Performance

Report

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| Name of service: | Bill Newton VC Gardens |
| Service address: | 28A Lansdown Drive DUBBO NSW 2830 |
| Commission ID: | 0499 |
| Approved provider: | RSL LifeCare Limited |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 22 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 Bill Newton VC Gardens (**the service**) has been prepared by K. Spurrell, 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
* 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

All consumers said they were treated with dignity and respect, with their identity, culture and diversity valued, staff spoke about consumers respectfully. Information about consumers’ life history, including their cultural and spiritual needs, was captured in care planning documentation. Staff were aware of and delivered care and services in ways that considered consumers’ preferences and needs in relation to their cultural needs.

Consumers said they could communicate decisions about their own care, choice, and the way services were delivered. Consumers were able to give examples of ways members of the workforce delivered care so that they feel comfortable and safe and said that the staff make their visitors feel welcome. Care plans included information regarding how consumers would like to maintain relationships.

Consumers said they can make choices and get information about risks possible outcomes and options when making decisions that involve balancing risk and their quality of life. Staff were aware of how to support consumers to take risks and make informed decisions. Care documentation showed dignity of risk forms and care plans were in place for smokers.

Consumers confirmed they receive information in a way they understood, and they can make informed choices. Management reviewed information provided to consumers to ensure that it is current and relevant. Staff described different ways information is communicated to make sure it is easy to understand and accessible to consumers, including strategies to communicate information to consumers with cognitive difficulties or those who need visual aids or hearing assistance.

Consumers said the service protects the privacy and confidentiality of their information and they are satisfied that care and services are undertaken in a way that respects their privacy. Consumer information is kept in the services electronic care planning system, which requires a password to access. Staff described how they support consumers to maintain their privacy and gave examples of how they maintain the privacy of individuals in the delivery of care and services. Staff were also able to show that they understood the importance of confidentiality.

# 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

The Service was found non-compliant in Standard 2 in relation to Requirements 2(3)(c) and 2(3)(e) following a Site Audit in June 2021. Evidence in the Site Audit report dated 8 November 2022 to 10 November 2022 supports that the Service has implemented improvements to address the previous non-compliance and is now compliant with these Requirements.

Consumers said their care was well planned, and the staff took the time to understand how to support them. Staff were able to describe the assessment and care planning processes and how they engaged in the process. Validated assessment tools are consistently used by staff in the assessment and planning of consumers’ care and services. There was evidence that the service identifies and assesses risk with the consumer during assessment and planning and risk management strategies are included in consumer care plans.

Consumers said the service involves them in the assessment of their needs, care and services, as well as the development of their care plans. Care plans indicated individual, tailored care, and services are documented and included advance care directives where the consumer wished. Registered staff described how care plans are completed to meet the consumer’s needs, goals and preferences, and were able to provide examples of including consumers in care planning.

Consumers and representatives confirmed they were involved in the care planning process, were notified when changes occurred and were involved in developing and reviewing care and service plans during the half yearly case conference. One consumer didn’t want their family involved in their care plan review and their wishes were respected. Consumer files included input from external agencies and there was evidence of consultation with consumers and their representatives in assessment and planning. Relevant staff described their role in partnering with consumers and their representatives to assess, plan and review care and services.

All consumers and representatives said they are notified when there are changes in the consumer's health or when instances occur. Management advised all clinical incidents are reviewed monthly at a service and organisation level to identify strategies to minimise risk of recurrence and to identify improvements. One named consumer was reviewed by a wound care consultant on multiple occasions and recommendations were noted in the care plan and wound chart. Staff said that care and service plans were accurate; reflected the outcomes of the most up-to-date assessment and reviews of consumer needs goals and preferences and contained enough detail to deliver appropriate and correct care and services for the consumer.

# 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**

The Service was found non-compliant in Standard 3 in relation to Requirements 3(3)(a) 3(3)(b) and 3(3)(g) following a Site Audit in June 2021. Evidence in the Site Audit report dated 8 November 2022 to 10 November 2022 supports that the Service has implemented improvements to address the previous non-compliance and is now compliant with these Requirements.

Staff demonstrated that they were familiar with the personal and clinical needs of consumers. Most consumers and representatives said they are satisfied their needs are met and care planning documentation reflected safe and effective personal care which addressed specific consumer needs. All consumers and representatives were satisfied risks were effectively managed. For consumers sampled, key risks were risk assessed, documented and strategies were in place to manage risk in care documentation. The service demonstrated falls and medication errors had been reduced and were being monitored.

Consumers say they felt confident when they need end of life care, the organisation will support them to be pain free and prioritise their preferences. Care documentation contained information on consumers’ end of life care in line with the consumer’s end of life care needs, goals, and preferences. Staff were able to describe how they support consumers who are approaching end of life, and then support their representatives when their consumer reached the end of their lives.

Consumers were confident members of the workforce would identify a change in their condition and they were able to respond appropriately. Consumer records showed changes in consumers’ care needs were recognised and responded to in a timely manner. Staff described how they identified signs of deterioration and were able to describe different situations where a change in a consumer’s condition or health should be identified and what response they should take.

Consumers said they were fully informed, and they do not have to repeat their preferences to multiple people, and they benefit from the service coordinating with multiple agencies working together and sharing information. Staff described how changes in consumer care and services are communicated through verbal r processes, meetings, care plans, and daily handovers. Consumer files showed visiting health professionals could share information about consumers.

Consumers said the service has referred them to appropriate providers, organisations, or individuals to meet their changing personal or clinical care needs and they are satisfied with the referral processes. Registered staff described the process for referring consumers to other health professionals and allied health services, this was observed in care planning documentation.

Consumers and their representatives said they were satisfied with the services management of COVID and their infection control practices. Staff demonstrated an understanding of how to minimise the need for antibiotics appropriate use. The service has appointed an infection prevention control (IPC) lead who oversees infection control. Staff were observed using appropriate personal protective equipment (PPE), practising hand hygiene, maintaining social distancing and sanitizing equipment.

# 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

The Service was found non-compliant in Standard 4 in relation to Requirements 4(3)(c) and 4(3)(f) following a Site Audit in June 2021. Evidence in the Site Audit report dated 8 November 2022 to 10 November 2022 supports that the Service has implemented improvements to address the previous non-compliance and is now compliant with these Requirements.

Most of the consumers were satisfied the service supports them to do the things they want and were able to explain how services and support for daily living have improved their independence, health, well-being and quality of life. The needs and preferences of consumers were documented in care plans, and staff were able to describe how they accessed these records to assist consumers to stay well and healthy and independent.

Consumers said they can celebrate days that are meaningful to their culture or religion and the service supports and promotes their spiritual, emotional, and psychological well-being. Staff were able to describe how they supported the emotional, psychological, and spiritual well-being of consumers and this was corroborated in care planning documentation.

Consumers said they were supported to maintain personal relationships and take part in community and social activities and most consumers said they felt connected and engaged. Staff could describe how they work with other organisations, advocates, community members and groups to help consumers follow their interests, engage in social activities and maintain their community connections.

Consumers said the organisation coordinates their care needs well and that they benefit from different organisations working together and sharing information about them. Progress notes evidenced of support from external agencies. Staff could describe how they work with other organisations, advocates, community members and groups to help consumers follow their interests, engage in social activities.

Consumers said when the organisation has been unable to provide a suitable service or support, the organisation has referred them to appropriate individuals, organisations or providers to meet their changing services and support needs. Staff confirmed the service works with external individuals and organisations to ensure consumers have access to a range of services and supports. Care planning documents confirmed evidence of refers to individuals and organisations.

Most consumers reported they can choose from suitable and healthy meals, snacks and drinks and are satisfied that they receive a variety of well-proportioned, quality meals. Staff demonstrated they were aware of consumers nutritional needs and preferences and how to support consumers preferences, including preferred meal size, dietary or cultural needs, and any support they need to enjoy food or drinks. Dietary requirements for consumers are stated on the consumer care plan and kitchen staff are kept updated by clinical staff with changes to dietary requirements. Residents sampled said they were happy with the temperature of the meals, and this was confirmed in resident meeting meetings.

Consumers said they felt safe when they are using equipment and were aware of the process of reporting any issues with the equipment. The Assessment Team observed equipment to be clean and well maintained. Staff said they had received training to use specialist equipment and the responsibilities for cleaning and maintaining equipment was shared.

# 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 was found non-compliant in Standard 5 in relation to Requirement 5(3)(b) following a Site Audit in June 2021. Evidence in the Site Audit report dated 8 November 2022 to 10 November 2022 supports that the Service has implemented improvements to address the previous non-compliance and is now compliant with this Requirement.

Consumers said they can personalise their rooms, including bringing in the furniture and possessions of choice. Consumer rooms were observed to be personalised with personal belongings according to their interests and hobbies. Staff described how consumers are supported to make the service feel like home, and how they support consumers to maintain independence and individuality.

Most consumers reported that the facility is cleaned well, and maintenance is done quickly. The service was observed to be warm and welcoming; there are a range of loungerooms, dining rooms and common areas that are suitable for consumers. Consumers were observed to be moving freely both indoors and outdoors. The Assessment Team noted the CCTV cameras were awaiting updates after installation, management subsequently acknowledged this deficit and confirmed they would address the issue as a matter of priority.

Most consumers said the equipment is well-maintained and clean. The Assessment Team spoke with one representative who raised concerns over the mattress in a consumer’s room, when raised with Management during the Site Audit they undertook to replace the mattress as a priority. Furniture and equipment were maintained under a scheduled maintenance plan with specialist contractors in place where required. Staff said that they have access to sufficient, well-maintained equipment needed for consumer care. Any issues regarding cleanliness of consumers rooms were raised with management and were immediately addressed.

# 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 confirmed they were encouraged and supported to make complaints and provide feedback. Staff said they are aware of the feedback and improvement processes. The service has multiple avenues for consumers to make complaints and provide feedback. Noticeboards contained information on how to make a complaint, and feedback and suggestion collection boxes are available for consumers, visitors, or staff to submit comments and complaints forms.

Consumers and representatives sampled said they are aware of other avenues for raising complaints. Staff described how they access translation services and assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. The Assessment Team viewed the consumer handbook, feedback forms, brochures and posters displayed regarding internal and external feedback mechanisms.

Most consumers and representatives sampled said management promptly addressed and resolved their concerns following the making of a complaint, or when an incident has occurred. Consumers and representatives confirmed management and staff provided an apology upon the making of the complaint or when things went wrong. A review of documentation showed the service carried out meetings and investigations and improvements to advance care in response to feedback or complaints.

Consumers and representatives had several ways to provide feedback or make a complaint, and all complaints are logged and recorded. The Assessment Team viewed how feedback and complaints were linked to the continuous improvement plan. Feedback was trended and used to drive improvements to care and service delivery, such as extension of laundry operating hours and changes to cleaning provisions.

# 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

Consumers said staff were appropriately skilled and available to meet their needs. The service employs an adequate number of staff to enable the delivery and management care and services and has a system to calculate the number of staff to plan and coordinate care and meet the needs of the consumers. The service prepares a fortnightly roster based on the needs of consumers, which includes an appropriate mix of registered, care, hospitality, and lifestyle staff.

All consumers interviewed said staff treated them with respect, said staff were polite and caring. Staff were observed interacting with consumers in a kind, caring and respectful manner. Staff had knowledge of sampled consumers, individual preferences, and choices and how the like to be addressed.

Consumers and representatives said that staff are well trained and have the knowledge and skills to perform in their roles effectively meet their needs. The service maintains an up-to-date register of staff qualifications and reviews this register regularly. Staff reported they received regular internal training and training from external providers.

Staff are recruited using a formal recruitment process that includes interviews, referee checks and qualification checks. Management said ongoing training and development is provided for all staff and their participation in the training programs is logged and recorded. Staff confirmed they received training in Quality Standards as part of the orientation provided by the service and ongoing informal training on the job and during handover meetings.

Staff demonstrated awareness of the service’s performance development processes, including performance appraisals, which include discussions of their performance and areas they would like to develop. Management said the performance of staff was formerly reviewed at least once a year using a formal performance appraisal process. Review of relevant documentation identifies that performance appraisals, mandatory training and competency assessments are scheduled to be completed annually.

# 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

The Service was found non-compliant in Standard 8 in relation to Requirement 8(3)(d) following a Site Audit in June 2021. Evidence in the Site Audit report dated 8 November 2022 to 10 November 2022 supports that the Service has implemented improvements to address the previous non-compliance and is now compliant with this Requirement.

Consumers and representatives said they provide ongoing input into how consumers care and services are delivered and confirmed that the service has sought their input in a variety of ways. Management advised that all feedback or suggestions made by the consumers and representatives are included in the service’s improvement register. The Assessment Team reviewed minutes of resident committee meetings which evidenced consumer input and evaluation of services, such as the hospitality services and the activity program.

Management outlined systems and reporting processes in place to comply with the Quality Standards; initiate improvement actions, to enhance performance; and to monitor care and service delivery. Reports to the Board include monitoring data from internal audits, clinical indicator reports, Serious Incident Response Scheme (SIRS), incidents and consumer and staff feedback.

Management explained the organisation’s management system, which includes an action plan register for improvement activities. The organisation uses a number of online systems such as an electronic care management system (ECMS), a staff intranet and a risk management system to allow the Board, executive team, management and staff to have access to information. The facility manager is responsible for managing the annual budget. Additional expenditures over the annual budget were referred to the Regional Manager and, where required, the Board, for approval.

Management described how incidents are analysed, used to identify risks to consumers, and inform improvement actions. The organisation uses an electronic data management system to collect and report incident data. The monthly quality and governance meeting and the clinical leadership meeting are forums to improve service compliance and best practice across quality and clinical operations. The service provided the organisation’s documented risk management framework, including policies. Management and staff were able to describe how incidents were identified, responded to, and reported in accordance with legislation, including SIRS. Review of the reportable incidents register, and incident register demonstrates compliant reporting taking place.

The clinical governance framework adopted by the service is governed by a multidisciplinary team. The service has frameworks, policies and best practice guidelines around antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff described practical examples to demonstrate their understanding of these concepts.

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)