Performance

Report

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| Name of service: | Crowley Retirement Village |
| Service address: | 154 Cherry Street BALLINA NSW 2478 |
| Commission ID: | 0010 |
| Approved provider: | The Trustees of the Roman Catholic Church for the Diocese of Lismore |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 17 April 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 Crowley Retirement Village (**the service**) has been prepared by J Earnshaw, 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 5 April 2023
* 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 and representatives said consumers were treated with dignity and respect. Staff had a sound knowledge of consumers’ backgrounds and preferences and were observed to be treating consumers with respect and in a kind and caring manner.

Consumers confirmed staff respected their culture and they felt safe at the service. Management provided examples of ways consumers’ individual cultural and spiritual needs are supported. Care documents included information about consumers’ cultural backgrounds, needs and preferences.

Consumers were supported to exercise choice and maintain their independence by making decisions according to their individual preferences. Consumers were supported to make decisions about the way their care and services were delivered and who they would like involved in decision making of their care and services.

Consumers were supported to take risks which enabled them to live their best lives or the live they chose. Staff had knowledge of the risks taken by consumers and supported the consumer’s wishes to continue to live the life they choose. Risk assessments and dignity of risk documentation were completed and signed by consumers who chose to undertake risks such as self-administering medications. The service had policies and procedures in place to support risk taking.

Consumers were provided with information that was current, accurate and timely and was communicated in a way that was clear, easy to understand and enabled consumers to exercise choice. Consumers confirmed enough information was provided to enable them to make informed decisions about their provided care and services including meals and lifestyle activities. The service produces a monthly newsletter that provides timely communications and consumers and representatives have access to an electronic social platform for additional service information. Lifestyle activity calendars and menus were observed on noticeboards and in communal areas throughout the service.

Consumers confirmed consumers’ privacy is respected and personal information is kept confidential. Staff described ways they respect consumers’ privacy and maintained consumers’ personal information confidentiality. Staff respected consumers’ privacy by knocking before entering consumers’ rooms, closing doors and curtains when providing care and ensuring consumer discussions are discreet. The service is guided by consumer privacy policies and procedures.

Therefore, I find this Standard is Compliant.

# 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 and representatives considered assessment and care planning delivered safe and effective care and services. Care documentation reviewed considered potential risks to consumers’ health and wellbeing including skin integrity. Registered staff could describe the assessment and care planning and review process. The service had policies and procedures available to guide staff practice in the assessment and care planning process.

Consumer care documentation demonstrated, and interviews with consumers and representatives confirmed, consumers’ current needs, goals and preferences were documented, including advance care planning if the consumer or representative wished. Staff advised there was a discussion about a consumer’s end of life wishes when a consumer entered the service and during care plan reviews.

Consumers and representatives described how they had input and were involved in assessments and planning of care. Staff confirmed assessment and care planning was completed in partnership with consumers and representatives. Care documents evidenced the involvement from a range of services, including medical officers and allied health professionals.

Consumers and representatives confirmed staff discussed consumers’ care needs and the information in consumers’ care plans. Staff had access to care plans for consumers through the electronic care management system which alerts staff when a change has occurred. Consumer care documentation demonstrated the outcomes of assessment and planning were documented. Staff advised, and consumer and representative interviews confirmed, consumer care plans are available for consumers and their representatives should they require a copy.

Care plans evidenced they were scheduled to be reviewed by Registered staff three monthly or when circumstances changed. Consumers and representatives confirmed staff discuss consumers’ care needs or changes with them. Staff advised care plan reviews were scheduled through a three-monthly review process with alerts notifying staff when reviews are required on the electronic care system.

Therefore, I find this Standard is Compliant.

# 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 and representatives said consumers received the care they need and that it was safe and effective. Consumers and representatives felt that consumers’ needs were effectively communicated between staff and said staff responded to consumers’ needs promptly. Care planning documentation reviewed for consumers requiring management of behaviours and pressure injuries demonstrated consumers were receiving individualised care which was based on best practice and tailored to their needs. Staff had an understanding of consumers’ individual care and service needs and were guided by the organisations policies for clinical care.

High impact and high prevalence risks to consumers were managed effectively via clinical review and high risk management plans which included other health professionals when required. Staff described the main risks to the consumers and the risk mitigation strategies in place. Care documentation evidenced risk mitigation strategies were implemented as required, management reviewed, trended and analysed clinical incidents and data which was reported

Management said advanced care planning is discussed when consumers enter the service and during the regular care review process. Care planning documentation demonstrated that end of life consultation had occurred with consumers and representatives with information stored in the electronic care management system.

Staff said consumers’ care needs are documented in progress notes and care plans and are discussed at handover each shift. Staff could describe the ways they recognise and respond to a change in the consumers’ condition. Review of care documentation evidenced responses when there was a change in consumers condition or when deterioration was identified.

The service demonstrated referrals to other healthcare providers or organisations were made in a timely manner and were appropriate. Staff demonstrated knowledge of the process of ensuring they document and share information within the service, using care plans and the electronic care management system to provide relevant and timely information to those who share the care of consumers.

Care documentation identified other health professionals, such as podiatrists and behavioural specialists, had assessed consumers and provided directives to assist staff in providing care and services for referred consumers.

Consumers were satisfied with the service’s infection control measures. The service has policies and procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and the management of a COVID-19 outbreak. There are 2 appointed infection prevention and control leads and a vaccination program for staff and consumers that includes seasonal influenza and COVID-19. Staff provided examples of practices to prevent infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics.

Therefore, I find this Standard is Compliant.

# 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 said the lifestyle program supported their needs and that staff assist consumers to be as independent as possible. Consumers were supported to engage in activities of interest to them, and were provided with relevant supports, such as equipment and resources, to promote their well-being, independence and quality of life. Staff demonstrated knowledge of consumer’s assessed needs, goals and preferences. Review of consumer care documentation evidenced preferences, needs and goals were advised to assist the service in maintaining consumers’ independence.

Consumers and representatives confirmed the service provided emotional, spiritual and psychological support to consumers when needed. Staff described the processes for providing emotional, spiritual and psychological support to consumers. Staff advised religious services are conducted at the service and could identify consumers that like to attend these services. Review of care documentation evidenced consumers’ individual support strategies and how these are conducted.

Consumers were supported by the service to participate in their community. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care documentation identified the people important to individual consumers, those people involved in providing care and things of interest to the consumer.

Consumers and representatives said the consumer's condition, needs and preferences are effectively communicated with others responsible for care. Staff demonstrated knowledge of how information is communicated with other providers of care and how the change in condition, needs and preferences for each consumer is kept current. Review of care documentation evidenced adequate information to support safe and effective care related to services and supports for daily living.

Consumers said they are supported with appropriate referrals to outside organisations, such as a beautician or hairdresser. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services to ensure consumers had access to the care and supports they needed and enjoyed. Care documents identified engagement with other organisations and providers of care and services.

Consumers and representatives confirmed the meals were satisfying, varied and of suitable quality and quantity. Alternative meal options were offered to consumers if they chose not to have the meal on offer. Staff demonstrated knowledge of consumers dietary preferences, allergies and assessed needs which were evidenced in the consumer’s care plan.

Consumers were provided with equipment that was fit for purpose, well maintained and clean to assist with daily living. Consumers and staff confirmed equipment was safe and they knew how to report any concerns or issues. Staff said the service has adequate numbers of shared equipment throughout the service that was monitored and if deemed faulty, maintenance responded in a timely manner to rectify issues.

Therefore, I find this Standard is Compliant.

# 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 able to demonstrate the environment was welcoming and enabled consumers with varying levels of mobility to optimise their independence and move throughout the different areas of the service. Consumers said the service supported independence and they felt safe and at home. The service provides multiple areas for consumers to engage in community activities and provides private areas for use both internally and externally.

Consumers were observed moving freely, both indoors and outdoors and staff were able to demonstrate effective processes to ensure the environment was safe, well maintained, and clean. Consumers said the environment was safe, clean, comfortable, and well maintained.

The service was able to demonstrate an effective system for ensuring furniture, fittings and equipment were safe, clean, and well-maintained. Furniture and furnishings were observed as clean, well maintained and with no visible stains or damage.

Shared equipment, such as mobility aids, and lifters, were observed to be in good condition, clean and well maintained, and stored appropriately. Equipment in the kitchen was clean and well-maintained with equipment currently certified as electrically safe. The service’s online maintenance portal demonstrated maintenance requests were delegated and addressed on receival.

Therefore, I find this Standard is Compliant.

# 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 felt encouraged, safe and supported to provide feedback and make complaints, and could describe the various methods available for them to do so, including speaking to management or staff directly, during consumer and representative meetings, through the use of feedback forms, or by contacting the service directly by electronic messaging or telephone. Feedback forms and related information were observed to be available and located throughout the service.

Consumers and representatives were aware of advocacy services due to information provided by the service and management. Staff demonstrated an understanding of advocacy services and posters, and brochures are available to support consumers communicate with language and advocacy services. The consumer handbook provided to consumers on entry to the service includes information regarding internal complaints mechanisms and informs consumers of the complaints processes available externally to the service for them.

Appropriate and timely action was taken in response to feedback and complaints, and an open disclosure process was applied when things went wrong. Consumers who had made a complaint said management acknowledged the issue and involved the consumer in the resolution process to achieve an outcome which satisfied the consumer and also included an explanation of what had gone wrong and offered an apology. Care staff demonstrated a shared understanding of the process followed when feedback or a complaint was received. Staff confirmed if consumers or representatives were to raise an issue with them directly, they would promptly input the details on the electronic complaints platform and inform a RN or management for investigation and remedial actions.

Feedback and complaints were reviewed, considered and used by the service to improve the quality of care and services. Management described the feedback and complaint management process according to the organisational policies and procedures and provided examples of improvements made because of feedback and complaints. The service identified any trends and analysed complaints according to the volume received and the complexity required. The service’s feedback and complaints policies and procedures documentation were linked to the service’s Plan for continuous improvement.

Therefore, I find this Standard is Compliant.

**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 and representatives expressed satisfaction that staff attended to consumers’ care needs in a timely manner, and consumers indicated they did not have to wait long for their call bell to be answered. There were processes to ensure the workforce was planned and the number and skills mix enabled the delivery of quality care and services.

Consumers and representatives spoke about the kindness and caring attitude of the staff who cared for them. Staff respected all consumers’ identity, culture and diversity. Staff were observed assisting consumers with their meals and exercising patience and speaking to consumers in a kind and caring manner. Staff were aware of consumer preferences for staff interaction.

Consumers and representatives said staff performed their duties effectively, provided cares and services in a safe manner and they are confident that staff are skilled to meet the consumers’ care needs. Management monitored and reviewed staff to ensure they are competent to carry out their roles. Staff competency was monitored through feedback, audits, surveys, reviews of clinical records, performance appraisals and observations of care delivery. Professional qualifications and regulatory requirements of staff evidenced all staff had the required current checks in place.

The service demonstrated the workforce was recruited, equipped and supported to deliver the outcomes required by the Quality Standards. Consumers and representatives felt staff had the appropriate skills and training to be able to deliver the assessed cares and services they required. The organisation had processes in place to ensure staff completed mandatory training, however due to regional weather events occurring, not all staff had completed their scheduled training. Strategies to ensure outstanding training would be completed were outlined in the service’s plan for continuous improvement. I have taken into account the skills and knowledge of staff interviewed and the service’s plan in relation to staff being overdue for mandatory training.

The service demonstrated monitoring and review of the performance of its workforce occurred. Documentation evidenced the regularity of performance assessment and monitoring was disrupted by regional weather events occurring, however, outstanding performance appraisals were being actioned through a strategic plan to ensure all performance appraisals were completed and documented. I have taken into account the level of satisfaction of consumers and representatives in relation to staff practices; therefore, I find this Standard is Compliant.

**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 supported to be involved in development and evaluation of the care and services provided by staff at the service. They considered the service to be well run and they could provide feedback and suggestions to management which was actioned.

The service’s continuous improvement evidenced the service actively engages consumer feedback to initiate improvements in care and service delivery.

The Board meet monthly with the executive team to review information and reports relating to clinical and incident data. The Board used the information to identify the service’s compliance with the Quality Standards and to monitor and take accountability for care and service delivery.

Management described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective electronic care system, continuous improvement framework and Plan for continuous improvement, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

The operational governance frameworks ensured that management and the Board were informed of any risks through reporting structures within the organisation.

The service was able to demonstrate an effective clinical governance framework in relation to antimicrobial stewardship, restrictive practice and open disclosure. Staff demonstrated an understanding of antimicrobial stewardship, restrictive practices and open disclosure practices.

Therefore, I find this Standard is Compliant.

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)