

**Performance Report**

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| Name: | IRT St Georges Basin |
| Commission ID: | 0343 |
| Address: | 87 Loralyn Avenue, ST GEORGES BASIN, New South Wales, 2540 |
| Activity type: | Site Audit |
| Activity date: | 15 October 2024 to 17 October 2024 |
| Performance report date: | 10 December 2024 |
| Service included in this assessment: | Provider: 835 Illawarra Retirement Trust Service: 359 IRT St Georges Basin |

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 St Georges Basin (**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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/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

These 6 Requirements have been found Compliant, as:

Consumers and representatives reported staff treated consumers well, and most said consumers were treated with dignity and respect, however, the use of infantile communication styles was used at times by some staff. Staff provided information on and gave examples of how they ensured consumer’s dignity, diversity and culture was respected and achieved. Consumer identity, culture and diversity details were captured in care documentation.

Consumers and representatives confirmed the staff knew their background, and advised the care and supports they received were culturally safe. Staff demonstrated familiarity with consumers’ cultural communication and dietary needs. Care documentation included individualised information about how consumers’ needs would be met, in ways which were culturally safe.

Consumers reported their decisions, choices and preferences on how, when and who delivered their care were followed. Staff gave examples of how consumers were supported to maintain important relationships and connections including through in person, telephone and virtual contact. Care documentation mostly evidenced consumer’s choices on care delivery and permitted visitors was recorded, however, one had not been updated following the consumer advising of the gender preference of staff to provide personal hygiene care.

Consumers gave examples of how they were being supported to live life as they chose including by engaging in activities where risk was present. Care documentation evidenced most consumers had acknowledged and accepted risks associated with their life activities, however, one required updating following a change in food texture recommendations. Consumers were observed undertaking their chosen activities as they wished.

Consumers and representatives advised they were regularly provided with information on events and upcoming activities. Staff confirmed current information was disseminated through regular consumer meetings, newsletters and event calendars. Information displayed was observed to promote consumer choice with meals, activities and upcoming outings.

Consumers said their privacy was respected. Care documentation evidenced consumers were made aware of their right to privacy and consent was sought prior to their information or image being shared. Staff were observed seeking consent prior to entering consumers rooms and respecting do not disturb signs hanging on consumers doors.

Based on the information above, it is my decision this Standard is compliant.

# 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

These 5 Requirements have been found Compliant, as:

Staff described the care planning process, and demonstrated, when a consumer enters care, their needs and risks were identified through the completion of a suite of assessments which informed the development of the consumer’s care plan. Care documentation evidenced the involvement of specialists and allied health professionals in assessing risks and the planning of strategies to inform care delivery requirements. Staff were observed using an electronic care management system (ECMS) to complete assessments and generate care plans.

Consumers and representatives said, and care documentation evidenced, assessment and planning identified and addressed the current needs, goals and preferences of consumers. Staff advised consumers were assisted to commence end of life discussions through conversations about death and dying facilitated by an external community organisation. Staff reported advance care planning was discussed annually or when a consumer’s condition changed, confirming most consumers had documented an advance care directive or plan.

Consumers said they and their representatives were regularly involved in the assessment, planning and review of consumer’s care. Staff confirmed assessments processes and routine reviews of care were conducted in consultation with consumer and nominated representatives. Care documentation evidenced the input and contribution of medical officers, allied health professionals in ongoing assessment and care planning processes.

Consumers said staff explained their care plan to them and they could ask staff for further information or ask about any changes made, if required. Staff confirmed care plans were readily accessible via the ECMS. Care documentation evidenced consumers, or their representatives were offered copies of the consumer’s care plan during case conferences, but most declined.

Consumers and representatives said consumers care and services were reviewed when an incident occurred, or their condition changed. Staff confirmed care strategies were reviewed 3 monthly and annually. Care documentation evidenced planned care was frequently reviewed during illness or deterioration, to ensure effectiveness and routine reviews occurred as scheduled.

Based on the information above, it is my decision this Standard is compliant.

# 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

These 7 Requirements have been found Compliant, as:

Consumers and representatives said the consumers care needs were met. Care documentation evidenced personal and clinical care was provided in line with the specific needs of individuals, their planned strategies and medical officer directives. Staff demonstrated familiarity with the care needs of consumers and advised they followed policies and procedures to ensure care provided was best practice.

Consumers and representatives said consumers high impact risks were managed well. Care documentation reflected falls, wounds, pressure injuries, pain and restrictive practices were managed in accordance with policies and procedures. Staff advised consumers with high impact and high prevalence risks had additional clinical oversight initiated to monitor the effectiveness of their care strategies.

Care documentation evidenced how care and services changed, in line with the consumer’s end of life care needs, goals and preferences, when consumers approached end of life. Staff knew how to support consumers who were approaching end of life, including providing support to their representatives. Staff confirmed medical officers and palliative care specialists were available to provide support if needed.

Consumers and representatives said staff recognised when the consumer was unwell and gave examples of staff responses as increasing monitoring and care provision. Staff described changes in behaviour, mobility, cognition and appetite as potential indicators of deterioration and confirmed when detected these were reported to clinical staff. Care documentation evidenced when deterioration or changes in condition were detected staff responded promptly.

Consumers and representatives said the consumer’s needs and preferences were communicated well, as staff knew the consumers care needs. Staff confirmed changes in consumers’ care and services were communicated through handover processes, accessing care plans and via electronic notifications. Care documentation reflected consumers current condition, needs and preferences was available via the ECMS, facilitating access to external service provider reports by staff, medical officers and allied health professionals.

Care documentation evidenced consumers were quickly referred to a range of allied health professionals and specialists, when required. Staff were familiar with referral processes advising consumers were referred to physiotherapists following a fall and wound consultants when wounds did not show signs of healing. Consumers confirmed staff referred them for review as needed.

Policies, procedures, guidelines and training guided staff to prevent and control infection and practice antimicrobial stewardship. Staff understood how cleaning equipment, hand hygiene and the use of personal protective equipment aided in infection control. Care documentation evidenced vaccination rates were monitored, staff implemented practices which reduced the need for antibiotics and consumers confirmed they observed staff adhering to hand hygiene.

Based on the information above, it is my decision this Standard is compliant.

# 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

These 7 Requirements have been found Compliant, as:

Consumers and representatives said the services and supports provided promote the consumers safety, independence and quality of life. Staff demonstrated how consumers health and wellbeing were supported by safe and effective care and services. Staff advised assessments were undertaken to capture consumers’ interests, and regular consultation occurred to ensure supports, services and activities were suitable and meeting the consumer’s current needs.

Consumers, representatives and staff gave examples of supports provided to consumers to promote their emotional and psychological wellbeing. Staff advised spiritual support is offered through non-denominational religious services and a Namaste program for consumers unable to leave their rooms. Staff confirmed access to pastoral services for consumers who wished to receive last rites and smoking ceremonies had previously been performed to support elders of Aboriginal descent.

Consumers confirmed they were supported to do things that interested them as they were provided with resources and could attend scheduled activities including external bus outings. Staff advised consumers could access the community independently through a courtesy bus. Consumers were observed returning from family outings and participating in activities of their choice.

Care documentation reflected the consumers condition, service needs and preferences relating to diet, hobbies and activities were recorded. Staff confirmed information was communicated between themselves through care plans and handover, with communication books used to share information between staff and volunteers. Staff advised if a consumer expressed they wished to make changes to their services and supports this was communicate to the relevant staff.

Consumers and representatives confirmed they had been referred to other service providers when needed, giving examples of receiving art lessons and receiving visits with volunteers to promote social engagement. Staff demonstrated knowledge of external service providers within the region, should a consumer need or wish to access additional services. Staff described how they work with other organisations to meet consumers needs.

Consumers said they received enough food, confirming there was choice of meals, and they had access to alternate options. Consumers were observed to be socially engaged during meal service and appeared to enjoy their dining experience. Staff confirmed meals were varied through a rotating menu, consumers had input into which meals were served and themed meals were provided for days of significance.

Consumers and representatives said equipment such as call bells were working and were suitable for consumer use, however, one representative raised the button on the call bell was hard to press. Staff confirmed all shared equipment was cleaned between use and was regularly inspected to ensure it remained in good working condition. Maintenance documentation evidenced equipment was tested and maintained as scheduled.

Based on the information above, it is my decision this Standard is compliant.

# 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

These 3 Requirements have been found Compliant, as:

Consumers and representatives spoke of always feeling welcomed, with staff offering refreshments to visitors given as an example. Staff described how they ensured new consumers were introduced to others, including those with similar interests to foster interactions. Consumer’s rooms had fridges and kettles to promote independence and consumers sense of belonging.

Consumers gave positive feedback regarding the cleanliness of the environment including their rooms and confirmed their ability to move around as they wished. Staff advised consumers were free to access outdoors as doors opened automatically and cleaning tasks were conducted via a schedule. Consumers were observed to be moving freely between indoor and outdoor environments, where gardens and lawns were neat and well maintained.

Consumers and representatives had no concerns regarding the safety and condition of furniture, fittings or equipment confirming any maintenance required was attended to promptly. Staff confirmed furniture and furnishings were routinely cleaned and monitored to ensure they are in good working order. Furnishings were observed to be clean, comfortable and being used by consumers and their visitors.

Based on the information above, it is my decision this Standard is compliant.

# 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

These 4 Requirements have been found Compliant, as:

Consumers and representatives said they were encouraged to make complaints and give feedback, confirming staff members and management were approachable when they wished to do so. Staff described how verbal and written complaints were handled by them, this was consistent with the complaints management policy and procedures. The consumer handbook, newsletter and meeting minutes evidence consumers were provided with information on how to give feedback and lodge concerns.

Consumers and representatives were aware of the various ways they could make external complaints and knew they could seek assistance through consumer advocacy services. Access to aged care advocates, language services and complaints service were promoted through the consumer handbook and posters and brochures displayed. Staff confirmed if consumers or representatives required assistance, they would complete feedback/complaint forms on their behalf or communicated their concerns directly to senior staff.

Consumers and representatives said any complaints raised had been responded to appropriately and they had received an apology when things went wrong. Staff demonstrated knowledge of complaints and open disclosure processes confirming they were guided by documented policies and procedures. Complaints documentation evidenced when complaints were received, these were acknowledged, actioned and resolved quickly.

Consumers and representatives said their feedback was used to improve services. Staff said feedback at consumer meeting and through surveys were used to identify where improvement was needed and confirmed there were trends in feedback regarding the food and garden maintenance. Continuous improvement documentation evidenced the monitoring of responsive actions taken to improve the meals supplied and to ensure the external environment was maintained.

Based on the information above, it is my decision this Standard is compliant.

# 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

These 5 Requirements have been found Compliant, as:

Consumers and representatives said staff responded to consumers calls for assistance in a timely manner and were available when the consumer needed them. Rostering documentation evidenced processes were in place to fill planned or unplanned leave including through the staffing pool or via an agency to ensure the right number and mix of staff were available. Management advised the allocation of staff was adjusted based on consumer needs, staff feedback and block booking of agency staff promoted continuity of care for consumers.

Consumers described staff as kind, caring and confirmed they were always gentle when providing care. Staff were knowledgeable of consumers preferences and were observed to interact with consumers in a kind, caring and respectful manner. Management advised consumers provided positive feedback regarding workforce interactions, when completing the annual consumer survey.

Consumers and representatives gave positive feedback on the competence of staff when delivering their care and service. Personnel files evidenced systems and processes were in place to ensure staff were appropriately qualified and their suitability to work in aged care was monitored. Management advised staff were required to complete induction, orientation and ongoing education programs, with competency assessments undertaken for a range of different tasks specific to staff roles.

Consumers and representatives said staff knew what they were doing and did not identify any areas where staff would benefit from additional training. Management confirmed staff were recruited using established processes and were guided by position descriptions set out the responsibilities, qualifications and skills required. Education records evidenced staff were trained in the Quality Standards, incident management, restrictive practices and antimicrobial stewardship.

Management advised the ongoing performance of staff is monitored through conducting walkarounds to observe staff practice, through consumer feedback and review of incidents. Staff confirmed their conduct and performance was formally reviewed annually. Personnel files evidenced reviews were conducted as scheduled and performance management processes were initiated, when required.

Based on the information above, it is my decision this Standard is compliant.

# 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**

These 5 Requirements have been found Compliant, as:

Consumers and representatives said they had ongoing input into how consumer care and services were delivered, and they felt encouraged to participate when making decisions. Management advised consumers contributed to the design and evaluation of care and services through annual surveys and participation in meetings. Meeting minutes evidenced consumers had provided suggestions on scheduled activities and meals served.

Consumers and representatives expressed they lived in an inclusive environment with access to quality care, services and they felt safe. Meeting minutes evidenced the governing body (the Board) met regularly and ensured the Quality Standards were being met through reporting structures and monitoring the service’s performance against key performance indicators including clinical data, complaints and incidents. The Board has a strategic plan which promotes a culturally safe and inclusive environment.

Organisation-wide governance systems in the key areas of information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints were evidenced to be effective. Management monitored the application of and compliance with policies and procedures which confirmed these had translated into practice. Consumers and staff confirmed they had access to the information they needed, continuous improvement actions were implemented in response to their feedback and complaints were managed appropriately.

Risk management systems were evidenced to be effective with documentation confirming staff understood, identified and managed high impact/high prevalence risks to consumers and supported them to live their best life. Staff were aware of their roles and responsibilities regarding elder abuse and neglect including the need to report these to management. Incident documentation evidenced staff were reporting clinical and serious incidents to facilitate investigation and improvements where necessary.

A clinical governance framework was in place, inclusive of policies and procedures for antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff had been provided with education regarding the policies and were able to provide examples of their relevance to their work.

Based on the information above, it is my decision this Standard is compliant.

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)