Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| IRT Peakhurst | 16 August 2022 |
| Commission ID: | Activity type: |
| 0387 | Site audit |
| Approved provider: | Activity date: |
| Illawarra Retirement Trust | 18 July 2022 to 20 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 Peakhurst (**the service**) has been considered by Denise McDonald, 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 assessment the site assessment 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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

Consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Consumer/representatives said their background and identity were valued and respected by staff and care and services provided were culturally safe.

Consumers/representatives described how the service supported them to be independent, exercise choice and make decisions about their care and services. Care plans showed the service recorded and responded to the consumer’s emotional, spiritual, cultural needs and preferences.

The service supported consumers to exercise choice and independence in their daily living make and maintain relationships and decide who was involved in their care. The service had established processes to support consumers taking risks. For example, if a consumer wanted to access the community independently, the physiotherapist would complete a mobility assessment and a risk assessment would be completed in consultation with the consumer/representative. The consumer would sign the dignity of risk form which would be uploaded into the care plan and the medical officer advised.

Consumers/representatives confirmed they received timely and accurate information that was clear, easy to understand and enabled them to make good choices. Consumers received a range of information including a monthly lifestyle activities calendar, a monthly newsletter, and the menu. These were also displayed on the notice boards around the service and staff also asked consumers if they would like to attend the activity on the day and assisted them, if required.

Consumers/representatives all felt their personal information was kept confidential and their privacy was respected. Staff demonstrated respect and provided privacy by knocking on doors prior to entering, addressing consumers by their preferred name and shutting doors and curtains/blinds when providing personal care. The services electronic records required a secure username and password to access.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Most consumers considered they were partners in the ongoing assessment and planning of their care and services. Consumers/representatives confirmed their involvement in the initial assessment and ongoing care plan review processes with input from clinical staff, medical officers and other health professionals. Care planning documents detailed the individual’s current needs, goals, and preferences, including specific risks to their health and well-being, advance care and end of life wishes. Consumers/representatives said their care plan was explained to them, and others they wished to involve, and they were comfortable the service would give them a copy if they requested.

Staff completed initial assessments on the consumer’s entry to the service and identified consumers’ needs, goals, and preferences. These were reviewed for effectiveness 3 monthly or when circumstances changed or when incidents impacted on the consumers' needs, goals, and preferences. Outcomes of reviews were documented on care plans and communicated to consumers/representatives during care plan consultations and as necessary. All care plans examined had advance care directives and end of life care documents signed by consumer/representatives and their medical officer.

Staff said they accessed consumer care plans on the electronic care management system and were updated on consumers’ care needs during handover. Staff described how the input of medical officers and other allied health professionals was organised by the service and how the electronic care management system contained validated clinical assessment tools, and clinical guidelines, policies, and procedures to guide them.

Staff explained the incident reporting process and how incidents generate a reassessment or review of consumer’s needs. For example, if a consumer had a fall, they were reviewed by the medical officer and the physiotherapist, and their care plan was updated to include management strategies.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Consumers considered they received personal and clinical care that was safe and right for them. Consumers/representatives felt consumers received effective personal and clinical care, which was best practice, tailored to their needs and optimised their health and wellbeing.

Consumers/representatives confirmed their care needs and preferences were effectively communicated between staff, their medical officers, and other care providers and referrals were promptly issued when needed. Documentation showed effective care including management of restrictive practices, pain, and medication management.

Staff described individual consumer’s needs and preferences and how these were delivered in line with their care plans. Care documentation showed staff identified, communicated, and responded to deterioration or changes in a consumer’s condition or health status. Referrals to a range of medical officers, geriatricians, and allied health professionals such as dietitians and physiotherapists were timely and appropriate. Staff demonstrated knowledge of individual consumer’s needs and preferences including high prevalence/high impact risks such as; falls, weight loss, diabetes, skin integrity, pain or challenging behaviours and described strategies to manage or minimise these risks.

The service had policies and procedures to ensure palliative or end of life care was delivered in accordance with consumers’ documented preferences and wishes. Staff maximised the physical comfort and dignity of consumers approaching the end of life and provided access to specialist palliative support services as requested. Care documentation showed palliative care was delivered in accordance with the consumer’s wishes.

Staff were observed exchanging information about changes to individual consumers condition and care needs through shift handover discussions and documentation. Staff described the referral process and care documentation showed timely referrals to appropriate medical specialists and other allied health professionals. Staff said they notified the consumer’s medical officer and representatives if there was a clinical incident or other change in condition or needs.

The service minimised infection related risks through standard and transmission-based precautions to prevent and control infection. Staff demonstrated knowledge of the service’s antimicrobial stewardship policy and implemented strategies to minimise antibiotics use in the course of their work.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Consumers said they received the services and supports for daily living that were important for their health and well-being and optimised their independence and quality of life. Consumers expressed their needs, goals, and preferences were supported and they could do the things they wanted. Consumers stated their emotional, spiritual, and psychological well-being was well supported within the service and outside.

The service provided a suite of consumer lifestyle activities and access to professional organisations, religious services and external programs. Care planning documentation contained detailed information outlining activities of interest, evidence of participation and information about relationships they wished to maintain.

Consumers said they were supported to participate in the service’s lifestyle program or do independent activities of their choice. Consumers felt supported to maintain important social and emotional connections.

Information about the consumer’s condition, needs and preferences was communicated effectively within the service, and with others involved in caring. Consumers reported information about their daily living choices and preferences was effectively communicated and the staff who provided daily support understood their current needs and preferences. The service referred consumers to other individuals, organisations and providers care and services as needed. Staff said the service connects with several church and support organisations such as the Community Visitors Scheme supported by the Department of Health.

Consumers provided positive feedback in relation to food and confirmed it was of adequate quantity, quality, and variety. Consumers were observed enjoying the dining service and their meals aligned with their documented preferences and nutritional needs. Alternative options were offered to consumers that didn’t want the menu items. The kitchenettes appeared clean and tidy and staff adhered to food and workplace safety protocols.

Equipment appeared safe, suitable, clean, and well maintained and consumers were confident to use available equipment. The service conducted regular inspections on all equipment to ensure operational integrity and safety. The routine and preventative maintenance logs showed preventive and corrective maintenance was completed on time.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

Consumers said they belonged, felt at home, were safe and comfortable in the service. Consumers said they liked their rooms, could decorate them to their taste and could easily navigate the service layout. Consumers said they could access outdoor areas and the service was clean and well maintained.

The service environment appeared welcoming and easy to navigate. The villas were organised into 4 geographical groups with each group having their own dining room/kitchenette/care staff office and common areas. The service had a central administration with an indoor heated swimming pool and an activities centre with a hall, lounge meeting area, kitchen, offices and a hair salon.

Cleaning staff were observed to be visiting the villas, attending to cleaning inside the villas and the surroundings, the community areas, furniture, fittings, and equipment were clean, well maintained, and appropriate for consumer needs.

There were effective processes in place to ensure the service environment was safe, clean, well maintained, and comfortable. Consumers were observed moving freely within and outside the service or sitting on their front verandas enjoying the sunshine.

Furniture, fittings, and equipment were safe, clean, well maintained, and suitable for the needs of the consumer cohort. Consumers were satisfied with these elements of the service environment. Maintenance logs showed the maintenance program was up to date and included; planned, periodic, and reactive request driven maintenance.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

Consumer/representatives said they felt safe and supported to provide feedback or raise concerns with staff and management and appropriate action was taken. The service had written material providing information on the feedback and complaints process for consumers/representatives.

Management described various ways consumers/representatives could provide feedback or raise complaints such as through; regular consumer meetings, food focus meetings, feedback forms and post boxes or through verbal feedback or email. The charter of aged care rights, feedback forms, posters about the Aged Care Quality and Safety Commission, and brochures for advocates and interpreting services were displayed in the main foyers of the service. All staff demonstrated an awareness of how to access interpreter and advocacy services for consumers.

The service had a feedback, complaints and compliments policy which included a section on open disclosure. The services’ approach to feedback is transparent and follows an open disclosure process when things go wrong or there has been an incident. The Serious Incident Response Scheme register showed appropriate and timely actions were taken, and an open disclosure process was used when incidents occurred. Staff described the complaints process and were aware of what open disclosure meant and how it related to complaints.

The organisation had clear processes for managing feedback and complaints and using them to inform continuous improvement. The feedback, complaints and compliments register for the current year confirmed complaints were investigated and closed within appropriated time frames, according to the organisation’s policy. Staff described specific complaints and the actions taken to address them. They could also explain how the feedback had been used to inform continuous improvement across the service.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Most consumers considered they got quality care and services when they needed from staff who were knowledgeable, capable, and caring. Consumers/representatives considered the workforce was planned to enable the delivery and management of safe and quality care and services.

Some consumers reported staff were busy, however they had no concerns about any impact on the care and services they received. Staff advised there was a suitable number of staff within the service, and if needed, staff from other areas were allocated to areas requiring additional assistance, or additional shifts were allocated to existing staff. Call bells were only used within the dementia support unit and the average call bell response time for the previous 2 months was 3.47 minutes.

Consumers consistently reported staff were ‘great’ and provide very good care. Consumers/representatives said workforce interactions were kind, caring and respectful of their identity, culture and diversity. This was consistent with observations made during the site visit.

The service ensured the workforce was competent and had the qualifications and knowledge to effectively perform their roles through the service’s orientation training, buddying system and annual mandatory training and competency assessments. Consumers/representatives expressed confidence staff were skilled and competent to meet their care needs.

Staff were recruited, trained, equipped, and supported by the service to deliver safe and quality care and services, and meet the outcomes required by the standards. Staff confirmed they undertook continuous self-development and training and could demonstrate they had the knowledge and skills to deliver safe and quality care in accordance with the Quality Standards.

Position descriptions set out the qualifications, registration, knowledge, skills and abilities required for their roles and responsibilities. The service had systems in place to record and monitor ongoing staff compliance with vaccinations, police clearances and registrations, with data being securely held on the organisation’s electronic platform.

The performance of the workforce was regularly assessed, monitored, and reviewed. Staff performance was monitored through self-reflection processes, annual performance appraisals, feedback from consumers/representatives and input from other staff members. In addition, the service reviewed and analysed internal audit results and clinical data to monitor staff practice and competencies.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

Consumers/representatives confirmed they were engaged in the design, delivery, and evaluation of care and services and felt confident their feedback was taken on board and would influence how the service was run.

Through a range of strategies, the organisation’s governing body promoted a culture of safe, inclusive, and quality care and services. The Board met regularly and received quality reports from various committees, including, People & Culture, Audit, Risk & Compliance and Governance Committee. The Governance Committee has direct reports from the Clinical Governance Committee which is advised by 6 sub-committees.

Updates and changes, such as legislation changes and Commission notifications, were communicated via the organisational management structure and established reporting lines.

The organisation had robust, organisation wide governance systems to guide information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. The service demonstrated these systems and processes effectively supported the delivery of quality care and services.

The organisation demonstrated effective risk management systems and practices and had policies relating to; management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. Staff had a shared understanding of these policies and their responsibilities as part of their work.

The organisation’s clinical governance framework aimed to support the workforce and visiting practitioners to provide safe, quality clinical care for consumers. The framework incorporated policies relating to; antimicrobial stewardship, minimising use of restraint and open disclosure. Staff confirmed they had received education about the policies and could provide examples of relevance to their work. Staff were able to describe strategies to minimise infection risks and discourage unnecessary use of antibiotics.

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)