Performance

Report

**1800 951 822**

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| Name of service: | Governor Phillip Manor |
| Service address: | 64 Glebe Place PENRITH NSW 2750 |
| Commission ID: | 1457 |
| Approved provider: | RSL LifeCare Limited |
| Activity type: | Site Audit |
| Activity date: | 3 January 2023 to 5 January 2023 |
| Performance report date: | 10 February 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 Governor Phillip Manor (**the service**) has been prepared by   
D. McDonald, 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 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 were treated with dignity and respect, they felt accepted, valued and had not experienced discrimination. The service informed consumers of their rights, including their right to have their dignity maintained and to be treated with respect. Consumer files included the consumers background information, family values, culture, diversity and preferences. Education records evidenced staff participated in cultural diversity training and policies and procedures guided staff in providing care in an inclusive and consumer centred manner.

Consumers said they felt safe and comfortable as their cultural practices and identity were respected. Staff demonstrated knowledge of consumers’ cultural background and preferences confirming these were documented at entry. A register was used to identify consumers from a culturally and linguistically diverse background and this information was used to guide discussions on the way those consumers wanted care and services provided.

Consumers said they were able to make decisions about their care and services and they could change these decisions at their own discretion. Staff were observed supporting consumers to make choices regarding their activities for daily living. Care documentation evidenced consumers had exercised choice over when or how their care was delivered and included the details for their chosen primary contact.

Consumers said they were supported to understand the potential benefits and harms when making decisions about taking risks. Care documentation evidenced risks had been assessed, consent obtained, and strategies were identified to minimise risk. Staff had been trained in and were familiar with dignity of risk policies and procedures.

Consumers confirmed they received information in a way they could understand. Staff described the various ways information was provided to consumers and alternate methods were used to compensate for cognitive and sensory deficits or language barriers. Menus and activity calendars were provided to consumers to enable them to make choices.

Consumers said the service respected their privacy and maintained confidentiality of their personal information. Staff described various practices to respect consumers’ personal space or privacy by knocking on doors and asking consumer permission prior to entry, using privacy curtains in shared rooms, and closing doors prior to care delivery. Consumer files evidenced consent had been obtained from consumers prior to sharing their information or publishing their photograph.

# 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 planning process. Staff described the care planning process and how it informed the development of a care plan. Care documentation evidenced consumers previous medical history, and validated assessment tools were used to identify risks to consumers and plan interventions to minimise risks.

Consumers and representatives confirmed the consumer’s goals, needs and preferences were identified during assessment and care planning processes. Care documentation was individualised and evidenced advance health directives and consumers end of life wishes were captured. Staff demonstrated knowledge of each consumers needs and preferences.

Consumers and representatives said they were involved in initial and ongoing assessment, review and care planning processes. Staff described how they collaborated with allied health professionals to plan and assess care. Care documentation evidenced integrated and coordinated assessment and planning, inclusive of medical officers, specialists and health professionals.

Most consumers and representatives said they were aware they could access the consumer’s care plan and outcomes of assessment were communicated during case conferences. Staff described processes for communicating assessment outcomes and advised a copy of the care plan is readily available. Care documentation evidenced assessment outcomes were communicated in a timely manner.

Staff advised each consumers care plan was reviewed every three months. Representatives confirmed the care of consumers is regularly reviewed and gave examples of review following a change in a consumer’s condition. Care documentation supported the care for each consumer had been reviewed in the past 3 months.

# 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 the care provided by the service was safe and right for them and met their needs and preferences. Staff were guided by policies and procedures to ensure personal and clinical care delivered was consistent with best practice including where restrictive practices were applied. Care documentation evidenced the delivery of individualised care for each consumer including where pain management or complex care were needed.

Consumers said risks to their well-being such as falls, pressure injuries and choking were assessed, explained and managed effectively. Clinical protocols, policies and procedures guided staff in the delivery of care to prevent falls, choking and pressure injuries. Staff demonstrated knowledge of risk minimisation strategies that were also in care plans for consumers who had been identified as at high risk.

Representatives said when consumers were receiving end of life care, the consumer’s pain was effectively managed and family members were able to visit each day. Staff were trained to provide end of life care with the assistance of registered nurses and palliative care services. The service had policies, procedures and clinical protocols to guide staff in the management of palliative care and end of life processes.

Consumers and representatives said the staff recognised when they were unwell and responded by providing additional support, seeking a medical officer review or transferring them to hospital when required. Care documentation evidenced staff had quickly identified when a consumer’s condition had changed, and the escalation pathway taken in response. Policies guided staff in the detailed actions to take in response to changes in a consumer’s condition.

Consumers said their care needs and preferences were effectively communicated between staff. Care documentation supported detailed information on consumer’s needs and preferences, and was regularly shared between staff, medical officers, and external organisations involved in the care of the consumer. Staff described information regarding consumer needs or changes was communicated at handover, meetings and available within the electronic care management system.

Consumers said referrals to relevant health care professionals were timely and they had access to a range of health professionals. Staff were knowledgeable of referral pathways and demonstrated knowledge of when routine or as-required referrals were undertaken. Care documentation evidenced referrals were completed promptly in response to weight loss or increased mental health needs.

Consumers and representatives gave positive feedback regarding the service’s management of COVID-19 precautions and infection control practices. Staff confirmed they attended mandatory annual infection control training and infection control was overseen by four appointed staff. Policies, procedures, plans and frameworks were in place to guide staff on antimicrobial stewardship and preventing infections.

# Standard 4

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

Findings

Consumers said the services and supports for daily living met their needs, goals, preferences and optimised their health and well-being. Staff understood consumers’ interests, social, emotional, cultural and spiritual needs. Consumers could access equipment to undertake their preferred activities, and a varied schedule of events supported consumer’s quality of life.

Consumers said they could observe sacred, cultural and religious practices and their spiritual, emotional and psychological well-being was supported. Staff were culturally aware in their everyday practice. Care plans evidenced consumers’ emotional, spiritual and psychological needs, goals and preferences.

Consumers said they felt supported to participate in activities and the service encouraged ongoing social and personal connections. In-house activities were evaluated following observation, consumer surveys, meetings, and consumer feedback to ensure appropriateness. Care plans evidenced people of importance to consumers, their preferred activities and interests.

Consumers said staff were aware of their needs and preferences and they did not need to repeat themselves. Staff were informed of changes to consumer care through meetings and hand-over. Care documentation evidenced communication with external providers and allied health professionals, and care information was up to date.

Staff were knowledgeable of the referral process and were familiar with the appropriate individuals, organisations and providers to whom they could refer consumers. Care documentation evidenced referrals supportive of consumer’s diverse needs and preferences. The service routinely reviewed external services and supports to ensure ongoing quality of care.

Consumers said the meals provided were varied, of suitable quality and quantity. Consumers were involved in menu development and menu options aligned to dietary requirements, cultural and personal preferences. Staff were aware of consumers dietary needs and preferences as reflected in consumers care documentation.

Consumers said they felt safe using equipment and knew how to report safety concerns. Staff underwent equipment safety and risk training. The service had arrangements in place to purchase, service, maintain, renew and replace equipment. Equipment was observed to be safe, clean, maintained and stored in line with manufacturer’s instructions.

# 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 environment was observed to be welcoming with directional signage for ease of navigation and it featured various sitting rooms which were decorated to promote a home-like environment. Consumers and their visitors confirmed staff made them feel welcome as they greeted them and offered them refreshments. Staff were welcoming visitors and directional signage was easy to read and understand.

Consumers and representatives said the service environment was comfortable and described deep or daily cleaning kept the service clean. Documentation evidenced cleaning of the internal environment was attended to routinely, regular maintenance was scheduled, and urgent repairs were attended to promptly. Consumers were observed moving freely, using both indoor and outdoor communal areas.

Staff confirmed they had access to a range of furniture and equipment to meet consumer needs, which were observed to be clean and in good working order. Staff were observed cleaning shared equipment after each use. Maintenance documentation evidenced equipment was serviced routinely.

# 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 were encouraged and supported to provide feedback and felt comfortable raising concerns. Staff described the feedback and complaint processes available included feedback forms, a dedicated phone line, email or raising matters directly with them. Feedback forms, brochures and posters promoting complaints processes were displayed.

Consumers and representatives said they were aware of external advocacy and complaints services, however, were comfortable raising concerns with staff in the first instance. Staff were knowledgeable around accessing interpreter and advocacy services and would advocate for consumers by assisting them to raise concerns. Consumer handbooks included information about how to make a complaint, and the contact details for advocacy, interpreter and language services.

Consumers and representatives gave positive feedback on the timeliness of management’s response when they had lodged a complaint, or a serious incident had occurred. Complaint documentation confirmed when complaints were made that open disclosure principles, including completing an investigation in consultation with the complainant, are followed. Management and staff explained complaint management processes and gave examples of actions taken in response.

Consumers provided positive feedback regarding improvements to the service in response to their feedback. Complaint documentation and minutes of meetings evidenced feedback was recorded, monitored and analysed with improvement actions noted in a continuous improvement plan.

# 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 there were sufficient staff to meet consumer needs with calls for assistance attended promptly. Staff confirmed they had the time to complete their required duties and tasks and staff on unplanned leave were replaced. Rostering documentation evidenced a mix of staff were assigned across a 24-hour period, all shifts had been filled, with agency staff used as a last resort.

Consumers and representatives said staff engaged with consumers in a respectful, kind and caring manner. Staff were knowledgeable of consumers’ needs and preferences, and positive interactions between staff and consumers were observed. Management confirmed staff interactions with consumers through observation, feedback and complaints processes.

Consumers and representatives were confident staff were qualified to meet the consumer’s care needs. Records demonstrated the service recruited appropriately trained and qualified applicants to deliver care safely and effectively. During the recruitment process, the service ensured applicants possessed the required registrations to undertake clinical roles and the onboarding process required new recruits to demonstrate core competencies.

Consumers and representatives were confident staff were well trained and able to deliver care and services. Staff underwent annual mandatory training and targeted training was provided in response to specific care needs or through analysis of audits, clinical indicators and consumer feedback. Education monitoring records evidenced staff training was up to date.

Staff participated in performance reviews in which the service provided feedback and discussed professional and personal development and career progression within the service. Staff performance is monitored through observation, internal audits, clinical data and consumer and representative feedback.

# 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 had positive feedback regarding their involvement in the development, delivery and evaluation of care and services. Consumers were routinely surveyed, and the service held monthly consumer meetings to invite feedback regarding care and services. Feedback informed the service’s continuous improvement plans which were reviewed to measure change outcomes, and quality of care data were routinely provided to the service’s governance board.

The service’s governing body promoted a culture of safe, inclusive and quality driven care and services by routinely considering audit information and consumer feedback. Senior staff frequently communicated across the service regarding changes impacting consumers and visited the service to engage directly with staff and consumers. Reviewed reports and policies evidenced a culture of safe and inclusive care.

The service established a suite of committees to support governance functions including for information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Policies and procedures were regularly updated, along with risk assessments and budgets. The service’s continuous improvement plan set clear organisational goals in response to consumer feedback, industry changes, clinical data and external audits.

Risk management frameworks and policies were in place to identify, manage and respond to high-impact and high-prevalence risks, including consumer abuse and neglect. Staff demonstrated knowledge of risk minimisation strategies including fall prevention, infection control and minimisation of restrictive practices. The service maintained and reviewed an incident register and reported any serious incidents to the Commission, as is legislatively required.

Staff underwent training for antimicrobial stewardship, minimisation of restrictive practices and open disclosure, and could demonstrate relevant skill and knowledge. Consumers said the service practiced open disclosure regarding incidents. The service evidenced clinical governance systems that were routinely reviewed to ensure the quality and safety of clinical care and were guided by policies and procedures.

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)