with all seven of the seven specific requirements in the standard.

Consumers received safe and effective services that met their needs, goals and preferences. The service’s lifestyle and wellness coordinator conducted assessments which addressed consumers’ preferences regarding leisure, activities of interest, social and emotional needs, as well as their cultural and spiritual traditions. Consumers’ needs and preferences were recorded in their care plans. Consumers were engaged in meaningful activities which supported their emotional and psychological well-being, such as observing cultural and religious practices and celebrating days of importance. Consumers participated in their communities, did things of interest to them and were supported to maintain personal relationships.

Consumers were satisfied with the quality, quantity and variety of food provided by the service. The service encouraged feedback on the quality of food provided. Consumers were offered a range of meal options if the daily menu was not to their liking. A review of consumers’ care plans included information about their dietary needs and preferences. Where the service provided equipment, consumers said they felt safe and knew how to report concerns. The equipment being used by staff was clean, well maintained and fit for purpose.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 Quality Standard is assessed as Compliant, as the service was assessed as compliant with all three of the three specific requirements in the standard.

The service had an inviting layout and consumers said it was easy to navigate. Consumers felt at home within the service, particularly as they personalised their rooms with furniture and possessions of choice. The service environment was clean, well maintained and consumers moved freely within and outside of the building. Consumers enjoyed socialising in multiple areas, such as a library, outdoor areas and dining and lounge rooms. Staff promptly attended to maintenance issues, so consumers were safe and comfortable in their environment.

The Assessment Team noted furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Consumers confirmed their personal equipment and furniture was suitable for their needs, clean and well maintained. Staff said they had access to equipment needed for consumer care. Furniture and equipment was maintained under a scheduled maintenance plan, which was monitored by the maintenance manager.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 Quality Standard is assessed as Compliant, as the service was assessed as compliant with all four of the four specific requirements in the standard.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers were comfortable raising concerns directly with staff. Staff were guided in complaints management by a complaint handling and resolution policy. Staff understood the complaints process and a review of the service’s complaints register confirmed consumers were encouraged to raise concerns and provide feedback. The resident handbook contained information about how to access advocacy services. Brochures about advocacy services and external complaints mechanisms were available in the foyer. Information about interpreter services was not evident during the site audit; however, when the Assessment Team brought this to management’s attention, additional brochures were requested from the organisation’s head office.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, and consumers confirmed this. A review of the service’s complaints register confirmed feedback was recorded and actions taken. The organisation’s regional quality manager had oversight of the service’s complaints register and the service manager ensured complaints were closed to the satisfaction of consumers. The service used feedback and complaints to improve the quality of care and services, which was reiterated by consumers and confirmed by a review of minutes from staff and operations meetings.

# Standard 7

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| Human resources | | Compliant |
| 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 Quality Standard is assessed as Compliant, as the service was assessed as compliant with all five of the five specific requirements in the standard.

The service developed a roster with an appropriate number of staff with skills to meet the needs of consumers. A review of the previous fortnight’s roster showed no unfilled shifts and consumers said staff provided care in accordance with their preferences. The Assessment Team noted call bells were promptly answered and staff were not rushed when providing care. Most consumers said staff were kind, caring and gentle when providing care. The Assessment Team noted staff were respectful of consumers’ identities and cultures when providing care.

The service’s workforce was competent and had the qualifications, skills and knowledge to effectively perform their roles. Consumers said staff were effective in their roles and, as such, they felt safe when care was provided. Management determined staff competency and capabilities through discussions, observations, tracking completion of mandatory training and conducting competency assessments. Staff at all levels were confident in their skills and knowledge to perform their roles. The Assessment Team reviewed records which showed staff received training in pain management, falls management, wound management, the Serious Incident Response Scheme, medication management, care evaluation, customer service, continence management and manual handling. A review of staff files confirmed all held appropriate qualifications and current professional registrations. The service regularly assessed, monitored and reviewed staff performance, which included formal and informal processes.

# Standard 8

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| Organisational governance | | Compliant |
| 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 Quality Standard is assessed as Compliant, as the service was assessed as compliant with all five of the five specific requirements in the standard.

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Input was provided via resident meetings, during care plan reviews, surveys and in-person discussions. The organisation’s governing body promoted a culture of safe, inclusive and quality care and services, for which they were accountable. The governing body provided strategic direction, oversight and was kept informed of the service’s performance against the Quality Standards. Members of the governing body were technical experts in health, aged care, finance, human resources and business. Executive leadership teams provided the service with support in risk management, compliance, finance, recruitment, staff training and clinical governance. The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. A review of care plans confirmed risk assessments were conducted for consumers and mitigation strategies were recorded. Service management received automatic notifications about incidents related to risk, whereby incidents could be immediately reviewed.

The service had systems in place which supported clinical governance, the delivery of safe care, promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something went wrong.

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)