Performance

Report

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| Name of service: | Performance report date: |
| IRT Culburra Beach | 31 August 2022 |
| Commission ID: | Activity type: |
| 2760 | Site audit |
| Approved provider: | Activity date: |
| Illawarra Retirement Trust | 26 July 2022 to 28 July 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 Culburra Beach (**the service**) has been considered by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, undertaken 26 July 2022 to 28 July 2022. The Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team said they are treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke about consumers respectfully and were observed by the Assessment Team to be respectful in their interactions with consumers.

Consumers and representatives provided feedback that consumers are able to exercise their choices about how their day-to-day care and services are delivered. The service has supported consumers to maintain relationships of choice and make decisions about when family should be partners in care. The staff gave examples of how they help consumers make day-to-day choices and support consumer needs and preferences to live their best life.

Consumers are supported to take risks to enable them to live the best life they can. Risk assessments for consumers are completed for activities which may involve risk and where appropriate, measures to mitigate the risk associated with the activities the consumers wish to pursue are supported by the service.

Consumers and representatives provided feedback that they are given information which enables them to exercise choice. The service provides consumers with information which allows them to make informed choices and understand their rights and the services available to them.

The service demonstrated that consumer’s privacy is consistently being respected and personal information is being kept safe and confidential. All consumers and representatives interviewed were satisfied their privacy is respected and information is being kept confidential. Staff interviewed could describe practical ways they maintain the privacy and confidentiality of individual consumers in the delivery of care and services.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Most consumers interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed confirmed they are informed about the outcomes of assessment and planning and have access to their care and services plan if they wish.

The Assessment Team found the service has processes to guide staff in the completion of assessments for consumers on entry to the service, on return from hospital and after incidents, and as per a regular schedule. Overall risks to consumer’s health and well-being are identified, and strategies implemented to mitigate the risk.

Documentation reviewed and interviews with consumers, representatives and staff demonstrated that assessment and planning addresses consumer’s goals, needs and preferences. Advance care and end of life planning is discussed at case conferences and end of life planning is documented for those consumers who choose to have one. The service demonstrated they have a partnership with consumers and/or their representative to involve them in the care assessment and planning of the consumer. Other organisations, individuals and providers of other care and services are involved in assessment and planning for consumers where appropriate.

Care documentation reviewed demonstrated regular reviews of care and services for consumers. Review of consumer care is also conducted following incidents and when changes occur in consumer needs such as declining health.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Overall, consumers and representatives interviewed by the Assessment Team were satisfied with the care and services provided and said staff were kind and caring. Consumers and representatives interviewed said they were satisfied with their access to a doctor and other health professionals.

Clinical documentation reviewed by the Assessment Team demonstrated personal and clinical care that is generally safe, effective, and tailored to the specific needs of the consumer. This included in relation to wound management, minimisation of restrictive practices, pain management, and in response to clinical deterioration. The service has processes to identify, monitor and manage high impact or high prevalence risks associated with the care of each consumer.

The service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. A representative whose consumer passed away at the service provided positive feedback about how the service had cared for the consumer at the end of their life. The consumer said staff cared for the consumer in a caring, kind respectful manner, ensured their end of life wishes were complied with, and regularly communicated with the representative.

Consumer care documentation contains information about the condition, needs and preferences of the consumer from various health care providers. The handover process communicates the daily changes as needed for consumers. Entries from medical officers, speech pathologists, physiotherapists, dieticians and specialists are evident in consumer files. Referrals are generally made for consumes in a timely manner as appropriate.

Registered nursing staff demonstrated an understanding of antimicrobial stewardship. Staff were able to describe transmission-based precautions to prevent and control they use at the service. The service has an infection control lead who has undertaken the appropriate training.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers reported the service enables them to go into the community when they want. Care plans reviewed reflected individual consumer preferences, and activity schedules align with the goals discussed by consumers when interviewed by the Assessment Team.

Consumers interviewed said they were supported emotionally by staff. Staff described their practices which support consumer’s emotional, spiritual and psychological wellbeing.

Consumers provided feedback that information about their condition, needs and preferences for services and supports for daily living is effectively communicated within and between organisations. Documentation reviewed demonstrated communication with others where responsibility for care is shared and consumer preferences. For example, dietary preferences, individual activity plans and handover, and staff were found to be knowledgeable about this information. The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers.

Consumer feedback regarding the meals was generally positive and the service was able to demonstrate its processes for ensuring dietary requirements and meal preferences are provided to consumers as required.

Consumers, management and staff interviewed reported that equipment used to support consumers lifestyle is safe and well maintained. Equipment used by consumers such as lifters and items used in activities are cleaned after each use. The service has processes in place for the reporting and resolution of maintenance issues and the completion of regular maintenance tasks.**Standard 5**

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| Organisation’s service environment | | Compliant |
| 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team spoke positively about the service environment saying they are able to move freely within the service and it was clean and well maintained. Consumers interviewed advised that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumers.

The Assessment Team observed the service has a welcoming environment and consumers were observed to be moving around the service using a range of mobility assistive equipment including wheelchairs and wheeled walkers. Wayfinding was observed at the service, consumers interviewed said they find it easy to find their way around the service. The Assessment Team also observed communal spaces for socialisation throughout the service, including outdoor shaded areas and outdoor seating.

The service was observed to be generally clean and well maintained, and has processes in place to ensure furniture, fittings and equipment are safe, clean and regularly serviced, which includes cleaning and maintenance schedules. Equipment was observed to be clean and stored away, when not in use.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team said they are encouraged to provide feedback and supported to make complaints. Staff interviewed and documentation reviewed demonstrated staff encourage and support consumers to provide feedback and complaints.

Consumers and representatives interviewed were aware of advocacy services and some were aware of external complaint mechanisms. Promotion of advocacy services and external complaint mechanisms were observed throughout the service, as well as some information on language services.

Most consumers and representatives interviewed said their complaints had been satisfactorily addressed and the staff understood their responsibilities in the open disclosure process. Management demonstrated that complaints had been adequately addressed and an open disclosure process was consistently applied. The service demonstrated it endeavours to record and review all feedback and uses the information to improve quality of care and services. Review of the service’s system showed feedback is consistently recorded, monitored and reviewed in an effort to drive continuous improvement.

**Standard 7**

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| Human resources | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team considered consumers get quality care and services when they need them from people who are knowledgeable and capable, and staff possess the required knowledge and competency to effectively perform their roles. Consumers said their needs are met in a timely manner without them feeling rushed by staff, and their call bell is answered promptly. Consumers and representatives said staff interactions with consumers are managed in way that is kind, caring and respectful.

The service demonstrated that the members of the workforce are competent and have the knowledge to effectively perform their roles. The organisation has a comprehensive recruitment process which includes interview, reference checks and police checks as well as an orientation process which includes buddy shifts, code of conduct training and performance reviews.

The service demonstrated systems in place to ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. This includes monitoring attendance at mandatory education sessions as well as those education courses or sessions deemed to be compulsory.

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Management provided feedback that review of complaints data, regular audits on care delivery, observations, feedback from consumers and representatives, staff, clinical indicators as well as feedback through resident/representative meetings informs the performance appraisal process.

**Standard 8**

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

## Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team could provide examples of how they are involved in the development, delivery and evaluation of care and services as representatives on various committees, and attending food, lifestyle and consumer meetings. Management described the comprehensive range of consumer feedback and engagement strategies used by the service, and consumers also discussed these with the Assessment Team.

The organisation’s governing body demonstrates that it promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Board is engaged in its oversight of the service and the changes it has made as a result of consumer feedback, experience and incidents. The Board ensures the service is meeting Quality Standards through its reporting mechanisms, and its communications to consumers and staff regarding the Quality Standards and what it means to them.

The service is part of the organisation wide-governance structure and framework with effective governance systems and risk management systems and practices. However, some gaps in the service’s incident reporting and escalation were identified. The organisation has a clinical governance framework and policies relating to antimicrobial stewardship, restrictive practice, and open disclosure.

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-2)