Performance

Report

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| Name of service: | Goodwin Farrer (George Sautelle House) |
| Service address: | 22 Marshall Street FARRER ACT 2607 |
| Commission ID: | 2907 |
| Approved provider: | Goodwin Aged Care Services Limited |
| Activity type: | Site Audit |
| Activity date: | 27 February 2023 to 1 March 2023 |
| Performance report date: | 3 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 Goodwin Farrer (George Sautelle House) (**the service**) has been prepared by K. Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site audit, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* 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 said that they are treated with dignity and respect, their identity, culture and diversity is appreciated, and they feel valued as an individual. Staff described how they treat consumers with respect by acknowledging their choices and building rapport by investing the time to understand their background, life history and needs. Staff were aware of the consumers who were from diverse cultural backgrounds and could explain how this influenced their care and services. Care planning documents evidenced that consumer's culture, diversity and identity was acknowledged.

Consumers confirmed the service recognises and respects their cultural background and provides care that is consistent with their cultural preferences. Staff identified consumers from a diverse background and described how the provide culturally appropriate care to each consumer. Culturally and linguistically diverse consumers’ care planning documentation identified their cultural needs and preferences.

Consumers said they are given choice about how and when care is provided, their choices are considered and respected by staff; they are supported to maintain relationships of choice, including friendships and intimate relationships. Care planning documentation identified consumers’ individual choices around how and when care is delivered, those involved in their care and how the service supports them in maintaining relationships that are important to them. Staff said they support consumers to make as many choices as they can for themselves, such as showering preferences, what to wear, what to eat and what activities to engage in.

Consumers described how the service supports them to take risks. Staff demonstrated they are aware of the risks taken by consumers, and said they support the consumer’s wishes to take risks to live the way they choose. Care planning documentation included dignity of risk forms and assessments to support consumers to continue risk taking activities such as leaving the service independently and smoking.

Consumers and representatives advised they are provided information by the service that keeps them informed such as changes in consumer care needs, the food menu, the activity schedule and COVID-19 updates. Staff described how they communicate information with culturally and linguistically diverse consumers or those with cognitive impairments, such as accessing interpreter services, body language and hand gestures, and using consumer representatives as a source to assist with communication where required. The service provided and displayed information throughout the service to inform and support consumers to exercise choice.

Consumers said they felt the service was considerate of their privacy and confidentiality of their personal information. Staff confirmed they engage in practices that are respectful of consumers' privacy and ensure the confidentiality of personal information such as knocking on doors and asking for permission prior to entering. The service has protocols in place to protect consumer privacy.

# 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 said they are involved in the care and planning process. Staff described the assessment and care planning process, and how it informs the delivery of care and services. Care planning documentation detailed the individual consumer risks that have been assessed and the strategies to reduce or eliminate those risks.

Consumers and representatives said assessment and planning identifies and addresses the consumers current preferences and end of life wishes. Staff described how they approach conversations with consumers and/or their representatives about end of life and advance care planning. The service has policies and procedures regarding advance care planning and to guide staff to undertake assessment of consumers current needs, goals and preferences.

Consumers and representatives said they actively participate in the care planning process and provide feedback to the service. Staff said that the service’s 3-monthly care plan reviews and regular multidisciplinary case conferences involve the consumer and representatives, medical officers, physiotherapists and other specialists involved in the care of the consumers. Care planning documentation evidenced case conferences and involvement of a range of external providers and services.

Consumers and representatives said the service maintains good communication with them and said staff explain things to them clearly and clarify clinical matters if needed. Management explained how they update families who regularly visit and contact families who are not able to visit over the telephone. Care planning documentation was observed to be recorded in the electronic management system and could be easily accessed for consumers and representatives if they wanted a copy of their information, and progress notes evidence that staff update representatives on care outcomes through telephone calls and emails.

Care planning documentation identified care and services are reviewed on a regular basis and when circumstances changed, such as consumer deterioration or incidents such as infections, falls and wounds. Management and clinical staff described how and when consumer care plans are reviewed. Consumers and representatives said staff regularly discuss their care needs with them and any changes requested are addressed in a timely manner. Allied health professionals confirmed they are involved in regular reviews and if triggered by an incident or change in circumstances.

# 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 they receive safe and effective personal and clinical care that is tailored to meet the individual consumer’s needs and optimises their health and well-being. Care planning documentation reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. The service has policies, procedures and work instructions for key areas of care including but not limited to, restrictive practices, skin integrity and wound management and pain management.

Management described the high-impact or high-prevalence risks at the service, including restrictive practices, falls, complex behaviours and weight loss. Staff were familiar with risks for individual consumers at the service. Consumers and representatives said they felt the service is adequately managing risks to consumers' health. Care planning documentation identified consumers at risk had a range of strategies in place to minimise them, including regular monitoring.

Consumers who had chosen to, had medical goals and end of life wishes specified in care planning documentation. External providers of care expressed satisfaction about how the service provides care to consumers' nearing end of life and staff described how they approach conversations around end of life and how they provide palliative care and maximise the comfort of consumers during end-of-life care.

Care planning documentation and progress notes evidenced the identification of, and response to, deterioration or changes in condition. Consumers and representatives said the service recognises and responds to changes in condition in an appropriate and timely manner. Clinical staff explained how deterioration is recognised, responded to, documented and monitored at the service.

Care planning documentation demonstrated adequate information is recorded to support effective and safe sharing of the consumer’s information to support care. Consumers and representatives said the consumer’s care needs and preferences are effectively communicated between staff and they receive the care they need. Staff described specific care needs and preferences of consumers, and how information is shared when changes occur through a verbal and documented handover and regular communications.

Consumers and representatives said referrals are timely and appropriate, and that the consumer has access to a range of health professionals. Staff described how the care at the service is supplemented by other providers of care. Care planning documentation demonstrated input from medical officers, physiotherapists, dietitians, speech pathologists, dementia support services, palliative care services and podiatrists.

The service demonstrated preparedness in the event of an infectious outbreak, including for a COVID-19 outbreak, and best practice antibiotic practices. Consumers and representatives said they were satisfied with the service’s cleanliness, management of COVID-19 precautions and other infection control practices. Staff were observed following all infection control procedures, the COVID-19 screening procedure in place at the service was strictly adhered to.

# 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 confirmed they are supported to participate in activities they like and are provided with appropriate support to optimise their independence and quality of life. Staff explained how they partner with the consumer and representatives to conduct a lifestyle assessment on admission to identify the consumer’s preferences, including leisure likes, dislikes and interests, social, emotional, cultural and spiritual needs and traditions. Care planning documentation reflected individual consumer preferences such as participating in men’s shed and volunteer groups.

Consumers reported their emotional, spiritual and psychological needs were supported and they can stay in touch with family or friends for comfort and emotional support. Staff said consumer’s emotional, social and psychological needs are supported in various ways including facilitating connections with people important to them through technology, allowing pets to visit, lifestyle and wellbeing staff support, church and religious services, and referrals to external emotional and psychological support specialists. Care planning documentation detailed individualised strategies on how to meet consumers' emotional, religious and spiritual needs.

Consumers said they are supported to participate in activities within and outside the service, keep in touch with people who are important to them and do the things of interest to them. Staff said some consumers cannot leave the service independently due to mobility or cognitive impairments, the service arranges volunteer visits and bus outings to allow the consumers to get outside of the service and socialise with others. Care planning documentation reflected information regarding consumers’ continued involvement in their community and maintaining personal and social relationships.

Consumers and representatives said their needs and preferences are well communicated. Staff described ways in which they share information and keep informed of changes in consumers’ condition, needs and preferences. Care planning documentation provided adequate information to support safe and guide effective care as it relates to services and supports for daily living.

Consumers said they are supported by external organisations, support services and providers of other care and services. Care planning documentation identified a variety of referrals to external providers and services. Staff described how they engage other organisations and services such as pastoral care, volunteers, hairdressers, and entertainers to enhance consumers' experience at the service.

Consumers said they are satisfied with the variety, quality and quantity of food provided at the service and confirmed they are given a choice for each meal daily and could request alternative meals if they don’t like what is on the menu. Consumers with dietary needs and preferences are accommodated and staff were knowledgeable regarding their needs which were reflected within dietary assessments and care planning documentation.

Consumers and representatives said they have access to safe, clean and well-maintained equipment. Staff said they have access to equipment when they need it and could describe their role in keeping equipment is safe, clean, and well-maintained. A range of equipment, such as walkers, wheelchairs, and leisure and lifestyle equipment were observed to be suitable, clean and in good condition, with adequate stock in storage rooms and positioned throughout the service for ease of access.

# 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 and representatives said the service is welcoming and easy to find their way around. The service was observed to provide a home-like environment with spacious outdoor areas accessible to all levels of the service, with seating and shaded areas for the consumers. Consumers’ rooms were personalised with personal items and photographs.

Consumers and representatives said they thought the service environment is safe, clean, and well-maintained and allows them to move around freely. Staff described how the service environment is cleaned and maintained. Consumers were observed moving freely both indoors and outdoors and enjoying time with their visitors in communal areas as well as leaving the service independently and with their loved ones.

Consumers said their equipment is checked, cleaned and maintained regularly. Staff explained their equipment maintenance and cleaning responsibilities. Maintenance staff said the service ensures monthly call bell checks to ensure they are functioning appropriately. Call bells were observed to be working and within reach of each consumer.

# 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 said they know how to give feedback or make a complaint; they feel comfortable doing so and there are multiple ways to provide feedback and make complaints. Staff described processes in place to encourage and support consumers and representatives to provide feedback and make complaints via complaint forms, consumer meetings, and verbal feedback to staff or management.

Consumers and representatives said they are aware of external complaints, language and advocacy services available to them. Staff were aware of external complaints and advocacy services, and information on accessing external complaints, language and advocacy services was available around the service.

Consumers and representatives said the service responds to and resolves their feedback or complaints when they are raised or when an incident has occurred. Staff demonstrated an understanding of open disclosure, explaining how they would notify consumers and representatives and apologise to a consumer in the event of something going wrong. Feedback and complaints data demonstrated action is taken and open disclosure is practiced by the service.

Consumers and representatives reported their feedback is used to improve services and the quality of care provided to them. Management described the complaints process and the actions taken in response, as well as how feedback and complaints have been used to drive continuous improvement across the service. The service’s continuous improvement register evidenced that consumer feedback is used to drive improvements in the delivery of care and services.

# 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 said that the service had a sufficient number of staff to deliver quality care. Management described the rostering system and explained how they ensure there is enough staff to provide safe and quality care. Staff were observed attending to consumers and were taking the time to attend to consumers without rushing.

Consumers and representatives said staff engage with consumers in a kind, caring and respectful manner and that they know what they are doing and how to care for them. Staff interactions with consumers were observed to be kind, caring and respectful of each consumer's privacy, identity and culture. The service’s diversity and inclusion policy outline that delivery of care and services is responsive, inclusive and sensitive to embed cultural safety at the service.

Consumers and representatives said they feel staff are competent, and they are confident and assured that staff are skilled to meet their care needs. Management described how they determine whether staff are competent and capable of doing their role. Position descriptions included key competencies and qualifications and staff are required to have relevant qualifications according to their role.

Consumers and representatives said staff are competent and qualified to do their job. Staff said the service provides mandatory and supplementary training to support them to provide quality care. Management described how they support staff in undertaking training and identifying where further training might be required.

Management described the performance appraisal process where staff complete a formal discussion with management at least annually. Staff said they are familiar with and understand the appraisal process. Performance framework documentation confirmed that all annual performance appraisals were up to date for staff currently working at the service.

# 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 the service involves them in consumer care and they are supported to be partners in their own care. Management described mechanisms for involving consumers in the design and evaluation of care and services such as monthly consumer meetings, consumer surveys, one-on-one conversations, consumer forum meetings where consumers engage directly with the Board. A consumer meeting was observed in process and consumers were being encouraged to raise feedback and make suggestions in relation to care and services including food.

The service demonstrated it has policies and procedures that promote a culture of safe, inclusive and quality care and services and is accountable in the delivery of care and services. Management described the service’s organisational structure which facilitates the oversight and governing of the delivery of quality care and services across the service including the Board, sub-committees and management regularly monitoring and undertaking analysis of clinical indicators. Management explained how the service’s clinical governance framework and committee analyses trends in key areas including clinical indicators and high prevalence high risk themes.

The service demonstrated processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service identifies opportunities for continuous improvement through mechanisms such as feedback and complaints, consumer meetings, clinical indicators, staff feedback and informal conversations. The service ensures the Board has oversight on the feedback and complaints process at the service, by ensuring all feedback and complaints are documented on the feedback and complaints register.

Staff demonstrated an understanding high impact or high prevalence risks and how they implement the service’s policies in line with best practice. Staff identified risks prevalent at the service and described how they mitigate the consequences associated with these risks. The serious incident register evidenced that incidences are reported in a timely manner, investigation complete and support for consumers in place. The service has a risk management framework, policy and register outlining the risk management model, roles and responsibilities.

The service has policies and procedures accessible to all staff, including a clinical governance framework, antimicrobial stewardship policy, restrictive practices policy and open disclosure policy. Staff described practical applications of policies and procedures and confirmed they receive training in minimising the use of restrictive practices, antimicrobial stewardship and open disclosure. Staff explained the open disclosure process and outlined types and examples of restrictive practices.

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)