Performance

Report

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| Name of service: | Gosling Creek Aged Care |
| Service address: | 1501-1503 Forest Road ORANGE NSW 2800 |
| Commission ID: | 1019 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 13 December 2022 to 15 December 2022 |
| Performance report date: | 23 January 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 Gosling Creek Aged Care (**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 and others.
* 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 so as 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 the service valued and respected them. Staff knew the preferences of the consumers they cared for and were respectful when providing care. Care plans showed the service tailored care to each consumer. When planning meals and activities, the service considered consumers’ background, religions, interests, and preferences and the service’s menu included a variety of cultural dishes. Consumers said staff worked with them and their representatives to create appropriate and safe care plans.

Consumers said the service sought their input into how it delivered care. They said staff respected their personal preferences, lifestyle, and choices and helped them maintain their relationships. Progress notes showed that the service supported consumers’ choices. The service respected consumers’ independence and choices, including when their choices involved risk. Care documents showed the service reviewed consumer risks, goals and preferences, supporting them to manage risk and live the life they wanted.

The service provided current, accurate information to consumers about their care. Consumers said staff relay pertinent information about COVID-19, vaccinations and other matters. Staff responded to queries regarding consumers’ care and services. Staff also organised regular resident meetings to answer questions and obtain feedback about the service’s care.

Staff respected consumers’ privacy and confidentiality, including by protecting their personal information. The service separated consumers’ records onto different databases, which were password protected and required different credentials based on roles and responsibilities. This helped protect consumer privacy in the event of a data breach.

# 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 were satisfied their assessment and care planning was adequate, included the consideration of risks and informs the delivery of safe and effective care by the service. Care documents included risk assessments and other information supporting safe and effective care. The service had policies and procedures to guide staff to complete risk-assessments, care-assessments and care plans. Sampled staff knew the service’s care-planning and risk assessment processes and consumers said they were satisfied with their care plans.

Care assessments addressed consumers’ current needs, goals and preferences, including advance care planning and end-of-life planning, if the consumer wanted. Consumers confirmed the service considered their needs, goals and preferences as part of its care-planning. Most consumers also said they discussed advance care and end-of-life planning during care planning initiatives. The service care-planning policies to guide staff and staff said they consulted consumers about their needs, goals and preferences during care planning.

Consumers said the service partnered with them to assess, plan and review their care. Care documents showed the service included other organisations in consumers care planning and that the service communicated with consumers about changes in their health status. The service had policies to guide staff about involving other providers in consumers’ care. Staff knew how to engage consumers and other providers in the assessment and planning process.

Most representatives said the service provided regular updates about assessment and planning. They felt they were up to date with the health status of the consumers they represented. The service had policies and procedures to inform representatives about assessment outcomes and representatives confirmed the service gave them copies of consumer care plan information.

The service conducted reviews of consumers' care regularly or when consumers' circumstances changed. The service had processes governing reviews and staff demonstrated knowledge of these processes. Staff could cite examples of when they reviewed consumer care plans in response to incidents or changes of circumstance.

# 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

Most consumers said they received safe, effective care and said their care reflected best practice, met their needs and optimised their health and well-being. Representatives said they were satisfied with the service’s care. Sampled staff knew consumers' unique personal and clinical needs and care planning documents reflected safe, individualised care. The service had policies governing wound management, restrictive practice and pressure injury prevention. The service's meeting minutes and incident reports demonstrated effective monitoring and clinical oversight.

The service understood and managed each consumers' risks. This included their risks of falls, weight loss, skin integrity concerns, and other risks. Most consumers said the service managed high impact, high prevalence risks effectively. Care documents included assessment tools such as falls risk assessments, or skin assessments, which set out interventions relevant for each consumer. The service had policies and procedures for managing high impact, high prevalence risks. Staff were aware of these policies, and knew the accompanying processes.

Care documents showed the service considered the needs, goals and preferences of consumers nearing end-of-life. The service maximised their comfort and preserved their dignity during end-of-life care. Staff knew the service's assessment processes for consumers nearing end-of-life and were able to demonstrate procedures for making these assessments.

Staff knew how to respond to consumer deterioration. Care documents showed they addressed changes in consumers' condition, function or capacity. The service had processes to help staff identify and respond to consumer deterioration. Representatives confirmed the service responded to consumer deterioration appropriately.

The service has systems to ensure it documents information about consumers’ care. It uses these to communicate between its staff, and with other providers who care for consumers. Most consumers were satisfied with the service's care, including how it communicated about changes in their condition. Staff communicated through verbal handovers, meetings and accessing care plans. Progress notes and care plans showed adequate information to support consumers' care. The information was specific and accurate. It included items such as falls risks and changes to pain, skin care and mobility.

Consumers said the service referred them to individuals, other organisations and providers of other care efficiently. The service had procedures to guide staff on when to involve other practitioners, such as when a consumer needed further specialist clinical assessment. Staff detailed several examples of specialist referrals, including for behaviour management review, nutrition support, complex care support and assessment and authorisation of restrictive practices. The Assessment Team sighted examples of appropriate referrals to individuals and other organisations.

The service minimised infection risks by implementing standard and transmission-based precautions. It also took precautions to reduce the risk that consumers might build up resistance to anti-biotics. Staff knew strategies to reduce inappropriate antibiotic prescriptions, including by increasing fluids, completing pathology testing and providing personal hygiene to prevent infection. Consumers and representatives were satisfied the service managed the potential impact of COVID-19 to the best of its ability.

# 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 reported receiving effective services tailored to their needs, goals and preferences. Staff knew consumers' needs, goals and preferences and described the ways they supported consumers maintain their independence and quality of life. Documentation showed consumers’ needs, goals and preferences are reflected in their care plans.

The service organised activities based on consumer feedback and consumers participated in activities that were meaningful to them. Care plans reflected consumers' stories and experiences, including details of their preferred activities and interests. Staff tailored care to meet specific consumer needs.

Consumers said they chose what service activities they took part in, and how they did so. Staff helped consumers follow their interests and supported them to maintain personal relationships. Care planning documentation contained information about external services that have been involved in supporting consumers. The service has lifestyle staff to support consumers’ wellbeing and the Site Audit report evidenced internal and external activities and programs.

Care plans included consumers' consent to share information about their care and said the service communicated with them via emails, phone calls, virtual meetings and other methods. Staff understood how to conduct handovers to ensure consumers' supports continued smoothly.

Care plans show the service collaborated with individuals and other providers to support the needs of its consumers. Consumers said they had been referred to appropriate services and were satisfied with the support they received. Staff reported they sent referrals to other services promptly.

Consumers helped plan the menu during resident meetings and the service offered a variety of food options at each meal-service. Consumers felt their dining experience was comfortable and unrushed, though they did have mixed feedback about the food. Consumers said they were able to request food outside of mealtimes. Care staff provided appropriate assistance to consumers during mealtimes and catering staff knew consumers’ nutrition and hydration preferences. Staff stored and prepared food and drinks in a way that maintained freshness and quality.

Consumers knew how to report concerns about the service’s equipment. Staff received appropriate training in mobility aids, infection control and in using equipment. The service had an equipment maintenance schedule. The Assessment Team observed that where equipment is provided, it is safe, suitable, clean, and well maintained and that maintenance undertake ongoing monitoring that the equipment is fit for purpose.

# 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 fostered a sense of belonging, with consumers updating their rooms to suit their preferences. Consumer rooms had adequate space, including for a bed, a desk, and consumers’ other personal effects. Communal areas had adequate space and seating for consumers and guests. Staff were friendly and welcoming to visitors.

Consumers said the service environment was clean, well-maintained and comfortable and that they felt safe. Cleaning staff used modern cleaning equipment and were efficient and effective. Laundry facilities had a modern set-up and were fully automatic. All high-traffic areas and hallways were free from clutter and obstructions. Consumers who used walking machines were able to move freely in hallways and common areas. Care staff regularly washed consumers’ laundry, and emptied their bins. Waste management staff said rubbish bins were collected regularly throughout the week.

The Assessment Team observed consumers and staff using furniture in the lounge and dining rooms safely, with no incidents reported to date. Cleaning staff said furniture in common areas was regularly cleaned to support consumers’ health and wellbeing. Activity rooms and outdoor areas offered a range of furniture and equipment, providing appropriate seating for consumers and their guests. Indoor and outdoor areas were clean and well-maintained. Maintenance staff said the outdoor gardens were regularly serviced and maintained all year round.

# 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

The service encouraged its consumers to give feedback about their care and services. Consumers said they were comfortable raising concerns should the need arise and the service had various channels for consumers to give feedback or make a complaint, including using feedback forms, meetings, or directly with staff. Its processes supported consumers to provide feedback or make a complaint.

Consumers said they were aware of their options for raising a complaint and they would likely raise their concerns with management and staff directly. The service displays information on advocacy services on noticeboards throughout the service and the service has brochures in alternate languages. Staff were aware of how to access interpreter and advocacy services for consumers.

The service took appropriate action in response to complaints and used an open disclosure process. Consumers said they knew how to give feedback or make a complaint and those who did give feedback said they were satisfied with the process. The Assessment Team inspected records that evidenced complaints having been responded to within appropriate timeframes, including proposals for resolutions and working actions items where appropriate.

Feedback and complaints made to the service were reviewed and used to improve the quality of care. Consumers acknowledged the efforts management and other members of the workforce have put in to improve its services and ensure their needs are met and concerns raised are acted on promptly. The Assessment Team sighted continuous improvement plan report and documentation which details several plans of action to be implemented for issues or concerns raised by consumers and their representatives.

# 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

Most consumers said staffing at the service was satisfactory. Staff said they work together to meet the care needs of consumers and any perceived shortage did not compromise care. Consumers said call bells were generally answered on time and staff were available when needed.

Consumers said staff were kind, caring and gentle when delivering care and said staff were respectful of consumers cultural backgrounds and preferences. The service had documented policies that set out its expectations of staff and senior staff monitored interactions through observation, consumer feedback, and other methods. The interactions themselves were kind, caring and respectful. The management team acted when staff conduct deviated from expected standards.

Consumers said staff had the skills, qualifications and knowledge to meet their needs. The Service had policies to ensure it hired qualified staff. Among these, position descriptions set out required qualifications for each role. The service's records showed that staff were qualified to perform their duties. Staff members were confident they could meet consumers' needs.

The service trained, equipped and supported its staff to deliver care consistent with the quality standards. Consumers and representatives said staff had training and knew what they were doing. The service trained staff as part of their induction, and on an ongoing basis thereafter. Service staff had high training completion rates. This ensured staff had the knowledge to deliver outcomes consistent with these standards.

The service had processes for assessing, monitoring and reviewing staff performance and it factored in consumer feedback when conducting performance reviews. Senior staff conducted the performance appraisal process and management acted to address poor performance.

# 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 said they feel engaged in developing, delivering and evaluating care. The service demonstrated how it involves consumers in developing care through customer experience surveys, feedback pathways and resident meetings.

The organisation’s governing body displays accountability and promotes quality care and services through taking action in response to feedback and conducts internal audits to ensure compliance.

The Assessment Team found the service' organisation-wide governance systems were effective, including its systems for continuous improvement, workforce governance, regulatory compliance, complaints handling, and others. Consumers said the service encouraged feedback and used it to inform continuous improvement. The service had policies for each governance system.

The service had systems to assess and manage high impact and high prevalence risks to consumers. These included systems to manage incidents, prevent neglect and support consumers to live their best lives. Staff reported and escalated risks for management review. Within the Approved Provider management structure, managers at various levels, including those on the Board had oversight of reported risks. Staff discussed feedback at service and organisation meetings, to help improve care for consumers. Staff knew their role in managing risks at the service.

The service had a clinical governance framework, which staff applied when providing care. The framework covered areas such as minimising restrictive practices, implementing antimicrobial stewardship, and open disclosure. Monthly reports and meeting minutes showed the service actively monitored the implementation of this framework.

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)