Performance

Report

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| Name of service: | IRT Greenwell Gardens |
| Service address: | 4 Brereton Street NOWRA NSW 2541 |
| Commission ID: | 0559 |
| Approved provider: | Illawarra Retirement Trust |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 14 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 Greenwell Gardens (**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; 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 said they were treated with dignity, respect, felt accepted and valued. Staff explained how they respected and promoted cultural awareness in their everyday practice. Training records showed how the organisation supported staff to meet this requirement, and policies and procedures had an inclusive, consumer-centred approach to delivering care and services.

Consumers said staff understood their needs and preferences and knew what to do to make sure they felt respected, valued, and safe. Staff described how they adapted the way care and services were offered to be culturally safe for each consumer. Care documentation reflected the consumers cultural preferences; and care plans and service delivery were tailored accordingly.

Consumers said the service supported them to make decisions over the planning and delivery of care and services. Staff gave examples and were observed supporting consumer choice and independence. Consumer files evidenced consumer choices expressed through case conferences were accurately communicated to staff, including any changes to those decisions.

Consumers said they were supported to understand benefits and possible harm when they made decisions about taking risks. Staff described examples of how the organisation has supported consumers to have choice and control, including when choice involved risk, such as smoking. Training records showed how the organisation supported staff to understand the right for consumers to take risks. Decisions regarding risk were documented in the consumer’s care file.

Consumers said they got information in a way they could understand. Staff described different ways information was communicated to make sure it was easy to understand and accessible to consumers, including strategies to communicate information to consumers with communication barriers. Information was observed to be provided in a consumer-friendly way using appropriate language.

Consumers said the service protected the privacy and confidentiality of their information. Consumer information was observed to be kept in an electronic care planning system requiring a password to access. A privacy policy was sighted which outlined how the service maintained and respected the privacy of personal and health information.

# 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 said they were involved in care planning decisions; felt they were safe and confident the staff supported their health and well-being. Policies, procedures, clinical guidelines, and flowcharts guided staff to ensure assessment and planning was effective and included the consideration of risks to the consumer. Care planning documentation reviewed reflected effective, comprehensive assessment and planning which identified the needs, goals, and preferences of consumers, including identified risks.

Consumers stated care plans identified their goals and preferences, including advance health directives. The service had admission and review processes which included discussion with consumers on advance care planning. Care planning documentation reviewed detailed consumers’ current needs, goals, and preferences, and included an advance health directive or statement of choices where they choose to have one.

Consumers were actively involved in the assessment, planning and review of their care and services. Staff described the policies and processes in place which ensured the service partnered with consumers to assess, plan and review care and services. Planning documents for consumers were reviewed and reflected integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers.

Consumers and representatives said they were involved in case conferences, discussions with staff and were offered a copy of their care plan. Care planning documentation showed the outcomes of assessment and care planning were communicated to consumers in a timely and appropriate way. Staff confirmed they offered a copy of the consumer’s care and services plan and provided a copy in accordance with the consumer or representative’s preference such as email.

Consumers said when something went wrong, or things changed, staff communicated with them and sought their input to update their care and services plan to ensure safe and effective care and services were delivered. Documented policies and procedures guided care and care plans, including automated review mechanisms and a suite of assessments and charting. Staff provided evidence of how they contributed to reviews and clinical staff provided an overview of the review process including care plans were reviewed a minimum of three-monthly, following incidents and changes in care needs.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers said they were confident they were getting care safe and right for them, care was consistent with their needs and preferences, and the care provided supported their health and well-being. Policies and procedures, medical direction, and systems informed safe and effective care and supported staff to deliver personal and clinical care which was best practice and met the needs of each consumer. The electronic care management system provided a comprehensive picture of each consumer’s care, including restraint, mobility and falls, nutrition and weight management, and other personal and complex clinical care provided.

Consumers said risks to their well-being such as falls, pressure areas, weight loss and infection were assessed, explained, and managed to reduce risk. Staff articulated the care plans for consumers with high risks, such as for those with restraints and risk of pressure areas or choking. The service had documented policies and procedures, medical input and clinical protocols which guided how staff managed high impact or high prevalence risks.

Consumers and representatives said if the consumers reviewed, condition deteriorated, their wishes were known, and staff knew what to do. Consumer files identified personal choices and preferences, and an advance care plan was in place where a consumer chose to have one. Care and services plans reflected the consumer’s end of life care needs, goals, and preferences. Staff were equipped to provide end of life care, registered nurses were available to support care staff, and a palliative care service was available to support the team.

Consumers said staff knew them and would pick up a change in their condition, would listen and would respond with appropriate actions and care when needed. The service had policies, procedures, and clinical protocols to guide staff in the management of deterioration. Care planning documentation reviewed included consumer preferences, advance health directives and baseline observations, which guided staff response to deterioration for each consumer.

Consumers said those who need information to deliver their care were well informed, trained and care was well coordinated. Staff reported the various ways changes in consumers’ care and services were communicated, which included handover at the commencement of each shift, reading consumers’ care plans and progress notes, reports, the care plan review process, and clinical meetings. Care documentation, including care plans and progress notes, provided detailed information to support effective and safe sharing of the consumer’s condition, preferences, and care needs.

Consumers said the organisation had access to and has referred them to the appropriate providers, organisations, or individuals to meet their care needs. Documentation, including care and services plans, reflected the organisation collaboration with other individuals, organisations, and providers to support the diverse needs of consumers. Staff advised they were guided by clinical protocols and medical direction for referrals to allied health and specialist services.

Consumers said the service was clean, and staff practiced good infection control. The service was observed to be clean and there were adequate handwashing stations, personal protective equipment, infection control signage and posters were on display. Staff reported policies and procedures guided staff in relation to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak.

# Standard 4

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

Findings

Consumers said the service supported them to do the things they wanted to do and explained how services and supports for daily living had improved their independence, health, well-being, and quality of life. Staff described how care planning documentation recorded the needs and preferences of consumers and informed staff practice to assist consumers to stay well and healthy and do as much for themselves as possible. Documentation reviewed contained strategies and options to deliver services and supports for daily living reflecting the diverse needs and characteristics of consumers.

Consumers said they felt connected, engaged in meaningful activities satisfying to them, and they acknowledged and observed sacred, cultural, and religious practices. Staff described how they supported the emotional, psychological, and spiritual well-being of consumers. Care planning documentation reviewed contained information about the consumers’ emotional, spiritual, and psychological needs, goals, and preferences.

Consumers said they were supported to maintain personal relationships and took part in community and social activities as they chose. Staff described working with other organisations, advocates, community members and groups to help consumers follow their interests, social activities and maintain their community connections. Consumer meeting minutes showed the organisation designed services and supports with the consumer to reflect the consumers’ changing needs, goals, and preferences.

Consumers said the organisation coordinated their services and supports well and they benefitted from different organisations working together. Staff described how the organisation informed them about consumer’s conditions, needs, goals and preferences as it related to their own roles, duties, and responsibilities. Care planning documentation reviewed evidenced reviews and communication alerts, which included information from multiple sources, updates from reassessments and their results.

Care planning documentation reflected how the organisation collaborated with other individuals, organisations, or providers to support the diverse needs of consumers. Staff identified individuals, organisations, and providers to whom they had made referrals and described how they referred consumers. Established links with individuals, organisations, or providers to made sure consumers had access to a range of services and supports.

Consumers said they took part in planning their menu and received a variety of well proportioned, quality meals, snacks and drinks. Staff were aware of consumers’ nutrition and hydration needs and preferences and described access to food and drink for consumers at any time of the day. Processes were in place to plan and deliver nutrition and hydration in line with consumers’ needs and preferences and consumers were consulted in developing menus.

Consumers said they felt safe using equipment and they knew how to report any concerns they had about the safety of equipment. Staff advised they were trained to safely use the equipment, and described responsibilities they shared for the safety, cleanliness, and maintenance of equipment. The service had a scheduled maintenance program for walking aids and other equipment such as hoists and staff were guided by policies and procedures regarding maintenance and storage.

# 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 confirmed they found the service welcoming and easy to navigate. Staff described aspects of the service environment which made consumers feel welcome and optimised their independence, interaction, and function. Clear signage above each house entrance and easy-access covered walkways were observed between each house and assisted navigation around the service.

Consumers were happy with the cleanliness and maintenance of the service and were able to move freely both inside and outside. The service had a full-time maintenance officer on-site, and a gardener was contracted by the service for all external landscaping and maintenance. The reactive maintenance schedule was reviewed and showed all issues were up to date.

Consumers and representatives said equipment and furniture at the service was safe, well-maintained, and suitable for their needs. Staff described how shared equipment used for moving and manual handling of consumers is cleaned and maintained. Furniture, fittings, and equipment at the service were observed to be safe, clean, well-maintained, and suitable for the use and needs of the consumers.

# 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 confirmed they were encouraged and supported to make complaints and provide feedback and would have no issues talking with staff or management should they have a concern. Staff said management ensured all staff were aware of feedback and improvement processes and they were encouraged to give feedback as well. Noticeboards and the service’s publications contained information on how to make a complaint, feedback, and suggestion; collection boxes were observed to be available for consumers, visitors, or staff to submit comments and complaints forms.

Consumers said they were aware of avenues for raising a complaint, such as through the Commission or through family, friends, or an advocacy service. Staff demonstrated an understanding of the advocacy and translation services, available for consumers and representatives. Written materials were observed to be available, such as the consumer handbook, feedback forms, brochures and posters and were displayed throughout the service, all of which provided information regarding internal feedback and complaints processes, as well as contact information for advocacy and translation services.

Consumers and representatives said management promptly addressed and resolved their concerns following the making of a complaint, or when an incident had occurred. Staff were trained on open disclosure and understood of the principles of open disclosure, including providing an apology to the impacted person/s. The complaints register was reviewed and demonstrated the recording and monitoring of responses to complaints and feedback.

Consumers provided an example of feedback provided and actions taken to rectify the concerns raised in a prompt and efficient manner. Documentation showed complaints and feedback were acknowledged and then entered into the electronic management system which also registered improvements made in response to feedback. The Quality Improvement Plan was provided, and entries demonstrated progress for feedback and complaints, including actions and dates of close.

# 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 said staff were skilled and promptly available to meet their needs. Systems were in place to calculate the number of staff and the range of skills needed so the organisation can assess, plan and coordinate care and services and meet the needs of the consumers. Observations were made and demonstrated an adequate mix of staff and the use of agency staff when shifts needed filling.

Consumers said staff treated them with respect, understood their individual preferences and choices. Staff were observed to be respectful and kind through all their interactions with consumers and each other. The staff training and orientation pack was reviewed and contained a code of conduct and scheduled training contained planned training activities on appropriate workforce interactions with consumers.

Consumers and representatives said staff had the knowledge and skills to perform in their roles effectively and their needs were met. Staff were observed undertaking their roles in an efficient and organised manner demonstrating the required skillsets for their roles. Management used a qualification register to ensure staff were, and remained, qualified to do their roles.

Consumers and representatives said staff knew what they were doing, and staff were well trained. Staff were recruited using a formal recruitment process including interviews, referee checks and qualification checks. Staff said they were required to complete mandatory training and completion of training was closely monitored by management.

Staff described the performance development processes, including performance appraisals, which included discussions of their performance and areas where they would like to develop their skills and knowledge. Documentation reviewed outlined a staff performance framework and procedures including annual performance appraisals and mandatory education. Review of relevant documentation identified performance appraisals, mandatory training and competency assessments were scheduled to be completed annually.

# 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 provided ongoing input into how consumers’ care and services were delivered and confirmed the service had sought their input in a variety of ways. A review of minutes from resident committee meetings evidenced consumer input and evaluation of services, such as hospitality services and the activity program. Management described how all consumers and their representatives were asked to complete the biannual ‘satisfaction survey’ and the results were used to drive continuous improvement.

Management described the organisational structure and hierarchy and how it supported accountability over care and services delivered. Implemented systems and processes monitored the performance of the service and ensured the governing body was accountable for the delivery of safe, inclusive, and quality care and services. Examples were provided of changes driven by the governing body over the past twelve months as a result of consumer feedback, experience, and incidents.

The service had an effective organisation-wide governance system in place to guide information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, feedback, and complaints. Staff advised they could readily access the information they needed to deliver safe and quality care and services through the care management system, hardcopy materials such as policies and procedures or duty lists, staff meetings, memos, and handovers. Online systems such as an electronic care management system, staff intranet and a risk management system were observed, which allowed the governing body, executive team, management, and staff to have live access to information.

Management described how incidents were analysed, used to identify risks to consumers and inform improvement actions. The organisation was observed to use the electronic risk management system and data management system to collect and report incident data. Staff described how incidents were identified, responded to, and reported in accordance with legislation, including serious incident reporting. Review of the reportable incidents register, and current incident management system demonstrated compliant reporting took place.

The organisation’s clinical governance framework ensured the quality and safety of clinical care and promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Open disclosure was evident in progress notes and incident reports included records of open disclosure discussions. Staff were educated about the policies and were able to provide examples of their relevance to their work.

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)