Performance

Report

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| Name of service: | IRT Berala on the Park |
| Service address: | 13-19 St Johns Avenue AUBURN NSW 2144 |
| Commission ID: | 2575 |
| Approved provider: | Illawarra Retirement Trust |
| Activity type: | Site Audit |
| Activity date: | 5 October 2022 to 7 October 2022 |
| Performance report date: | 1 December 2022 |

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 IRT Berala on the Park (**the service**) has been prepared by J. Howard, 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 conducted from 5 October 2022 to 7 October 2022; 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 this 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 respect and dignity and their identity, culture, and diversity was respected and valued. Staff were aware of consumers’ identities and described how they tailored their care to best suit each consumer, this was also reflected in care planning documentation. Staff were observed supporting consumers in a kind, gentle and respectful way and information expressing the values of the service and rights of consumers were observed displayed throughout the service.

Consumers said staff valued their cultures, values, and background. Staff said care and services were respectful of consumers’ cultural, religious, preferences and what mattered most to them and described how they came to understand consumers’ cultures, stories, and backgrounds. Care planning documentation reflected each consumers’ cultural and spiritual backgrounds and desired activities, and consumer meeting minutes were displayed at the service.

Consumers and representatives felt that consumers were supported to make decisions about who was to be involved in their care and how it was delivered, including in relation to maintaining relationships and communicating their decisions. Staff spoke about how they enabled consumers to maintain relationships and ensured frequent communications for consumers and families, especially during periods of lockdown at the service. Care planning documentation reflected accurate information about consumer’s relationships as described by consumers and representatives.

Consumers and representatives said they were supported by staff to take risks and live the best lives possible. Staff knew in which areas of their lives consumers wished to take risks, and how consumers were supported to understand the benefits and possible harm when making decisions about taking risks. Dignity of risk forms stated consumer preferences and benefits and risks of making such choices as well as strategies to mitigate risk and support the consumers.

Consumers and representatives said they were updated regularly with information regarding meals and activities, staff talk to them directly and posters were available on noticeboards. Menus, flyers, monthly activity calendars, and a noticeboard to communicate weekly activities to consumers were observed by the Assessment Team. Staff confirmed they informed and prompted consumers regarding scheduled daily activities and notified of any changes.

# 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 received the care and services they needed and were involved and had a say in the care planning process. Staff described how care planning informs the delivery of care and services. Policies and procedures described the comprehensive assessment process upon admission, and the supporting procedural documentation available. Care planning documentation reflected individual consumer’s current needs were considered in line with the management of personal and clinical risks. Staff described individual requirements for consumers.

Consumers and representatives said staff involved them in the assessment and planning process through regular conversations, either in person, by telephone or at family case conferences. Consumers confirmed staff speak to them regularly about their care needs and about their end-of-life wishes in detail, if they wish. Care planning documentation identified and addressed the consumer’s current needs, goals and preferences, including advance care planning and end of life planning where the consumer wished. The service had a policy and procedure which guided staff practice in undertaking assessment and planning, including consideration of end-of-life planning.

Consumers and representatives confirmed their involvement in the initial assessment and ongoing care plan review processes. Staff described processes for referral to allied health professionals. Care planning documentation reflected the consumer and their representatives and others involved in the assessment and cares planning process, including the medical officer, physiotherapist, dietitian, speech pathologist, podiatrist and other specialists. Care plans included details of who consumers nominated to be involved in the care planning and evaluation process, including for advance care.

Consumers and representatives said the outcomes of assessments and planning were communicated to them. Staff explained the process of accessing care plan documents on the electronic care management system and described how outcomes of assessments were communicated to consumers by talking directly with consumers and representatives. Staff said they used cue cards or involved representatives to explain information to consumers who had difficulties communicating. Care and service plans were relevant to the consumer’s needs and included, but were not limited to, pain management, skin integrity, behaviour support, diet and mobility.

The service had systems and processes to review care and services on a scheduled basis and when changes occur and had strategies in place to effectively manage minor delays in scheduled reviews due to the impact of a COVID-19 outbreak, these were on track for completion by 30 November 2022. Care planning resources showed a step-by-step approach to evaluating the effectiveness of care plans and provided samples of goals as well as prompting staff to assist with the development of goals for consumers.

# 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 said they received safe and effective care, which was tailored to their needs and which optimised their health and well-being. Staff said they were guided by policies and procedures to direct personal and clinical care that was best practice. Management supported staff, including after hours support, for information and advice if required. Clinical documentation reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of consumers.

Consumers and representatives said that care provided to them was safe and right for them. Staff described the high impact and high prevalence risks for consumers and were familiar with specific risks in relation to individual consumers. The service had a range of clinical policies and procedures which guided staff practice in areas such as the care and management of falls, oxygen therapy, nutrition and hydration, and diabetes.

Consumers and representatives said they were confident that when they required end-of-life care, the service would support them to be as free as possible from pain and to have those important to them with them. Staff said they attended to mouth care, skin care, repositioning, and personal hygiene of the consumer to prioritise comfort and dignity during end-of-life care. Management advised families were encouraged to be present and welcomed throughout the end-of-life care of consumers. The service had policies and procedures that directed the management of end-of-life care, including pain management and comfort care.

Consumers and representatives said the service recognised and responded to changes in condition in a suitable and timely manner. Staff confirmed they were guided by policies and procedures that supported them to recognise and respond to deterioration or changes in consumers’ conditions. Clinical records indicated consumers were regularly monitored by staff and if any deterioration or change in a consumer’s mental, cognitive, or physical function, capacity or condition occurred, this was recognised and responded to in a timely manner and representatives were notified.

Information about consumer care was documented and effectively communicated, consumers and representatives said the service communicated with them regarding changes in consumers’ conditions. Staff described how changes in consumer’s care and services were communicated through verbal handover processes, meetings, accessing care plans, accessing the daily consumer task reports or messages through electronic notifications. Care plan documentation showed staff notified medical officers and representatives when consumers experienced any changes in condition, a clinical incident, was transferred to or from the hospital or was ordered a change in medication. Staff confirmed they received up-to-date information about consumers at handover.

Care planning documentation confirmed the input of others and referrals where needed, including recommendations from services such as dietitians, occupational therapists, dementia specialists and medical officers. Consumers and representatives said referrals were timely, appropriate and occurred when needed and consumers had access to relevant health professionals when required. The service had procedures for making referrals to health professionals outside of the service, through electronic messages and telephone communications.

Consumers and representatives felt the service managed COVID-19 precautions and other infection control practices effectively. Staff confirmed they received training in infection minimisation strategies, including infection control and COVID-19. Staff were familiar with precautions to prevent and control infection and actions to minimise the need for antibiotics. The service had a staff and consumer vaccination program and records were maintained for influenza and COVID-19 vaccinations; an infection control lead completed the related competency training. The service implemented policies and procedures which guided staff related to antimicrobial stewardship, infection control management and the management of a COVID-19.

# 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 felt services and supports for daily living met consumers’ needs, goals, and preferences. Staff understood what was important to consumers and what they liked to do. Care planning documentation reflected what was important to consumers and what they liked doing and included information about the services and supports required for consumers to optimise their quality of life, health, wellbeing, and independence.

Consumers and representatives said their emotional, spiritual, and psychological well-being needs, goals and preferences were well supported within and outside of the service. Leisure staff said they engaged with consumers the best way they could, using various methods appropriate for each consumer. Religious ministers and volunteers provided companionship as well as emotional, psychological, and spiritual support. Care planning documentation for consumers contained information about their emotional and spiritual or psychological well-being and how staff could support them.

Consumer and representatives confirmed consumers were actively engaged with their local community and supported to maintain relationships. Lifestyle staff said they supported consumers to keep in touch with family and friends by Skype, phone, Zoom, email and window visits. Volunteers came to the service to provide support through attending activities, chatting one-on-one and taking consumers for walks. Care planning documents included information about how consumers participated in the community and stayed connected with family and friends.

Consumers said they could be connected with and referred to other organisations if they wished. Staff said that for each consumer, they explored individual community ties and facilitated ways of enabling the consumers to keep them. Local churches provided religious services for consumers, one-on-one support and connections with the community. Care planning documents reflected the involvement of others in the provision of supports.

Consumers and representatives said they were satisfied with the variety, quality, quantity, and temperature of food. Staff were observed to be assisting, encouraging and offering choices with meals. Staff were knowledgeable about consumer’s preferences and dietary requirements. Care planning documentation identified consumers’ dietary needs, dislikes, allergies, and preferences. The daily menus were displayed on the notice board in the dining rooms and consumers could change their choice of meals at each sitting.

Consumers said they felt safe when using the service's equipment and that it was clean, easily accessible, and suitable for their needs. Consumers were comfortable raising issues if equipment needed repair and knew the process for reporting an issue and confirmed items were repaired or replaced quickly when required. Maintenance staff described how maintenance requests and actions were logged electronically, and maintenance documentation was observed to be up to date.

# 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 featured design elements that were welcoming and easy to understand. The service demonstrated consumers were supported to feel at home in the service and maintain their independence and personal preferences for interaction. Consumers said they felt very much at home at the service.

The service environment was clean, well maintained, and comfortable, and enabled consumers’ free movement within and outside of the service. All areas of the service were safe, well serviced, and consumers agreed the service was very clean, well maintained, and comfortable. Staff described the process for documenting, reporting, and attending to maintenance issues.

Furniture, fittings, and equipment were safe, clean, well maintained, and suitable for the needs of the consumers; maintenance staff were seen checking, cleaning, and repairing equipment used by consumers and described how maintenance was scheduled and carried out for routine, preventative, and corrective maintenance requirements. Consumers and representatives said the equipment was well maintained, safe and clean.

# 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 stated they felt supported and were encouraged to provide feedback and make complaints about care and services to management and staff, consumers said they were comfortable to talk to staff and staff were always willing to listen.

Consumers and representatives were aware of advocacy and language services to assist them with raising complaints and described feedback forms available at reception. Management and staff described advocacy services and support services for consumers with a range of issues. Staff said they had staff from many different nationalities who assisted in communicating with consumers where English was not their first language.

Consumers and representatives said they were kept informed of any issues as soon as they occurred, and the service did so with full transparency and openness. Staff confirmed they had access to all policies pertaining to complaints and feedback and were familiar with feedback processes and could describe responses to feedback given. Complaint documentation demonstrated complaints and incidents were followed up within 72 hours. Training records showed staff were trained in open disclosure policies and procedures.

Consumers and representatives stated their complaints were dealt with promptly and used to improve the quality of care and services, they received timely feedback and follow-up calls while a situation was being resolved. Complaints and feedback documentation demonstrated actions in response to complaints and feedback were constantly reviewed, responded to promptly and actions implemented to improve 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

Staffing rosters showed the service provided a planned workforce that had a suitable mix of skills to deliver quality care and services which were safe and effective. The service recently reviewed staff rosters for care services which resulted in the service adopting three shifts per day to improve staff rostering. Call bells were answered promptly across different levels and areas of the service.

Consumers and representatives stated staff were kind, caring and respectful of each consumer’s identity, culture and diversity. Staff were observed addressing some female consumers using respectful cultural terms for mother/aunty and others discussing cultural aspects relevant to the consumer’s identity such as food, music, family and their journey to Australia.

Consumers and representatives stated staff were competent and had the required knowledge to perform their roles effectively. Staff confirmed they completed mandatory training including manual handling, personal protective equipment and safety procedures and were familiar with restrictive practices, incident reporting, and infection control as a minimum. Management described how recruitment processes included checking procedures for staff qualifications and registration, police and criminal history checks and immigration status.

Consumers and representatives said that staff were well-trained, competent, kind and caring. Staff said they were offered quality training and employment conditions, uniforms, salary packaging and the open-door policy across the organisation were very good and made them feel valued and supported.

Management described the recruitment, ongoing assessment and performance review process including the appraisal process, which is up to date, staff confirmed completing a self-assessment and participating in an appraisal meeting. Staff described the process as positive and goal oriented, supporting them to make goals for training and development for the following twelve months and beyond.

# 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 confirmed they were engaged the development, delivery and evaluation of care and services and were invited to provide feedback through various mechanisms such as speaking directly to senior management and board executives at annual meetings. The service evidenced system-wide processes to include and support consumer engagement in the development and evaluation of services such as consumer surveys, quarterly consumer meetings and food focus groups.

Staff and executive management described policies and procedures for the delivery of quality, culturally safe and inclusive care and services, detailing their accountability for the provision of safe, quality clinical care and services and mitigating risk for consumers through the monitoring and analysis of data to evaluate performance against benchmarks, quality indicators, and high impact/high prevalence risks.

The service demonstrated robust, organisation-wide governance systems which provided guidance with information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. The quality framework provided guidance for staff, across all roles, in their understanding of how quality was achieved within the service. The service had a suite of organisational policies and procedures contained on the policy portal to guide staff understanding.

The service had effective systems, policies, and practices in place in place which managed high impact and high prevalence risks, identified abuse and neglect and supported consumers to live the best lives possible. The service demonstrated it had an incident management system where all incidents were logged, reviewed, and actioned if required in an open and transparent manner with consumer and/or representatives, incident data is used to identify strategies to prevent further incidents.

Staff were observed in discussions in relation to the clinical governance framework covering all aspects of delivering safe and effective clinical care including antimicrobial stewardship, minimising the use of restraint, and using open disclosure processes in handling incidents. The service had an infection control lead responsible for providing clinical guidance relating to infection control and preventions. The service had policies and procedures in place relating to minimising the use of antibiotics and an outbreak management plan, and staff described practices for minimising infections and antimicrobial stewardship.

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)