Performance

Report

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| Name of service: | Glades Bay Gardens |
| Service address: | 16 Punt Road GLADESVILLE NSW 2111 |
| Commission ID: | 0448 |
| Approved provider: | Twilight House |
| Activity type: | Site Audit |
| Activity date: | 19 June 2023 to 22 June 2023 |
| Performance report date: | 25 July 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 Glades Bay Gardens (**the service**) has been prepared by J Miaris, 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.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said they were always treated with dignity and respect by all staff at the service. Staff said they ensure they treat consumers with respect and support them in their wishes. Care planning documents reflected consumers’ spirituality, identity, and culture. Staff were observed treating consumers with dignity and interacting with them in a respectful manner.

Consumers and representatives said staff know about each consumer’s background, how they prefer their care and services and what is important to them. Staff demonstrated an understanding of consumer preferences, in relation to their cultural backgrounds, and described how they interact with them accordingly. The lifestyle calendar reflected various culturally based activities by consumer preference.

Consumers said they were supported to make decisions about the care and services they received and communicate these decisions with the service. Staff described how they support consumers to communicate their decisions and maintain relationships important to them outside the service. Care planning documents reflected consumer choices and what was important to them, including maintaining personal and social relationships, and lifestyle choices.

Consumers explained how they were supported to take risks to enable them to live the best life they can. Staff demonstrated knowledge of the consumers who wish to partake in risk activities describing examples of how the organisation supports consumers to make choices, including those that present risks. Care planning documents demonstrated risk assessments were completed in consultation with consumers or their representative in line with the service’s risk management policies and procedures.

Consumers said they were provided with accurate and relevant information by the service to make decisions. Staff described different ways information is communicated to ensure it is easy to understand and accessible to consumers. Noticeboards were observed to display up to date information about services available and upcoming activities.

Consumers said staff were always respectful and considerate of their privacy. Staff described how they support consumers to communicate their preferences, to ensure their privacy is maintained and gave examples of how they maintain the privacy of consumers. Staff were observed being considerate of consumer privacy by knocking on consumers doors and seeking permission before entering rooms and closing doors when leaving.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and wishes of consumers, including the identification of risks. Staff described how regular care assessments are completed to ensure safe and effective care is delivered. The service had clinical guidelines, policies, and procedures to guide staff in their practice of assessment and planning.

Consumers and representatives said the service provides the opportunity to discuss consumers’ current care needs, goals, and preferences, including advance care planning and end of life care. Staff said advance care and end of life planning is discussed with consumers and representatives on admission, or when the consumer wishes and when care needs change. Care planning documents reflected end of life care wishes and advance care directives were in place for consumers.

Care planning documents reflected the involvement of consumers, representatives, organisations, service providers and other health professionals in the assessment and planning process. Consumers said they were actively involved in the assessment, planning and review of their care and services. Staff said they involve consumers and their representatives in assessment and planning on entry to the service and on an ongoing basis.

Consumers and representatives said the service always involves them in assessment and planning reviews, which they can review at any time, staff provide them with updates about assessment outcomes and they have been offered a copy of the consumers care plan. Staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives. Documentation evidenced regular staff communications with consumers and representatives regarding details of assessments and care planning.

Consumers and representatives confirmed that consumers’ care, and services were reviewed every 3 months or when the consumer’s circumstances had changed. Care planning documents evidenced they were reviewed on a regular basis and updated when circumstances change. Staff were aware of their responsibilities to report any change in the consumer’s condition, needs or preferences which may prompt a re-assessment.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers received the care they need, and they were satisfied with the management of individual risks, including managing challenging behaviours, falls, pressure injuries and pain. The service had processes in place to manage restrictive practices, skin integrity and pain management which were in line with best practices. Care planning documents reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent, and a behaviour support plan.

Consumers and representatives said they were satisfied with how the service manages risks associated with consumer care and services. Staff described high impact and high prevalence risks for consumers and how they manage these risks such as frequent repositioning for risk of pressure injuries. Care planning documents identified that high impact and high prevalence risks were effectively managed, with strategies in place to minimise risks.

Consumers and representatives said the service has had discussions with them in relation to advance care and or end of life planning. Care planning documents identified consumers’ personal choices and preferences for end of life care, with advance care plans in place. Staff described how care delivery changes during end-of-life care and palliation including frequent observation, providing extra supports for the consumer and those important to them. The service is guided by policies and procedures on palliative care and their end of life care approach.

Consumers said they were satisfied that the service recognises and responds to changes in their care needs in a timely manner. Management said the service is guided by clinical policies and guidelines if deterioration of a consumer occurs. Staff described ways in which they respond to deterioration or changes in the consumer’s condition or health and the processes that are to be followed. Care planning documentation demonstrated that changes in a consumer’s condition and care needs were appropriately documented and responded to.

Care planning documentation contained adequate information to support effective and safe sharing of consumer’s information in providing care, including communication with external providers. Staff described how changes in consumers’ care and services are documented and communicated within the organisation, such as, via staff handovers between each shift, and with others where clinical care is shared.

Consumers and representatives said referrals were timely, appropriate and occur when needed, consumers have access to a range of health professionals. Staff described the process of referring consumers to internal and external providers when necessary and the service ensures the referral is accepted and responded to in a timely manner. Care planning documentation included input from other services and health professionals and reflected timely and appropriate referrals made to a range of allied health professionals, that were in line with the services policies and procedures.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff were observed wearing appropriate personal protective equipment, practicing hand hygiene, maintaining social distancing and effectively sanitising equipment prior to and after use.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers were satisfied that services and supports for daily living are safe, effective, and meet their needs, goals, and preferences, optimising their independence, well-being, and quality of life. Care planning documentation identified consumers’ choices, services, and supports they need to do the things they want to do and were observed independently engaging in various activities. Staff described how the activities schedule is designed to cater to consumer preferences and optimise their wellbeing and quality of life.

Consumers said they were provided with services and supports that benefit their emotional, spiritual, and psychological wellbeing. Staff said if they identified a change in a consumer’s mood or emotional needs, they provided additional support by talking with the consumer to resolve their concerns or by spending one-on-one time with them and supporting them to communicate with those important to them. Care planning documentation included consumers’ individual emotional support strategies and how they were implemented by staff, which aligned with consumers expressed needs and preferences.

Consumers described their interests and how the service supports them in engaging in these activities. Staff said they encourage consumers to attend activities, but the choice remains with them as to whether they want to participate or not, they facilitate group activities which helps consumers connect with each other. Care planning documents identified the activities individual consumers enjoy, their specific interests and who they wish to maintain relationships with. Staff described specific interests of consumers and identified who is important to them.

Consumers and representatives said staff were well informed about consumers’ needs and preferences. Staff described how communication of consumers’ needs and preferences occurs via care planning documents, the service’s electronic care management system, and shift handover to enable the provision of safe and personalised care to consumers. Care planning documents included adequate information to support safe and effective care and clear and effective staff handover processes were observed to be in place.

Care planning documents evidenced the service collaborates with external providers of other care and services to support the diverse needs of consumers. Management and staff described the referral processes for various providers of health support and staff provided examples of consumers being referred to other providers of care and services. Consumers said they were supported to attend appointments and referrals to individuals and other organisations were appropriate and timely. The activities calendar reflected multiple activities facilitated by external organisations and individuals.

Consumers were satisfied with the quality and quantity of food provided at the service, and there are multiple meal options to choose from. Staff described how they prepare meals to ensure quality and were aware of consumers’ dietary needs and care planning documentation captured consumers dietary needs and preferences.

Consumers said the equipment at the service is suitable, safe, clean, and well maintained. Staff said they have access to suitable equipment to facilitate activities and feel comfortable in requesting more equipment if needed, equipment is wiped down after every use to ensure it is clean and safe for consumer use. Equipment throughout the service was observed to be clean, safe, and suitable for use.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said the service environment was welcoming, optimises their sense of belonging and independence, they can navigate the service environment comfortably and they feel at home. Consumers with different mobility and cognitive abilities were observed mobilising the various areas of the service with and without staff assistance. Consumer rooms were observed to be homely and personalised, with photos and personal items throughout.

Consumers and representatives said consumers’ rooms and common areas were kept clean and well maintained. Staff described the process for cleaning, documenting, reporting, and how maintenance is managed at the service. The service environment was observed to be safe, clean, and well-maintained and consumers were seen moving freely through the service, both indoors and outdoors.

Furniture and equipment throughout the service was observed to be clean, suitable for its purpose and mobility aids were accessible to consumers. Consumers said the equipment was clean, well-maintained, and confirmed that sufficient equipment is available to meet their needs. Maintenance documentation demonstrated maintenance checks were up to date and regular equipment checks were completed.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they were encouraged to provide feedback and raise any concerns with management or staff and would feel comfortable in doing so. Staff were aware of the process to follow when an issue is raised with them directly. Management advised feedback and complaints are gathered through verbal communication to staff or management, written communication, feedback forms, consumer meetings and consumer satisfaction surveys. Feedback forms for complaints were observed displayed upon entry for consumers to access.

Consumers and representatives said they are aware of advocacy services, interpreter services and other methods for raising concerns. Staff were aware of processes to access interpreter and advocacy services on behalf of consumers when required. The services’ welcome pack included information about external advocacy groups and support services, and the service had feedback forms and brochures with advocacy and language services displayed on noticeboards throughout the service.

Consumers and representatives said that management promptly responds and seeks to resolve their concerns after they make a complaint. Staff and management provided examples of the process that is followed when feedback or a complaint is received, staff acknowledged they have been trained in open disclosure, and demonstrated an understanding of open disclosure principles and how they have been applied.

Consumers and representatives said the service always takes on feedback to help improve the care and services offered to consumers. Staff said every complaint, whether it is written or verbal, is handled in the same manner and the general improvement of the service is always considered. Documentation reflected the various ways the service captured feedback and complaints and how data is used to inform improvements.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they were satisfied there is enough staff to meet consumers’ care needs and answer call bells promptly. Staff said there were sufficient staff to provide care and services in accordance with the consumers’ needs and preferences, and they have sufficient time to undertake their allocated tasks and responsibilities. Staff rosters showed staff were assigned to specific areas and shifts were filled by staff who had additional capacity. Management explained how call bell data is monitored, with strategies implemented to ensure call bells are answered within appropriate timeframes.

Consumers and representatives said staff were kind, caring, and gentle when providing care. Staff demonstrated an understanding of consumers backgrounds, including their needs and preferences. The organisation had documented policies and procedures, which emphasised the importance of a person-centred approach to the planning and delivery of care and services.

Consumers and representatives said staff performed their duties effectively, and confident staff were trained appropriately and sufficiently skilled to meet consumers care needs. Management detailed processes for ensuring the workforce are competent and have the qualifications or knowledge to effectively perform their roles. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers said staff were professional and display extensive knowledge and experience. Management described the annual face to face mandatory training and online training resources for staff to complete and how completion of mandatory training is monitored. The service had a documented training program that included mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported. Staff said they were satisfied with the training provided.

Management explained the organisation’s performance management processes that included orientation on the commencement of employment, a 3 monthly appraisal review and annual performance appraisals for all staff. Staff said they participated in performance reviews, including buddy shifts, an orientation program, and ongoing mandatory training. Documentation demonstrated performance of staff is regularly assessed, monitored, and reviewed.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they were engaged in the development, delivery, and evaluation of care and services. Management described the ways consumers and representatives are engaged including customer experience surveys, feedback, and meetings. The service has effective systems to engage and support consumers in the development, delivery, and evaluation of care and services, this was demonstrated and reflected in documentation.

Consumers and representatives advised the service promotes a culture that is safe, inclusive, and professional. Management demonstrated how the governing body and the board are involved and informed in the delivery of care and services via platforms such as committee meetings and reports where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, compliance and feedback and complaints. For example, in relation to financial governance, management explained the financial governance systems and processes in place to manage finances and resources that the service needs to deliver safe quality care and services. Management said that the organisation had been responsive to requests for budgetary changes to support the needs of consumers that were outside of the budget process and expenditure plans and provided examples of expenditure that had been recently approved.

The organisation has a documented risk management framework, which includes policies describing how high impact or high prevalence risks associated with the care of consumers are managed, how potential reportable incidents are identified and responded to and how incidents are managed and prevented. Management and staff described the processes in identifying and managing risks, prevention of abuse and neglect, and incident management. Reporting lines were in place where risks are escalated to management and further to the governing body, which has the overall responsibility for the oversight of risk, and the systems and processes of risk management.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff advised they have received mandatory training and education on infection control practices, restraint management. Staff had a clear understanding of their accountabilities and responsibilities under the clinical governance framework in relation to antimicrobial stewardship, the use of restrictive practices, and open disclosure.

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)