Performance

Report

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| Name of service: | IRT Crown Gardens |
| Service address: | 1 Guy Lane BATEMANS BAY NSW 2536 |
| Commission ID: | 0550 |
| Approved provider: | Illawarra Retirement Trust |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 17 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for IRT Crown Gardens (**the service**) has been prepared by G. Hope- Simpson 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

All consumers and representatives described how the staff treat them with respect and dignity, and said care and services were culturally appropriate. Staff identified consumers with cultural differences and could demonstrate how this was embraced within the care and services delivered. Care planning documentation identified individual cultural and diversity requirements are assessed and incorporated into their care plan for each consumer.

Consumers and representatives said the service encourages consumers and their representatives to have choice and input into all decisions regarding their lifestyle and care. Staff were observed asking consumers their individual preferences and demonstrated knowledge most consumers’ preferences. Consumers' care planning documentation aligns with the information provided by consumers, representatives, and staff regarding their continued involvement in their community and maintaining personal and social relationships.

Consumers are encouraged and supported to take risks to enhance their lives. Dignity of risk assessments were in place. Staff were aware of risk-taking consumers and strategies used to mitigate those risks.

All consumers and representatives told the Assessment Team they receive regular updates and information from the service which keeps them informed of changes. Information regarding lifestyle, food choices and care planning were provided to consumers.

Consumers and representatives reported personal information was kept private and stored safely and their privacy is respected. Care planning documentation included his privacy preferences. Staff said all consumer personal information is stored online and is password protected with limited access based on staff positions. Staff were observed by the Assessment Team to be respectful, maintain the dignity of consumers, speaking nicely, using consumers’ preferred name and knocking on doors to seek permission prior to entering.

# 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 receive the care and services they need, and they are partners in the care planning processes. Staff were able to describe the care planning process, and how it informs the delivery of care and services. Care documentation showed assessment of risks and supporting risk-taking in line with consumers wishes.

Consumers and representatives said the service discussed current care needs, goals, and preferences, including advance care planning and end of life planning. Staff confirmed end of life care and advance care planning are discussed during admission and consumers are given written information regarding this. Advance Care Plans (ACP) and end of life (EOL) plans were observed in all consumer files reviewed, as well as up-to-date assessments and plans based on consumer preferences and needs.

Consumers and representatives described how they have input and are involved in assessments and all planning of care. Staff could describe specialists who are involved in reviews and reported care plans are provided to consumers and representatives. Care files had information regarding who the consumer prefers to involve in decision making and the planning of care and services.

Consumers and representatives can access care plans and obtain their own copies if they wish. Consumers and representatives described how they are included in regular care plan reviews and updates regarding care outcomes. Staff reported they involve consumers and the representatives, in care plan reviews. Care planning documentation and progress notes confirms consumers and representatives are involved in the delivery of care.

Consumers and their representatives said their care and services are reviewed regularly including when incidents impact care needs. Staff reported they updated care plans following incidents. Care planning documents indicated they had been updated following changes to consumer condition.

# 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

All consumers and representatives said they are happy with personal and clinical care services as they are tailored to their individual needs, are effective in managing their conditions and are safely delivered. Staff were managing chemical restraint, pain, complex nursing needs and skin in line with the service’s policies and procedures. All consumer files reviewed demonstrated that both clinical and personal care is safe, effective and align with the individual needs of consumers.

Consumers and representatives said they feel the service provides care that is the most appropriate and safe. Staff was able to describe the care for consumers identified as high risk including in relation to falls, pressure injuries, indwelling catheters and pain. Consumers’ files reviewed identified that high impact or high prevalence risks are assessed, and interventions have been implemented to effectively manage these risks.

Consumers and representatives said they had discussed end of life planning with the service during admission. Staff described what is important when providing EOL which included skin integrity and promoting the dignity and comfort of consumers in their palliative phase. EOL care plans were in place, which included individual care needs and preferences about EOL care.

Consumers and their representatives were satisfied with the service’s response to deterioration. Communication regarding the changing needs of any deteriorating consumers occurs during change or shift handovers, daily huddles, and clinical meetings. Care documents showed consumers who experienced deterioration are responded to in a timely manner.

Consumers and representatives described how staff know the consumers and their care needs. Staff described how changes in consumers’ care and services were communicated. Care plans provided comprehensive information regarding the consumer’s condition, needs, and preferences between internal and external providers who share responsibility for the consumer’s care.

All consumers and their representatives are satisfied they have access to a Medical Officer and allied health providers as required. Staff described how collaboration with allied health professionals provides best practice care and services. Care planning identified timely referral and access to Medical Officers and allied health reviews including visiting physiotherapist, dietitian and speech therapists.

Staff demonstrated an understanding of how they minimise the spread of infection and ensure appropriate antibiotic use. The service has a robust screening system in place on entry to the service. The service has infection prevention resources, both in hard copy and online learning modules, for all staff.

# 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 said they feel supported to pursue activities of interest, and felt they were supported to optimise their independence. Staff understood what is important to consumers and this aligned with the information in the consumer’s care plan. Lifestyle staff explained how they partner with the consumer or their representative to conduct a lifestyle assessment. The monthly activity calendar indicated the different types of activities available to promote independence, and optimise the overall health, well-being, and quality of life of each consumer.

Consumers said the service provided services and supports that helped with their emotional, spiritual, and well-being while living at the service. Staff were able to give examples of how they provide support for consumers’ emotional, spiritual and psychological well-being. Care planning contained information about emotional and spiritual or psychological well-being strategies, which was in line with feedback provided by consumers.

Consumers and representatives said consumers are supported to participate within and outside the service, stay connected with people who are important to them, and do the things of interest to them. Staff described how they support consumers to participate in the community or engage in activities that interest them and could describe specific consumers who undertake individual activities outside the service. Consumers' care planning documentation aligns with the information provided by consumers, representatives, and staff.

Consumers said they had given consent to having their information shared with others who are responsible for their care. Staff in different roles described how the organisation informs them about a consumer’s condition, needs, goals, and preferences; this was confirmed in care planning documents that were individualised.

Representatives sampled said their family members are supported by other organisations, and services. Staff described other individuals, organisations and providers and specific consumers who utilise these services. Consumer care planning identified referrals to other organisations and services.

Consumers and representatives did not raise any concerns about the meals and said they were of good quantity and quality. Staff explained how they meet individual consumers’ dietary needs and preferences and how they ensure that food safety requirements are met.

The service involves consumers in the development of the menu and encourages feedback on the quality of the food provided. Staff explained how they meet individual consumer’s dietary needs and preferences and how they ensure that food safety requirements are met. The service demonstrated the process of ordering, storing, and preparing food that maintained freshness and quality. During the Site Audit, the Assessment Team observed consumers enjoying their meals.

Consumers and representatives reported having access to equipment to assist them with their daily living activities as well as providing resources and equipment for leisure and lifestyle activities. Staff said they have access to equipment and could describe how equipment is kept safe, clean, and well maintained. The Assessment Team observed equipment that appeared safe, clean, and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said that the service is friendly and welcoming, and they are able to personalise their rooms. Consumers’ rooms were observed to be personalised, and the service was clean, and there was ample directional signage. Corridors were observed to be wide with handrails.

Consumers and representatives report that the service is cleaned regularly, maintenance is carried out quickly and they were able to move around the service freely and independently. The building design enabled consumers to move freely, both indoors and outdoors, with safe walking areas in the indoors and easily accessible gardens. The service was observed to be clean and well maintained.

Most consumers said the service was always clean and everything was well maintained. Staff described how shared equipment used for moving and handling consumers were cleaned. Staff described how they knew the equipment was safe and appropriate for the consumer and what to do if any maintenance was required. Mobility aids were observed to be well maintained and cleaned regularly.

# 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 said while they were aware of how to make a complaint using a written form or sending an email, they preferred to speak with staff directly. Staff described how they supported consumers and their representatives to access complaints and feedback mechanisms. Consumers and representatives said they received information relating to the complaints and feedback processes on admission and at meetings. A feedback box was observed.

Consumers said they are provided with information on advocacy, language services, and ways to raise complaints. Staff demonstrated they understood the internal and external complaints and feedback avenues, and advocacy and translation services available for consumers and/or their representatives. Staff described how they assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Consumers and representatives said that management and staff provide an apology when a complaint is made or when things go wrong. Staff and management had received training on complaints management and open disclosure, and demonstrated a shared understanding of the principles of open disclosure. The Assessment Team reviewed the complaints register and saw evidence of how complaints were handled.

Consumers and representatives said they have provided feedback or complaint which has resulted in an improvement in the delivery of care and services such as the purchasing of new furniture. Management demonstrated that all feedback and complaints are reviewed and used to improve the quality of care and services and are linked to the Plan for Continuous Improvement (PCI). Review of the PCI confirmed items being completed and closed in a timely manner and the progress of items still open.

# 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 interviewed said there were usually enough staff at the service, but they also accepted that due to the location of the service, staff shortages can occur. None of the consumers raised any concerns about call bell times. A roster is developed and published every 2 weeks based on the needs of the consumers. Vacancies on the roster are offered to the service’s staff before assistance is sought from external agencies.

All consumers interviewed said that staff treat them with respect, understand their individual preferences and choices, and address them by their preferred name. Staff were aware of consumers cultural and personal backgrounds, and the lifestyle staff said that they conduct activities to acknowledge consumers’ cultural heritage. Staff were observed interacting with consumers in a kind, caring, and respectful manner.

Consumers and representatives said that staff were well trained and meet their needs in a friendly and helpful manner. Staff said that they receive the training and supervision they need to do their job well. Records indicate that recruitment, selection, and induction is comprehensive, and management were able to demonstrate that training takes place according to roles and service needs.

Consumers said staff knew what they were doing, and they are well trained. Staff described the organisation’s training programme and performance monitoring process. Staff have access to many training modules on their online training platform, which the Assessment Team observed. A review of the training records and personnel files showed staff complete the training required for their role and had completed performance appraisals.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said they provide ongoing input into how care and services are delivered through care plan reviews, meetings, and surveys. Management said that all feedback or suggestions made by consumers and representatives are included in the service’s improvement register and all reviewed, investigated, and implemented. The ‘resident and relative’ meetings showed input into the food menu and lifestyle activities at the service following feedback from consumers.

Management outlined different committees that sit under the governing body, and how information is provided about the service to the governing body, which consolidates information from various sources to assure the service’s compliance with the Quality Standards. The Assessment Team reviewed a variety of reports in relation to clinical data and analysis, feedback and complaints resolution, and risk incident evaluation, which support the broader management team and the governing body to provide a culture of safe and inclusive care.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. The service had an effective ECMS, PCI, established financial governance arrangements, and processes for workforce governance feedback and complaints.

Management described their risk management system and confirmed practices are in place in relation to high impact and high prevalence risks, abuse and neglect, dignity of risk, and incident management, including SIRS. The service identified their main high impact and high prevalence risks and what they are doing to manage these. All staff understood their responsibilities in relation to incident management and how to support consumers to live their best lives. Management could describe the ways in which incident trends have influenced service improvement.

The service demonstrated a clinical governance framework in place, including policies concerning antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated a shared understanding of these concepts and gave practical examples to demonstrate how the principles applied to their work.

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)