Performance

Report

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| Name: | IRT Five Islands |
| Commission ID: | 0523 |
| Address: | 25 Quarry Street, PORT KEMBLA, New South Wales, 2505 |
| Activity type: | Site Audit |
| Activity date: | 23 October 2023 to 26 October 2023 |
| Performance report date: | 17 November 2023 |
| Service included in this assessment: | Provider: 835 Illawarra Retirement Trust  Service: 536 IRT Five Islands |

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 Five Islands (**the service**) has been prepared by Denise 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 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 | |  |
| 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 and representatives said consumers were treated with dignity, respect and staff knew their individual preferences. Staff described respecting consumers by confirming consent prior to care delivery and respecting consumer choice. Staff were observed interacting with consumers in a respectful and dignified manner.

Consumers and representatives confirmed consumers’ cultural identities and preferences were recognised and respected. Management described assessing consumers’ cultural needs and preferences at entry and tailoring care and services, accordingly. A calendar of events included various cultural celebrations relevant to consumers.

Consumers said they were supported to make choices regarding care delivery, including those involved, and to maintain important relationships. Staff described assessing and respecting consumers’ choices, including updating care plans to reflect changing decisions. Staff were observed assisting consumers to maintain important relationships.

Consumers said they were supported to take risks to live the way they chose. Staff described processes to assess consumer risk, including ensuring consumer awareness of benefits and potential harms. Care documentation evidenced risk agreements detailing potential adverse outcomes, mitigation measures and agreements between consumers and the service.

Consumers said they were provided information which enabled them to make choices regarding care and services. Staff confirmed consumers were provided a monthly activity calendar and they verbally advised consumers of events. Activity calendars, meals and posters of available services were observed on noticeboards.

Consumers said their privacy was respected and staff confirmed knocking on doors prior to entry, discreetly discussing consumer information and locking computers when not in use. Staff were observed respecting consumers’ privacy and were guided by an information management policy to ensure consumer records remained secure.

# 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 provided positive feedback regarding care assessment and planning, including consideration of risks. Staff described initial and ongoing assessments to ensure care needs were continually met and involved consumers and representatives in the processes. Care documentation evidenced risk assessments and mitigations for skin integrity, nutrition and falls, among other risks.

Staff described discussing end of life wishes with consumers and representatives at entry and during care reviews, if appropriate. Care documentation reflected consumers’ current needs, goals and preferences, including advance care plans, where agreed by the consumer. An end of life procedure guided staff through palliative care discussions and planning.

Consumers and representatives confirmed ongoing involvement in care assessment, planning and review. Staff described reviewing care plans quarterly, annually or in response to changes and care documentation evidenced consultation with consumers, representatives and health professionals.

Consumers and representatives confirmed staff discussed and explained care and service assessment and planning outcomes and were offered copies of care plans. Management advised consumers and representatives of care plan changes and staff confirmed referring to consumer information during handovers and through the electronic care management system.

Consumers’ care plans were reviewed every 3 months, annually, or in response to changes or incidents and included consultation with others involved in consumer care. Full reassessments of care plans were undertaken annually and care documentation reflected changes made in response to deterioration or incidents.

# 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 described receiving care that was consistent, safe and tailored to their needs and preferences. Care documentation evidenced consumers were receiving care that was safe, effective, tailored and developed in consultation with allied health professionals. Staff were knowledgeable of restrictive practices, skin integrity, and pain management.

Consumers provided positive feedback regarding management of high-impact and high-prevalence risks. Staff were knowledgeable of prevalent risks and partnered with specialists, consumers and representatives to develop appropriate management strategies. Care documentation detailed clinical and environmental assessment and management of risks.

Staff described how they ensured the comfort of a consumer who recently passed away through use of various pain management strategies. Care documentation, for consumers who were nearing the end of life, evidenced an advance care plan, record of discussions with family and access to palliative care specialists. Staff were guided by a palliative care policy to assist identification of deterioration and responsive end of life care.

Consumers and representatives said staff promptly recognised changes in consumers’ condition and responded appropriately. Staff described recording and escalating identified consumer deterioration to senior staff for prompt response, which was reflected in care documentation.

Consumers and representatives provided positive feedback regarding sharing of consumer information with those involved in their care. Staff described exchanging consumer information during handovers and through the electronic care management system. Care documentation evidenced reviews, updates, incidents and changes to care.

Consumers and representatives confirmed having prompt access to relevant allied health professionals and health services. Staff were knowledgeable of referral pathways, including to speech pathologists and medical officers, and referrals were reviewed weekly to ensure prompt action. Care documentation evidenced consumer referrals to appropriate specialists.

Consumers and representatives provided positive feedback regarding infection control practices. Staff described using personal protective equipment, practising hand hygiene and antimicrobial stewardship. Records evidenced a high proportion of consumers and staff had received vaccinations and staff were observed implementing infection control measures.

# 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 confirmed availability of various services and supports for daily living which optimised their quality of life. Staff were knowledgeable of consumers’ individual likes and dislikes and tailored care and services, accordingly, including for those with dementia. An activity calendar scheduled various events promoting consumers’ independence and wellbeing, including bus outings and concerts.

Consumers and representatives said the service supported consumers’ emotional, spiritual and psychological well-being. Staff were knowledgeable of consumers’ personal and cultural preferences and facilitated individualised or spiritual care and services. Care documentation reflected consumers’ unique preferences to guide staff when providing appropriate care.

Consumers said they were supported to participate in activities within and outside of the service and maintain contact with family and friends. Staff described facilitating contact with loved ones through video calls or visits and supporting consumers wishing to engage in community activities. Care documentation evidenced consumers’ social and cultural preferences and important relationships.

Consumers and representatives provided positive feedback regarding consumers’ information being shared with those involved in their care. Staff were made aware of consumers’ needs, likes, dislikes and preferred activities through handovers and the electronic care management system. Care documentation detailed consumers’ current needs and preferences.

Consumers and representatives confirmed consumers were promptly referred to appropriate external care and service providers. Staff described support from other organisations, including entertainers, volunteers and libraries. Care documentation reflected referrals made to support services aligned to consumers’ unique circumstances and interests.

Consumers provided positive feedback regarding the quality, quantity and variety of meals. Staff described the seasonal menu changing every 4 weeks in consultation with a dietitian, and welcoming consumer feedback through regular meetings. Options in addition to the menu were available and care documentation reflected consumers’ dietary allergies, needs and preferences.

Consumers confirmed equipment was safe, suitable, clean and well-maintained. Staff were knowledgeable of cleaning and maintenance processes and acquiring additional equipment in response to consumer need. Records confirmed all maintenance requests had been promptly completed.

# 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 the service environment was welcoming, easy to navigate and provided a sense of belonging. There were communal sitting areas, mobility infrastructure and outdoor areas. Staff described welcoming visitors and encouraging their participation in activities, and consumer rooms were observed to be personalised with photographs and memorabilia.

Consumers and representatives confirmed the service environment was safe, clean, well-maintained and they could move freely about the service. Staff were knowledgeable of cleaning processes and records evidenced routine and responsive cleaning, maintenance and cleaning audits. The service environment was observed to be clean, tidy and maintained.

Consumers said furniture, fittings and equipment were safe, clean and well-maintained. Staff were knowledgeable of maintenance processes and discontinuing use of faulty equipment to ensure consumer safety. Records confirmed equipment maintenance had been undertaken with no outstanding items, and fire safety equipment recently serviced.

# 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 comfortable providing feedback or making complaints by speaking with staff or through feedback forms. Staff confirmed addressing concerns promptly during care delivery or escalating matters, where appropriate. Management confirmed receiving input verbally, through forms, meetings, phone calls or emails, and meeting minutes evidenced consumers having opportunity to provide feedback or make a complaint.

Consumers and representatives were aware of advocacy services and had been provided information by visiting representatives. Management confirmed consumer access to advocacy services and bimonthly visits from services to raise awareness of available support. Information regarding advocacy, and interpreting services translated into various languages, were observed throughout the service.

Consumers and representatives provided positive feedback regarding complaints and feedback processes. Staff and management described appropriate processes to respond to and resolve issues raised by consumers or representatives, including the use of open disclosure. A feedback and complaints register evidenced matters were recorded and resolved quickly.

Consumers and representatives confirmed their feedback and complaints were used to improve care and services. Management described changes made in response to consumer input resulting in positive outcomes. Consumers were observed participating in activities introduced in response to their feedback.

# 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 confirmed the number and variety of staff sufficiently met their care needs. Management described allocating staff based on care needs and regulatory requirements, including continuous availability of registered nurses. Unplanned leave was covered by service or organisation staff, utilising agency staff as a last resort.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff described respecting consumers’ choices and familiarising themselves with their unique needs and preferences. Staff were observed interacting with consumers respectfully, including seeking permission to enter rooms and speaking with consumers respectfully.

Consumers and representatives said staff were competent and capable of providing quality care. Management confirmed candidate competencies during recruitment processes and staff participated in orientation training post commencement. Records evidenced required qualifications, work clearances, professional registrations and security vetting.

Consumers and representatives were confident staff had been appropriately trained to perform their duties. Staff confirmed participating in a range of training modules, were supported to nominate additional training and had access to onsite clinical educators. Records confirmed staff completion of various training regarding serious incidents and manual handling, among other topics.

Management described assessing, monitoring and reviewing staff performance through annual appraisals, observations and consumer feedback. Staff confirmed discussing during performance appraisals any support required, completed training and areas for improvement. Records reflected completed or progressing performance appraisals helping to identify workforce development opportunities.

# Standard 8

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

Findings

Consumers said they were involved in designing the delivery of care and services through meetings. Management confirmed consumers and representatives were encouraged to engage in service operations through surveys, care plan reviews and feedback processes. Meeting minutes confirmed consumer input regarding meals, activities, staffing and care.

Management confirmed information regarding incidents, clinical trends, risks and regulatory compliance was provided by the service to the governing body to support safe and quality care and services. Governing body members visited the service annually to speak with consumers and staff about care and services, and meeting minutes reflected reviews of incidents and risks and continuous improvements.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate, review and monitor risks and incidents to improve care delivery. Staff were knowledgeable of best practice management of serious incidents and an electronic incident management system confirmed incidents were appropriately managed and reported.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure and described applying relevant practices in their roles. Staff were guided by policies detailing appropriate use of antimicrobials and restrictive practices and to use open disclosure following complaints or incidents.

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)