Performance

Report

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| Name of service: | Chamberlain Gardens Aged Care |
| Service address: | 53 - 67 Chamberlain Road WYOMING NSW 2250 |
| Commission ID: | 0723 |
| Approved provider: | IC (Wyoming) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 16 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 Chamberlain Gardens Aged Care (**the service**) has been prepared by D, McDonald, 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 16 December 2022

# 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 said they were always treated with dignity and respect, and their individual identity, culture, and diversity were valued. Staff were observed attending to consumers in a respectful manner. Care plans were individualised and reflected consumers’ identity and preferences guiding staff in their provision of care and services.

Consumers confirmed the service recognised and respected their cultural background. Staff had training with cultural awareness as part of their annual mandatory training and gave examples of how they supported consumer’s cultural care needs. Care documentation showed planning and assessments which identified the consumers’ religion, language, and diversity.

Consumers and representatives said they were given choice with regards to their care and services and were encouraged to make new connections and maintain relationships. Care planning documentation identified the consumers’ individual choices around when care was delivered, who engaged in their care, and how the service supported them in maintaining relationships. Staff were observed consulting with consumers to determine their choice of meals.

Consumers expressed satisfaction with how the service supported them in making decisions which involved taking risks. Staff described risks taken by consumers, and what they did to minimise these risks as much as possible. Consumer files contained information on decisions and activities taken by consumers, signed dignity of risk forms, and the strategies in place to mitigate the identified risks.

Consumers said they received communication, which was timely, clear, easy for them to understand and they felt well informed about the activities, events and allied health services provided. Consumers confirmed they were kept up to date through face-to-face communication, emails, letters, and posters on the noticeboards. Information such as the lifestyle program calendar, newsletters, announcements and minutes of meetings, were on display.

Consumers said their privacy was respected and felt their personal information was kept private and secure. Staff said they always knocked and announced themselves when doors were closed and, if closed, they waited for a response before they entered the room. Staff confirmed attendance in privacy and confidentiality training which formed part of the service’s annual mandatory training.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers confirmed they participated in care planning and were receiving the care and services they needed. Staff described the care planning process in detail from entry and ongoing reviews. Staff were guided by policies aligned with best practice for assessment and planning. Consumer’s care plans reflected effective, comprehensive assessments and processes which identified the potential risks and their care needs, goals and preferences.

Consumers said staff involved them in assessment and planning of care, through regular conversations. Consumer documentation reviewed identified and addressed advance care and end of life planning if the consumer wishes. Staff described how they approached end of life and advance care planning conversations with consumers during the entry process, at case conferences and as needs changed.

Consumers confirmed their involvement in assessment and planning through case conferences and people important to them are also involved, on an ongoing basis. Care planning documentation evidenced case conferences, and the involvement of a diverse range of external providers and services in consumer care. Staff described the importance of consumer centred care planning and explained how they initiated conversations around care planning with consumers and representatives.

Consumers and representatives described how the service maintained effective communication and confirmed care plans were made readily available them. Care documentation, including care plans, progress notes and case conference, showed regular communication with the consumer and representatives about the outcomes of assessment and care planning.

Staff were guided by systems and processes to review consumers’ care and services on a scheduled 4 monthly basis and when changes occurred. Care documentation evidenced care and services were reviewed post incidents, hospital transfers, allied health reviews or when any deterioration was observed or at consumers’ or representatives’ request.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers said the service met their personal and clinical care needs. Care planning documentation reflected individualised safe, effective care which was tailored to the specific needs and preferences of the consumer. Staff were guided by policies, procedures, and processes for key areas of care including, wound management, pressure injury, restrictive practices and pain management which were in line with best practice.

Consumers stated high impact and high prevalence risks had been identified by the service with appropriate interventions and care plans put in place. Care planning documentation identified high impact and high prevalence risks had been identified and effectively managed by the service, including falls, skin integrity, pain, restrictive practices, and behaviour management. Staff described risks and related management for individual consumers.

Consumers said they have filled out an advance care directive with their end of life wishes and preferences included. Staff described the way care delivery changes for consumers nearing end of life and the practical ways in which consumers’ comfort was maximised and dignity preserved through regular repositioning, pain management, eye and mouth care, emotional and spiritual support. Care planning documentation evidenced advance care planning and the needs, goals, and preferences of consumers for end-of-life care.

Consumers said the service recognised and responded to changes in condition in a suitable and timely manner. Staff confirmed they were guided by policies and procedures to support them to recognise and respond to deterioration or changes in a consumer’s condition. Records indicated consumers were regularly monitored by registered staff and if any deterioration or change in a consumer’s mental, cognitive, or physical function, capacity or condition occurred, it was recognised and responded to in a timely manner.

Consumers said their care needs and preferences were effectively communicated between staff, and they received the care they needed. Staff said information relating to consumers’ conditions, needs and preferences was documented in the electronic care management system, care planning documentation, progress notes, and handovers and communicated where the responsibility for care was shared. Consumers’ files reviewed reflected staff notified the consumer’s Medical officer and representatives when the consumer experienced a change in condition, experienced a clinical incident, was transferred to or returned from the hospital, or was ordered a change in medication.

Consumers said referrals were timely, appropriate, and occurred when needed and they had access to relevant health professionals when required. Referral processes were in place, which included dietitians, speech pathologists, and behaviour management specialists and other allied health teams. Care planning documentation confirmed the input of others and referrals where needed, including input from services such as allied health professionals.

Consumers said the service was kept clean, and they saw staff using personal protective equipment and practicing safe hand hygiene techniques. Staff confirmed they had received training in infection minimisation strategies including for COVID-19. Implemented policies and procedures guided staff in relation to antimicrobial stewardship, infection control management and the management of a COVID-19 outbreak.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives were satisfied the services and supports for daily living met the consumer’s needs, goals, and preferences. Staff described what was important to consumers and what they like to do. Care planning documentation reflected what was important to consumers and what they like doing, including information about the services and supports required for consumers to optimise their quality of life, health, wellbeing, and independence.

Consumers stated they received the emotional, spiritual/religious, and psychological support they needed to promote, maintain, and sustain their mental well-being. Staff described the programs available at the service to support consumers with their emotional and spiritual wellbeing. Care planning documentation for consumers, contained information about their emotional and spiritual or psychological well-being and how staff supported them.

Consumers said they have social and personal relationships and do things of interest to them such as gardening, sewing, bingo and puzzles. Staff described how they supported consumers to stay connected with family and friends by phone, virtually and through emails. Care planning documents included information about how consumers participated in the community, did things of interest, and stayed connected with family and friends.

Consumers stated changes in their needs, preferences and condition were communicated within the service and with others where responsibility was shared. Staff said the handover process kept them informed about any updates to consumer care and services. Care planning documentation provided adequate information to support the delivery of effective and safe care.

Consumers said referrals were timely and appropriate. Consumers’ care planning documentation confirmed the service collaborated with external providers to support the diverse needs of consumers. Staff described how they made referrals for consumers and how policies and procedures supported the referral process of consumers to other health professionals, organisations, and providers.

Consumers and representatives commented the food was good, compliments had been sent through regarding changes to the menu, changes to the way the menu was presented and for specific meals. Consumers had input into menus through the food focus group held bi-monthly after the consumers and representatives meeting held with the staff.

Consumers and representatives said the equipment was safe, suitable for purpose, clean and well-maintained. Staff said the equipment was regularly maintained and cleaned and described processes for identifying equipment requiring maintenance. Equipment was observed to be safe, suitable, clean, and well maintained.

# 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 said they feel at home at the service, and most had personalised their rooms with photos and mementos from their home. There was signage displayed throughout the service pointing to key areas, including the garden, living room, reception, and dining rooms to assist with orientating consumers. The service was light filled, with wide hallways and handrails for support, external areas had ramps to support consumers’ movement. Spacious single rooms with ensuite bathrooms as well as double rooms shared by couples were observed.

Consumers and representatives said the service environment was clean, well maintained, and comfortable, and said they can move freely indoors and outdoors. Staff described how consumers moved independently, throughout the service and consumers were observed moving freely between their rooms, the lounge and dining areas for meals and activities. The cleaning policy included responsibilities, duty statements, weekly cleaning, procedures, training manual, risk management and infection control.

Consumers and representatives said equipment provided by the service for consumers to use was well maintained, safe and clean. Maintenance staff described and demonstrated how maintenance was scheduled and conducted for routine, preventative, and corrective maintenance requirements. Furniture and fittings were observed as safe, practical, clean, well maintained and sturdy.

# 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 said they felt feedback was welcomed and encouraged by the service. Information regarding methods of making complaints was in multiple languages and displayed throughout the service. Feedback forms and lodgement boxes were readily available. Complaints and feedback were invited and discussed though surveys and consumer meetings.

Consumers and representatives were aware of how to provide feedback and how to access an interpreter or advocate. Staff were aware of how to book an interpreter and how to assist consumers to contact an advocate. Information on making complaints was available in multiple languages and brochures on local advocacy services were observed throughout the service.

Consumers interviewed, said the service has acknowledged and acted upon their complaints. Staff were aware of the principles of open disclosure and were guided by policies and processes regarding complaints management. Data reviewed of the complaints register showed a timeline of complaints processing including the date they were lodged, the investigation, outcome and actions, and the time it was closed out.

Consumers were satisfied with the outcomes of feedback they had provided. Staff were aware of the process of complaints data being reviewed to determine if changes were required. Documentation reviewed showed data was collected and used for continuous improvement opportunities. Feedback and complaints data was compiled and sent the Board on a monthly basis for their oversight.

# 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 were satisfied with the level of care provided to them and felt there were sufficient levels of staff. A dedicated team oversaw recruitment and rostering, ensuring they had the right level and right skill set of staff. Staff said management were very responsive when staff called in sick, and the current allocation of staff allowed them sufficient resources to provide the level of care required for the consumers.

Consumers said they were treated with kindness and respect with their identity and culture valued. Observations showed respectful interactions between staff and consumers. Staff were guided by policies in treating consumers with respect and dignity and valuing consumers identity and diversity.

Consumers and representatives were happy with the level of skills staff displayed and said they were able to effectively perform their roles. The service had clear minimum requirements for potential candidates, which were included where positions were advertised. A register ensured all staff were up to date with criminal checks and required registrations.

Consumers and representatives were confident the staff were trained to provide the support they need. Policies and process provided a framework to develop and improve performance, determine additional and ongoing needs, and skill development requirements. Staff showed elevated levels of engagement with learning modules being implemented by the provider, calendar dates were booked for all staff to be compliant with mandatory units.

The service had a structured annual staff appraisal cycle and provided direct feedback to staff following incidents, observations or complaints as required. Staff said they have received feedback through both formal appraisals and ad-hoc and were rated against key performance characteristics including job knowledge and responsibility, quality and productivity of work, communication skills, teamwork, and leadership. A review of data showed systematic coordination of appraisals with elevated levels of engagement with the staff members.

# 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 said they were engaged in the development and delivery of their services through care planning meetings, day to day feedback and various meetings. Current and accurate information was provided to consumers through newsletters and through meetings to inform them of all happenings within the service. Meeting records showed the involvement of consumers and information on care and services being provided.

The service has a multilayered structure reporting to the board of management. Reports are collated and submitted to the service manager and form part of the Board report, which includes information on quality indicators, incidents, and complaints. The service had established processes in place to ensure matters were escalated appropriately and ensured oversight by the relevant area such as Quality, Finance and Human Resources.

The workforce was governed through both policies and procedures, which were regularly updated, these included areas pertaining to regulatory compliance, continuous improvement, human resources, financial resources, information management, and feedback and complaints. Secure and evolving information management systems were in place to store and record consumer information, resources, incident and complaints management records. The plan for continuous improvement was regularly updated with consistent actions being taken to improve the service.

Effective risk management systems were in place to detect, prevent and mitigate the impact of risks. Resources including policies provided clear guidance to staff with accompanying procedures. Systems, training, monitoring, and reviewing data allowed for the service to manage and prevent incidents. Staff were familiar with incident reporting requirements and said they had received training recently.

The clinical governance systems in place promoted the quality and safety of clinical care including antimicrobial stewardship, minimising the use of restraint, and practising open disclosure. Staff showed familiarity with these policies and gave examples of them in practice. Documentation reviewed showed compliance with the policies and processes in place.

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)