Performance

Report

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| Name: | Brian King Gardens |
| Commission ID: | 0041 |
| Address: | 1a Hilliard Drive, CASTLE HILL, New South Wales, 2154 |
| Activity type: | Site Audit |
| Activity date: | 9 October 2023 to 12 October 2023 |
| Performance report date: | 16 November 2023 |
| Service included in this assessment: | Provider: 585 Anglican Community Services  Service: 57 Brian King Gardens |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Brian King Gardens (**the service**) has been prepared by P. Golledge, 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 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 say they are treated with dignity and respect and their preferences were met. Care documentation identified the service collaborates with consumers and representatives to accurately reflect their cultural preferences to ensure care and services are delivered to meet their needs. Staff interviewed showed an understanding of cultural diversity and how to treat consumers with dignity and respect and demonstrated knowledge of individual consumers’ background and preferences.

Consumers are supported to choose who they wish to involve in their care and how they would like their care and services delivered. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with.

The service could demonstrate it supports consumers to make decisions and take risks. Staff are aware of the consumers who take risks and that they support their right to make choices that enhance their independence and well-being. Care documentation demonstrates risks are identified using risk assessments and appropriate measures are taken to ensure consumers are provided with the knowledge and information to make informed decisions.

The service was able to demonstrate that information is provided in a timely manner that is clear, easy to understand and enables consumers to exercise choice. Consumers and representatives said they are well informed, and they receive the monthly newsletter and attend regular Resident meetings, the ‘Wise Elders’ ‘meetings and Food Focus meetings organised by the service.

Consumers say their privacy is respected and personal information is kept confidential. Staff demonstrated practices to ensure consumer information and their relevant files are stored in the locked nurses’ station in closed cupboards and that a clinical handover is done in a private area.

The service completed a number of actions to address the Non-compliance identified under Requirement 1(3)(a) during an Assessment Contact – Site conducted between 8 November 2022 to 10 November 2022, and the service was able to evidence during the Site Audit conducted between 9 October 2023 and 12 October 2023 suitability and sustainability of these improvement activities. For example:

* the service provided staff training to all staff in consumer dignity and respect, and cultural diversity in consumer care and services.
* review of all consumer care documentation and information captured on consumers’ background, culture, interests, and personal preferences have been included in consumer care plans to guide staff practice.
* completion of ‘My life story’ profiles for all existing consumers and processes in place to ensure these are completed for new consumers to the service.

# 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 demonstrated consumer assessment and planning included consideration of risks to consumer’s health and wellbeing such as falls and nutrition; and included information relating to consumers’ current needs, goals and preferences. Where risks are identified, care documentation recorded strategies used to manage risks.

Consumers and representatives are involved in consumers assessment and care planning and are informed when there are changes in consumers health and/or wellbeing, such as when incidents occurred. Consumers and representatives had access to consumer’s care and service plan if the wished.

Staff described the services assessment and care planning processes and confirmed that all staff can access consumer’s care and services plans via the electronic care documentation system (ECMS). Staff said information on consumers mobility needs are available in consumer rooms.

Care documentation confirmed medical officers and other health professionals are included in consumers assessment and care planning, and strategies are documented in a care and services plan which are made available to consumers/representatives.

The service had policies and procedures to guide staff in the assessment and care planning processes for consumers.

The service completed a number of actions to address the Non-compliance identified under Requirement 2(3)(c) during an Assessment Contact - Site conducted between 8 November 2022 to 10 November 2022, and the service was able to evidence during the Site Audit conducted between 9 October 2023 and 12 October 2023 suitability and sustainability of these improvement activities. For example:

* the implementation of a ‘resident of the day’ process
* commencement of daily clinical huddle meetings, and weekly clinical care meetings
* three monthly consumer and representative care conferences
* all consumers received a copy of their care plan or consumer care plans were emailed to their representatives for feedback and consultation as documented in the Plan for Continuous Improvement (PCI) on 5 September 2023.

# 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

Overall consumers received care that is safe, effective, tailored to their needs and optimised their health and well-being. For example, the service had processes to assess, authorise, review, and monitor consumers subject to restrictive practices; and staff described how they minimise the use of restrictive practices for individual consumers. For example: Review of Meeting minutes from the Medication Advisory Committee (MAC) on 13 July 2023 noted a decrease in the services use of psychotropic medications and ongoing monitoring of consumers subject to restrictive practices. Review of care documentation for consumers subject to restrictive practices identified behaviour support plans included individualised strategies for consumers.

Overall, consumers provided positive feedback in relation to the care and services they were receiving, and were satisfied that information about their condition, needs and preferences is communicated within and external to the service.

The service demonstrated there is effective management of high impact or high prevalence risks associated with the care of each consumer. The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.

Staff described the high impact and high prevalence risks for individual consumers at the service and how these are monitored and managed, including recognising, and responding to changes in the consumer’s condition and health status, and referral to other individuals and services as required. Consumers received timely and appropriate referrals to individuals, other organisations and providers of other care and services when required.

The service had evidence-based policies, procedures, and guidelines to support the delivery of personal and clinical care, including an outbreak management plan, and the service demonstrated infection prevention and control principles were implemented in the event of consumers who presented with respiratory like symptoms.

The service completed a number of actions to address the Non-compliance identified under Requirements 3(3)(d), 3(3)(e), during an Assessment Contact- Site conducted between 8 November 2022 to 10 November 2022. The service was able to evidence, during the Site Audit conducted between 9 October 2023 and 12 October 2023, the suitability and sustainability of these improvement activities including:

* introduction of daily clinical huddle meetings and weekly clinical leadership meetings with deterioration or changes in consumers' mental, cognitive, or physical function a standing agenda item at these meetings
* following the daily clinical huddle meetings an update is provided to Registered staff of required clinical tasks and any changes in consumer health status and wellbeing
* the services PCI identified review of the service’s clinical deterioration tool and education for staff
* recruitment of an additional 2 clinical managers (CMs) for increased clinical oversight and a newly appointed clinical educator role

# 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 considered they are supported to do the things they enjoy and that optimises their independence, wellbeing, and quality of life, including maintaining personal and community connections.

Consumers described ways that staff provided emotional, psychological, and spiritual support when needed, for example, some named consumers receive regular visits by the services chaplain.

Care documentation reflected strategies to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers, including referrals to individuals and/or other organisations and one named consumer receives regular visits from a volunteer providing companionship.

Overall, consumers expressed satisfaction regarding the meals offered at the service, they advised the meals cater for individual consumers needs and preferences. Staff were also observed placing hot meals in hot boxes to be served to consumers who like having their meal in their room. Consumers are supported to provide feedback in relation to the meal service via meetings, surveys, and verbal feedback. Consumers were observed to be encouraged by staff to complete a survey to indicate their satisfaction with their meal and overall dining experience.

Staff described what is important to individual consumers and how they support consumers’ needs, goals and preferences to promote independence and quality of life. Staff are informed of any changes in consumer’s lifestyle arrangements or their emotional well-being through shift handover and via messages in the ECMS.

Consumers felt equipment provided by the service was safe, clean, and well-maintained; was accessible and suitable to their individual needs.

# 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

Consumers reported feeling at home in the service and felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment and advised the service is safe, clean and well maintained; and consumers are able to move freely within the service both indoors and outdoors.

Consumers and representatives confirmed visitors are welcome in the service and they have various areas where they can sit comfortably.

The service environment was observed to be welcoming, and easy to move around, both inside and outside. Consumers were observed to move freely around communal and courtyard areas of the service; and consumer rooms were personalised and decorated to reflect their individuality.

Staff described the maintenance and cleaning schedules undertaken at the service and review of documentation reflected regular and appropriate cleaning and maintenance of the service environment.

Maintenance staff ensured the environment was safe and well maintained through scheduled preventative maintenance and reactive maintenance. Maintenance issues were reported and actioned promptly.

# 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 demonstrated understanding of avenues available for providing feedback and raising complaints, including through advocacy services. Consumers/representatives felt comfortable providing feedback, and those that had made a complaint expressed satisfaction that their feedback was acknowledged, and changes implemented by the service.

Management demonstrated the different ways consumers are encouraged and supported to provide feedback or make a complaint, and how consumers are involved in the implementation and evaluation process once an improvement is made. Staff demonstrated an understanding of the service’s complaints management processes, including awareness of interpreter and advocacy services for consumers if required.

Management advised the service trended and analysed complaints, feedback and concerns raised by consumers/representatives and used this information to inform continuous improvement activities across the service which were documented under the plan for continuous improvement.

The service provides information on complaints mechanisms to consumers, including brochures and posters in multiple languages, feedback forms and information included in the consumer handbook and monthly newsletters. Complaints and feedback are a standing agenda item at all meetings at the service.

# 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**

Overall consumers consider they received quality care and services when they need them from people who were knowledgeable, capable, and caring. Consumers reported staff were kind, caring and respectful of their identity, culture, and diversity. Interactions between management, staff, and consumers and representatives were observed to demonstrate a kind, caring and respectful approach.

Management described how the workforce are recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards. The service has a training program which includes mandatory training for all staff, and specific training for staff related to their specific role. Staff expressed satisfaction with the service’s training program. Management described how they determine whether staff are competent and capable in their role, which included orientation on commencement of employment, mandatory training programs and performance reviews.

Staff confirmed they had completed mandatory training, competency assessments and additional training as requested, including dementia specific training. Systems were in place to identify training needs, provide education to staff and to monitor staff performance. Training records demonstrated staff have completed mandatory and other training modules; and professional registrations and national criminal history checks are all current.

The service completed a number of actions to address the Non-compliance identified under Requirements 7(3)(a) during an Assessment Contact - Site conducted between 8 November 2022 to 10 November 2022. The service was able to evidence, during the Site Audit conducted between 9 October 2023 and 12 October 2023, the suitability and sustainability of these improvement activities including:

* successfully recruited a casual workforce
* reduction in the usage of agency staff
* additional RN and carer ‘floater’ shift (morning and evening)

# 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 and representatives considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives reported they were involved and had opportunities to provide feedback and be involved in the development of care and services through consumer meetings, family forums, ‘Wise Elders’ meetings, surveys, and feedback forms.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and was accountable for their delivery. The organisational frameworks, including the quality management and clinical governance frameworks identifies a leadership structure which outlines the roles and responsibilities of the governing body, governance committees, and service and regional management. These frameworks outline a shared responsibility and accountability for maintaining compliance with the Quality Standards, with the governing body having overall accountability for consumer safety, quality care delivery and organisation-wide governance.

The organisation’s documented clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restrictive practices, complaints management and open disclosure were applied by staff in the delivery of clinical care. Staff had received training in relation to the framework and policies and provided examples of how they were applied to their practice.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious incident response scheme. Policies and procedures were available to all staff and guidelines and resources were available to support effective risk management systems and practices.

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)