Performance

Report

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| Name: | Goondee Aged Care Home |
| Commission ID: | 2143 |
| Address: | 13 Jersey Road, STRATHFIELD, New South Wales, 2135 |
| Activity type: | Site Audit |
| Activity date: | 20 March 2024 to 22 March 2024 |
| Performance report date: | 22 April 2024 |
| Service included in this assessment: | Provider: 210 Rasko Holdings Pty Ltd  Service: 672 Goondee Aged Care Home |

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 Goondee Aged Care Home (**the service**) has been prepared by Gai-Maree Cain, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they are treated with dignity and respect, with their identity, culture and diversity valued are supported to exercise choice and independence, and to take risks of their choosing. Consumers provided examples of how staff are aware of and accommodate their individual preferences, such as referring to the consumer by their preferred name; and described how they are encouraged to maintain connections with people important to them. Consumers and representatives said they are provided with accurate and timely information, consumers’ privacy is respected, and personal information is kept confidential.

Care planning documentation for consumers reflected information to guide staff in the delivery of care and services individualised to consumer preferences, such as information regarding important relationships to the consumer. For consumers who choose to take risks, there was evidence of a completed risk assessment and discussion in relation to risk/s, and the service had policies and procedures for consumer decision making and dignity of risk to guide staff.

Staff spoke about consumers in a way that indicated respect and an understanding of consumers’ personal circumstances. Staff described how they support consumers to partake in risks of their choosing by discussing the risks with the consumer and implementing strategies to minimise risks and ensure consumer safety. Staff were aware of consumers’ personal preferences and were able to identify practical ways in which they maintain consumers’ privacy and confidentiality of information.

All staff were able to describe available strategies to provide culturally safe care and services. This includes discussions with family members and representatives to inform culturally appropriate care, and access to cue cards and to communicate with consumers from a culturally and linguistically diverse background. Various cultural and religious days of celebration are offered to consumers as part of the service’s activities schedule, for example, Chinese New Year.

The organisation has documents which outline consumers’ right to dignity and respect. Policies and procedures are available to guide staff in relation to cultural diversity and inclusion, dignity of risk and consumer choice and decision-making. Observations showed staff treating consumers with dignity and respect by asking for consent before providing care and respecting their privacy by knocking on doors to seek consent before entering rooms. A variety of information was observed available and accessible for consumers including lifestyle activities calendar, newsletters, complaints avenues and daily menus via noticeboards around the service.

# Standard 2

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

Findings

Consumers and representatives expressed overall satisfaction with the care planning and assessment processes at the service, staff discuss consumers’ needs, goals and preferences and they are involved in care planning and review processes. Consumers and representatives said the service was proactive in communicating changes relating to care and services, they are provided a copy of the consumer’s care plan with staff providing explanation if required.

Registered staff and allied health professionals described the assessment and care planning review process and how it incorporates consideration of risks to consumers’ health and wellbeing. Clinical staff described how they undertake discussions on consumers’ needs, goals and preferences on entry to the service and via 3 monthly care plan reviews. Staff described the needs and preferences of consumers, which aligned to consumer and representative feedback and care planning documentation. Staff described how they access information regarding outcomes of assessments and reviews via the service’s electronic care management system and communicate this with others involved in consumers’ care via face-to-face conversations, telephone calls and emails.

Care planning documentation demonstrated assessments and care plans were individualised to consumer needs, identified risks and captured appropriate risk mitigation strategies. Planning included discussions on end-of-life care and reflected the involvement of the consumer and representatives. Care planning documentation reflected consultation with other health professionals, external practitioners and specialist services where appropriate. Care plans evidenced a regular review on a 3 monthly basis, and when incidents occur or there is any change to a consumer’s needs and circumstances.

The service had a suite of policies and procedures to guide staff in the consumer assessment and care planning process.

# 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 reported they felt consumers were receiving safe and effective personal and clinical care, tailored to their needs and which optimises their health and wellbeing. Consumers and representatives expressed satisfaction with how the service effectively managed the risks for consumers and confirmed staff are responsive to any changes in a consumer’s health and condition and staff work together to communicate any changes.

Overall, consumers’ care documentation demonstrated comprehensive care plans which included assessments, progress notes, medication and other relevant charting that reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of each consumer. Care planning documentation for consumers with wounds, falls, weight loss and diabetes were reviewed and overall evidenced the effective management of high impact and high prevalence risks associated with the care of consumers including involvement of other health professionals and the utilisation of specialist clinical equipment. Care documentation included an advanced care plan and evidenced discussions with representatives regarding consumers’ end of life care.

For those consumers who had restrictive practices applied, care planning documentation contained information to support the use of the restrictive practice including authorisations and consents, behaviour support plans and evidence of regular monitoring and review. In February 2024, the service reviewed all consumers to ensure the identification of consumers who are or maybe subject to a restrictive practice and this was reflected in the service plan for continuous improvement.

Care documentation reflected prompt and appropriate action taken in response to changes in a consumer’s health including timely referrals to other health professionals and specialists.

Staff described how they provide safe and effective personal and clinical care catering to each consumer’s needs and were able to identify individual consumers’ risks and the strategies used to manage and mitigate these risks. Staff explained how advance care planning is discussed at entry to the service and revisited during the care plan review process. Clinical staff described the processes taken if there was a change or deterioration in a consumer’s condition, including discussions during shift handovers, monitoring and charting would commence where required, referrals to a MO or specialist would occur and care planning documentation would be reviewed. Observations of staff attending shift handover showed the communicating of information regarding changes to consumers’ care and service needs, for example medication changes or incidents.

The service has documented policies, procedures and an outbreak management plan to guide staff practice in relation to infection control, antimicrobial stewardship and the management of an outbreak. The service had 2 trained infection prevention and control leads, and staff demonstrated knowledge of infection control practices relevant to their roles including steps that could be taken to minimise the need for antibiotics. Observations showed staff practicing appropriate infection prevention and control protocol.

# Standard 4

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

Findings

Consumers and representatives described how the service supports consumer lifestyle needs and said staff assist consumers to be as independent as possible. Consumers described how they are supported to engage in activities of interest to them and to maintain social and personal relationships including receiving visits from family. Consumers described how they continue religious practices at the service and how staff support and them to attend church services outside the service. Review of the service’s lifestyle calendar identified a varied program developed based on consumer input provided through lifestyle care plan reviews, consumer meetings and verbal feedback. Consumers have access to regular church services, and various cultural and religious days of celebration are offered to consumers as part of the service’s activities calendar. Staff demonstrated an understanding of what consumers like to do and the support they require to participate in activities or pursue individual interests; and for consumers who do not wish to join in group activities, lifestyle staff provide one-to-one activities and support. Care planning documentation reflected information about activities of interest to the consumer, social and personal relationships and strategies to deliver services for daily living and support consumers’ emotional and spiritual needs.

Consumers and representatives confirmed the service was aware of consumers’ individual preferences and needs and the information was shared within the service and with other providers when changes occur. Care planning documentation evidenced collaboration with external services to support the diverse needs of consumers, including connecting consumers to volunteers. Management described how staff can access external organisations to supplement lifestyle activities and can refer consumers to other external providers where required. These include visits from children from a local primary school, external religious services, and external animal therapy services.

Overall, consumers expressed satisfaction with the quality and quantity of food provided. The service provides opportunity for consumer feedback via food focus groups, feedback forms and direct verbal feedback. Care planning documentation confirmed consumers’ dietary requirements and preferences are recorded and were consistent with consumer feedback. Staff were able to describe how they are informed of any changes to consumer’s dietary needs and preferences.

Consumers and representatives said they were satisfied with equipment provided for daily living which is suitable to their needs and kept clean and well maintained. Staff described processes for how equipment is maintained and cleaned and ensured for safety and consumer suitability. A wide range of lifestyle activity equipment was observed available for consumer use and in suitable condition.

# 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 provides a safe, welcoming and comfortable environment for consumers. The environment is easy to navigate, enabling free movement both indoors and outdoors and optimising consumers’ sense of independence, interaction and function. Consumer rooms are personalised with items of meaning. There are communal areas including lounge and dining areas, with outdoor courtyards for consumer use.

Consumers expressed their satisfaction with the service environment reporting they feel safe and at home living at the service and appreciate how the service is kept clean and well maintained. Consumers said staff are competent in the use of equipment when providing care and services.

Observations showed a front door of the service secured with a keypad access with the code displayed next to the keypad. The service evidenced consumers who are unable to access the front door independently due to cognitive or functional impairment are identified as subject to environmental restrictive practices with appropriate assessment and consent in place. The service environment was observed to be clean and well-maintained and consumers moving freely within the service.

Furniture, fittings and equipment were observed to be clean, well maintained and in good condition suitable for consumer use. Staff described their role and the processes for cleaning and maintaining equipment, furniture, and fittings in the service. Maintenance staff are responsible for preventative and reactive maintenance and a review of the services preventative maintenance schedule for 2024 noted that all scheduled, preventative maintenance tasks were up to date.

# 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 feel encouraged and supported to provide feedback and raise concerns and feel safe to do so. Most consumers and representatives said they were aware of advocates and other methods for raising and resolving complaints, however preferred to raise any concerns directly with staff or management. Most consumers said the service is responsive to feedback and described how the service practiced open disclosure, and the service’s feedback and complaints documentation confirmed this.

Staff were aware of how to access external advocacy services, and described how they engage with consumer’s representative when a consumer has cognitive impairment, physical impairment, or language barrier to support them in providing feedback and complaints.

Staff and management demonstrated an understanding of the principles of open disclosure and provided examples of where an open disclosure process had been applied in response to complaints and incidents. Review of the service’s documentation identified timely and appropriate response and resolution of complaints.

Management and staff the service’s process in relation to documenting and responding to feedback and complaints. Complaints are documented in a complaints and feedback register for tracking and trending; and items raised from feedback and complaints are added to the service plan for continuous improvement. A review of the plan for continuous improvement identified feedback from a variety of sources such as verbal and written feedback and complaints, consumer meetings, and internal audits.

The service has policies on feedback, complaints and engagement and open disclosure to guide staff practice. The Assessment Team observed feedback and complaints forms, brochures and information on access to external complaints agencies, advocacy and language services available for consumers around the service.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Of the 16 consumers and representatives interviewed, most did not raise any concerns with the staffing, with one consumer representative advising there were no issues. However, 3 representatives advised there was insufficient staff but had not raised this with management. In response to the feedback, management acknowledged the feedback and described measures the service had taken to ensure safe and effective care and service including the increase in care and lifestyle staff.

Consumers and representatives provided positive feedback in relation to workforce interactions and confirmed staff are kind, caring and treat consumers well. Observations showed that staff was not rushed in their delivery of personal or clinical care to consumers, and interacted respectfully with consumers, engaging with them in a kind and caring manner.

Staff across various roles said staff numbers are sufficient to provide care and services in accordance with consumer needs and preferences. Management described strategies to replace staff on planned and unplanned leave, including extending shifts, offering additional shifts and engagement of agency staff. Review of call bell response times identifies majority calls are attended to promptly.

Consumers and representatives felt staff perform their duties effectively, are well trained and equipped to perform the functions of their roles. Staff described the training, support, professional development and supervision they receive during orientation and on an ongoing basis. Staff confirmed they can raise requests for further training and development if required which is supported by management. The service provides buddy shifts to new staff, conducts orientation and competency assessments and delivers mandatory and ongoing role-specific training.

Review of documentation demonstrates the service maintains position descriptions for each role and monitors national criminal history checks and Australian Health Practitioner Regulation Agency qualifications. Review of staff training records identifies staff have completed mandatory training on topics including but not limited to the serious incident response scheme, restrictive practices, infection control, manual handling and fire safety.

Management advised staff performance is monitored through the annual performance appraisal process and continuous informal monitoring, with any issues in performance triggering an adhoc performance review. Staff confirmed that performance appraisals occur annually and include a self-assessment, appraiser assessment, competencies, and planned actions, such as training. Service documentation confirmed the completion of staff performance appraisals annually, including the completion of competencies relevant to the role.

# 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

The service actively engages consumers and representatives in the development, delivery and evaluation of care and services second monthly consumer and representative meetings, 6 monthly consumer advisory consumer meetings, feedback mechanisms, surveys, and through verbal conversations or during regular care plan review process.

The governing body promoted a safe, inclusive, and quality care culture and held overall accountability. Management described how the service receives communication from the governing body regarding changes at the service, including how members of the Board participate in fortnightly management meetings at the service where discussions regarding clinical indicators and clinical trending occur. The Board communicates with staff members via emails and messages through the electronic documentation system regarding legislative changes or updates in policies and procedures.

The organisation demonstrated reporting mechanisms to inform the governing body, including internal audits and monthly clinical reports. Management advised that findings regarding performance against the Quality Standards are discussed at all levels of the organisation including clinical staff, leadership and consumer and representative meetings.

The service demonstrated effective governance systems and processes in relation to information management, continuous improvement, financial governance, workforce management, regulatory compliance, and feedback and complaints. For example, management described processes for financial governance and provided examples of recent additional purchases approved by the governing body to ensure safe and effective consumer care and services. This included the recruitment of an external lifestyle coach for 12 weeks to support and mentor the service’s lifestyle team to ensure activities are tailored for individual consumers.

The organisation had policies describing the management of high-impact and high-prevalence risks; the response to abuse and neglect; how to support consumer choice and decision-making, and the reporting and management of incidents. Staff were aware of these policies and were able to describe what they meant for them in a practical way. The service has policies and tools to support identifying, reporting, recording and reviewing Serious Incident Response Scheme Incidents.

The organisation has a documented clinical governance framework and policies and procedures on restrictive practice, open disclosure, and antimicrobial stewardship. Overall, staff demonstrated a shared understanding describing how they applied the procedures relevant to their role. The service demonstrated recent improvements in relation to restrictive practices, including the review of all consumers to ensure accurate identification of consumers who are or may be subject to a restrictive practice.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)