Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | IRT Tarrawanna Care Centre |
| Commission ID: | 2616 |
| Address: | 74-80 Caldwell Avenue, TARRAWANNA, New South Wales, 2518 |
| Activity type: | Site Audit |
| Activity date: | 20 February 2024 to 22 February 2024 |
| Performance report date: | 11 March 2024 |
| Service included in this assessment: | Provider: 835 Illawarra Retirement Trust  Service: 982 IRT Tarrawanna Care Centre |

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 Tarrawanna Care Centre (**the service**) has been prepared by Therese Solomon, 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

|  |  |
| --- | --- |
| 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 | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

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

Consumers and/or representatives reported consumers are treated with dignity and respect, and their diversity valued. Staff demonstrated knowledge of consumers’ individual backgrounds, preferences and needs. Staff were observed speaking of and interacting respectfully with consumers throughout the Site Audit. The service had a Diversity and Inclusion Framework that recognises the diverse cultures of consumers and ensures staff are inclusive and respectful when supporting consumers. Consumer care planning documentation reflected consumers’ cultural diversity including information about their life events, relationships and what was important to them.

The residential manager advised the Assessment Team of the variety of ways they support cultural connections and consumers’ identities within the service, and this starts at the admission process. The manager stated they focus on getting to know the consumer’s life story and then start the process of developing care plans. The lifestyle manager described examples of supporting consumers and their individual cultural needs, including the availability of communication charts, and supporting consumers to celebrate cultural days of significance.

Consumers and/or representatives confirmed various ways in which the service identified and valued their culture and diversity. Consumers and/or representatives from diverse backgrounds provided feedback in respect to culturally safe care and services indicating that consumers’ needs and preferences are accommodated and promoted within the service. Staff explained specific cultural needs and preferences of consumers and how they accommodate those. Care planning and assessment documentation identified cultural needs, preferences, and considerations of consumers.

Consumers and/or representatives reported they are supported to make and communicate decisions about their care, including who is involved in their care and decision-making. Consumers stated they are supported to maintain key relationships. Staff were aware of consumers’ care preferences and decisions, including the importance of regularly checking whether these had changed, and described how the service supports consumers to maintain their relationships. Care plans contained details of consumer choices around personal care, lifestyle, and key relationships including the next-of-kin or person responsible.

Care, clinical and lifestyle staff described how they are kept informed of consumer needs and preferences, including through handover and electronic consumer care documents, and provided an example to the Assessment Team. Staff stated any changes to preferences are always communicated verbally at handover, to ensure staff are aware, as well as being documented in written form. Staff said that visitors are welcome at the service at any time that suits them and gave examples of how they support consumers to stay in contact with their loved ones, including supporting them to use the phone or videochat if they required assistance.

The Assessment Team observed several consumers spending time with their visitors throughout the Site Audit. Consumers were able to sit with their visitors in their rooms, outdoor spaces, and in the lounge areas.

Consumers and/or representatives stated they were supported to try and maintain their independence and live life as they chose, including when this involved taking risks. Staff described the process when the service identifies a potential risk, including consulting with consumers and/or their representative as required, to work through mitigating the risk in line with the consumer’s choice. Documentation evidenced ongoing training for care and clinical staff in understanding and applying dignity of risk principles with consumers, and policies which outlined the service’s commitment to supporting consumers’ rights to exercise risk.

Management described the process of consulting with consumers, or their representative, in assessing the risk and identifying strategies to mitigate these. The Assessment Team reviewed the dignity of risk documentation, which included the consumer’s name, level of possible risk, actions to mitigate and/or control the risk, and when the risk was next due for review.

Consumers and/or representatives stated they are given updates and the relevant information to make informed decisions at the service. Management described the various ways in which consumers are informed about what goes on at the service to assist consumers to make informed decisions and exercise choice. The menu is displayed on noticeboards so that consumers can choose their preferred meal options or request an alternative meal. The Assessment Team observed up-to-date information on display around the service, and staff providing consumers with information one-to-one.

Consumers and/or representatives stated that the staff always respect consumer privacy at the service. Staff described how they ensure consumers’ privacy is respected and how they handle consumer information to maintain confidentiality. The Assessment Team reviewed the staff handbook which outlines the expectation on how to ensure consumer information is handled to maintain confidentiality. The Assessment Team observed staff knocking and waiting for a response from consumers before entering their rooms.

# Standard 2

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

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

Consumers and/or representatives described being satisfied with the assessment and care planning process, noting that the consumer’s care needs were being met. Staff described the assessment and planning process, from admission and the initial assessment process, through to ongoing review to identify the risks and care needs of the consumers. A review of care planning documentation demonstrated that they were individualised and contained information relevant to the care needs of each individual consumer. The service had policies and procedures which guided staff on effective assessment and care planning for the consumers.

Management and clinical staff described the assessment and planning process, from admission and the initial assessment process, and regular reviews to ensure that the care needs and preferences of the consumer continue to be recognised and respected. They explained that the assessment process covers all the consumer’s care needs, and that they do this in consultation with the consumer and their representatives to ensure that the needs and preferences are appropriately identified.

Care planning documentation was noted to take into consideration the risks associated with the care of the consumer including their skin integrity, mobility and falls risk, changed behaviours and nutrition and hydration. Review of care planning documentation, and discussions with staff at the service, identified that staff utilise a range of validated tools to ensure that the assessment and care planning process successfully identifies the care needs of consumers.

Consumers and/or representatives described how they are getting care that meets their needs and preferences and described having advance care planning conversations with the service where appropriate. Staff described how they knew what was important to the consumers in how their care is delivered, and management and clinical staff described how they approach advance care planning conversations with the consumers and their representatives. Care planning documentation reviewed demonstrated that the consumer’s needs, goals, and preferences are identified and documented, and advance care planning information was clearly documented. The service had policies and procedures that guide them on identifying the consumer’s needs, goals and preferences, and advance care planning with the consumers and their representatives.

Management and staff described how they have ongoing conversations and discussions with consumers and/or representatives to ensure that they are meeting their needs, goals, and preferences. They stated that through these discussions, observations, and ongoing assessments they can identify what is important to the consumer, including their goals and preferences, and put in place strategies to ensure that staff are supporting these needs, goals and preferences. Management and clinical staff explained that they introduce conversations about advance care planning on admission to the service and try to make the consumer and their family feel comfortable having discussions about it. They explained that there are some consumers and representatives who do not wish to discuss it, which is respected. They explained that they will also discuss advance care plans during annual case conferences to ensure that it continues to meet the consumer’s preferences.

Consumers and/or representatives described being involved in the assessment and care planning process on a regular and ongoing basis. Staff described how the assessment and care planning process is completed in partnership with the consumers and/or representatives, as well as other health professionals as required. Care planning documentation reviewed demonstrated that consumers and/or representatives are involved and kept informed during the care planning process.

Management and clinical staff described how consumers and/or representatives are kept involved and informed during the assessment and care planning process. They explained that a case conference with the consumer and/or representative will occur within twenty-one days of admission to the service, and then yearly at a minimum. Staff explained that they will conduct exceptional case conferences at the request of the consumer or their representative, or when there has been a change in the consumer’s condition. Management added that consumers and/or representatives are also involved during the quarterly care evaluation, with clinical staff explaining that they will call the representative when they are conducting the care evaluation to provide an update and see if they have any further suggestions or requests to changes in the consumer’s care.

Consumers and/or representatives stated that staff talk to them and explain things about their care, and that they are offered a copy of the care plan. Management and clinical staff described how they communicate with consumers and/or representatives about their care, and how they are offered a copy of the consumer care plan or are made aware that they can ask for a copy at any time. The Assessment Team noted evidence that care planning documentation is offered to the consumer and/or representative regularly, and that they are made aware that they can ask for a copy at any time.

Care planning documentation contained evidence of case conferences held with the consumer, their representatives, staff, and other health professionals where appropriate. Case conference notes included evidence that a copy of the care plan had been offered or provided to the consumer or representative. The Assessment Team reviewed minutes from the Resident/Relative Meeting and noted that the consumers were reminded that they can ask for a copy of their care plan at any time. The consumer admission pack also included information on how the consumer is able to ask for and access a copy of their care plan at any time.

Consumers and/or representatives confirmed that the consumer’s care and services are reviewed regularly including when incidents occur or when the needs and preferences of the consumer change. Care plans reviewed demonstrated that they are reviewed regularly, or when incidents impact on the care needs of the consumer. Staff described the care plan review process, including the reviews that occur following an incident that impacts on the care needs of the consumer.

Management and clinical staff explained that the consumer’s care and services are reviewed three-monthly, as well as during annual case conferences. They described how relevant assessments are reviewed following incidents, such as a fall or a behaviour related incident, to ensure that care needs documented are relevant and up to date.

# Standard 3

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

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

Consumers and/or representatives told the Assessment Team that the personal care and clinical care that consumers are receiving at the service meets their needs and preferences and expressed satisfaction with the care provided. Staff described how they provide care that is tailored to the needs and preferences of the individual consumer and is best practice. Care planning documentation reviewed demonstrated that each consumer’s individual personal and clinical care needs and preferences are documented in the care plan, and that care provided is tailored to suit each consumer’s needs. The service has a range of policies and procedures that guide staff on providing care that is best practice and meets the needs of the consumers.

Management described how they ensure that the care being provided by staff is best practice. They described how there is ongoing oversight from the organisation’s quality team and specialist consultants and that they track their clinical indicators and incidents to determine where improvements can be made to the care that is being provided. They noted that through ongoing conversations with the consumer and/or representative, they ensure that the care provided is meeting each individual consumer’s needs and preferences. A review of care planning documentation and assessments demonstrated that the consumer’s individual needs and preferences were identified regarding all aspects of their personal care and clinical care including for pain, skin integrity, sleep, behaviours, continence, mobility, risk of falls and other specialised nursing needs.

Consumers and/or representatives who were subject to a restrictive practice told the Assessment Team how the service manages the consumer’s changed behaviours and had discussed with them regarding the use of a restrictive practice and gained their informed consent.

Management explained how they work with the consumer and/or representatives to ensure that they have a comprehensive behaviour support plan in place that meets the needs of the consumer. They noted that they utilise all other strategies before implementing a restrictive practice, however, recognise that sometimes the use of a restrictive practice is the most appropriate way of supporting the consumer. They ensure that they explain the risks associated with the practice and gain the necessary consents. Management explained that the Care Coordinator oversees the use of restrictive practices, with additional oversight from the Care Manager and the Regional Clinical Manager.

Review of care planning documentation demonstrated that for consumers with a restrictive practice in place, informed consent had been provided and a comprehensive behaviour support plan was in place outlining the consumer’s behaviours and strategies to best support that consumer.

Consumers and/or representatives with pressure injuries, skin tears or other skin related concerns told the Assessment Team that they are satisfied with the way in which the staff at the service look after their skin and any wounds they may have. They described how staff will regularly come and check the wound and the dressing, redress it and that they are satisfied with the way in which the wound is managed.

Management and clinical staff described how they monitor and manage consumer pain. They described how they utilise pain assessments to monitor the consumer’s pain, and record this through pain records in the electronic care planning system. They described the use of a wide range of strategies including heat packs, massage, exercise, and wellness group activities, as well as pharmacological options, and referral to the Physiotherapist or Exercise Physiologist.

Consumers and/or representatives reported being satisfied with the care that was being provided by the service, and the way in which the service manages clinical risks which effect the consumers. Staff described the high impact, high prevalence risks which impact on the consumers living at the service, and the way in which they are managing and preventing these risks. Care planning documentation reviewed demonstrated that the risks associated with the care of individual consumers had been identified, with strategies implemented to manage the effects of these risks. The service was supported by policies, procedures and processes which support staff in managing clinical risks which effect the consumers.

The Assessment Team reviewed the Clinical Leadership Team Meeting minutes and noted that they discussed high risk case management consumers for a range of different concerns including general deterioration and weight loss, behaviours, medication changes and wounds.

Consumers and/or representatives told the Assessment Team they had discussed end-of-life care with staff at the service and were confident that the consumer’s needs and preferences would be respected at this time. Staff described how they adjust their care approach for consumers who are receiving palliative or end-of-life care and how their care needs change during this time. Care planning documentation reviewed included advance care planning documentation and preferences, and end-of-life care plans and documentation where appropriate. The service has policies and procedures that guide staff on providing palliative and end-of-life care to the consumers.

Review of care planning documentation demonstrated that advance care planning consultations was clearly documented and noted, enabling staff to be aware of their wishes, and whether they are for resuscitation and hospital transfer.

Consumers and/or representatives described how the service recognises and responds to changes in the consumer’s condition in a timely manner. Staff described how they respond to changes in the consumer’s condition, and care planning documentation demonstrated that changes in a consumer’s condition are documented and responded to appropriately. The service has policies and procedures that guide staff on recognising and responding to deterioration and changes in a consumer’s condition.

Consumers and/or representatives were satisfied that information was being shared within the organisation about the consumer’s condition, and described feeling satisfied that staff know the consumer and their care needs well. Staff described how information is shared within the service in regard to the consumer’s condition and if any changes occur. Care planning documentation reviewed demonstrated that progress notes are added regularly by staff and other providers of care, ensuring that those providing care have access to the most up to date and relevant care information. The Assessment Team observed various ways in which information is shared among staff throughout the Site Audit.

Staff described how they check progress notes within the electronic care planning system, as well as updated assessments and care plans, to review any changes in the consumer’s condition or preferences. Staff described how they attend a shift handover at the beginning of every shift, where information and updates are shared about each consumer from the preceding shift. They explained that they also utilise staff messages within the electronic care planning system, notifications within the electronic medication management system, and electronic messaging to share information among staff.

Consumers and/or representatives stated they have access to other health professionals and providers of care when they need it. Staff described the referral process for other health professionals, and through discussions with staff and a review of care planning documentation, the Assessment Team noted that consumers have access to a range of other health professionals, including but not limited to medical officers, physiotherapists, dietitians, and dementia specialists. Staff are guided by policies and procedures on making referrals to other providers of care.

Consumers and/or representatives expressed satisfaction with the way in which staff at the service manage infection related risks. Staff described the ways in which they apply day-to-day infection control measures to minimise infection related risks to the consumers. Management and clinical staff described how they minimise the use of antibiotics and ensure that they are used appropriately. The service has policies and procedures which guide them in effective infection control measures and antimicrobial stewardship. The Assessment Team observed staff practicing infection control measures throughout the Site Audit.

# Standard 4

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

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

Consumers and/or representatives stated they are supported with safe and effective services that meet their needs and preferences and support them to maintain their independence and quality of life. Staff described how they support consumers to maintain their independence, despite cognitive and mobility challenges. Lifestyle staff described how they align the activities program with consumer interests, whilst incorporating activities for consumers with varied cognitive and mobility abilities. Documentation included information about each consumer’s health restrictions, lifestyle interests and preferences. The Assessment Team observed one-to-one room visits and a range of activities being facilitated at the service during the Site Audit, and staff supporting consumers to join in.

Consumers and/or representatives stated they are provided with services and supports that benefit their emotional, spiritual, and psychological wellbeing. Staff described how they ensure consumers’ emotional and psychological well-being is taken care of. Lifestyle staff and the pastoral care team recounted the various religious and non-religious well-being activities offered to support consumers’ emotional and spiritual wellbeing. Care plans reviewed noted the individual consumer’s spiritual and emotional support needs and preferences.

Consumers and/or representatives stated consumers are supported to participate in the community both within and outside the service, make choices about what they do based on what interests them, and maintain their important relationships. Staff described how consumers are supported to maintain key relationships, participate in the community at the service, and identified consumers who liked to go out into the community. Consumers were observed spending time with others at the service, and consumer files contained information about consumer interests, likes and dislikes, and relationships of importance. The Assessment Team observed colouring activities, books, puzzles, and games available in each wing for consumer use.

Consumers and/or representatives stated they feel the staff are well informed about their needs and preferences. Staff described how they have access to up-to-date changes to consumers’ condition, needs and preferences. Care plans outlined the care required by consumers, which all staff had access to, and the Assessment Team observed clear and effective staff handover processes. Care and clinical staff stated they are kept informed about changes to consumers’ conditions and needs through handover and in referring to electronic consumer files. Staff also said they always check with the individual consumer when providing care in case their preferences have changed.

Lifestyle staff stated that all consumers complete a lifestyle assessment upon admission to the service, to capture information about their lifestyle, cultural, spiritual, and emotional needs, and important relationships, and this is reviewed with the consumer every three months to ensure information remains current. Consumer files contained a current lifestyle assessment, which had been reviewed within the three months.

Consumers and/or representatives stated they were aware of lifestyle services that are available to them from outside organisations and individuals. Lifestyle described how they involve outside organisations and individuals to ensure suitable services are provided to consumers. Care planning documentation reviewed was noted to include information about external supports provided to individual consumers. The Assessment Team reviewed the activities calendar that noted multiple activities facilitated by external organisations and individuals.

Lifestyle staff stated that they involve various outside organisations to provide care and services to consumers, such as partnering with an external therapy organisation to facilitate volunteers to facilitate one-on-one sessions with consumers, and activities such as religious services, intergenerational school visits and various performers to entertain consumers and families.

Consumers and/or representatives were satisfied with the food at the service. Hospitality staff were able to describe how they prepare meals to ensure its quality and how they stay informed about consumers’ dietary needs and preferences. The Assessment Team reviewed the summer/spring menu and noted the options available. The Assessment Team observed a pleasant dining experience in all serveries with staff assisting consumers when needed.

The Regional Hospitality Manager explained that consumers are able to provide feedback on the food and the menu options directly to staff, a food comment book is placed in each of the serveries, as well as through the monthly Food Focus Meetings. They explained that the menu is on a four-week cycle and is changed seasonally with a dietitian review. Kitchen staff were able to describe how they stay informed of consumers’ dietary needs and preferences by regularly checking the dietary needs report which is located in a folder in each servery which includes the name of the consumer, their preferences, diet type and allergies.

Consumers and/or representatives stated that equipment at the service is kept clean and well maintained. Care staff and lifestyle staff reported they could access the equipment they need, and that it is well maintained. The Assessment Team observed a range of lifestyle equipment throughout the service that appeared to be safe, clean, and in good condition.

Lifestyle staff explained they do a regular inventory of lifestyle equipment to ensure that equipment is safe, in good condition, and that there is an ample supply of activities for consumers, and that staff will wipe down equipment with disinfectant wipes after every use.

The Assessment Team observed equipment throughout the service including the dining room and lounge areas to be clean, tidy, and well maintained. Lifestyle equipment such as games, books and newspapers were available to consumers in each wing and appeared to be safe, clean and in good condition. An ample supply of word games and colouring activities was also sighted within each wing available for consumer use.

# Standard 5

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

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

Consumers and/or representatives stated consumers and their visitors find the service welcoming and homelike and that it creates a sense of belonging. Staff described how they encourage consumers to feel at home, and ensure it is easy for consumers to navigate. The service consisted of six wings, including a memory support unit. The Assessment Team observed shared spaces and quiet lounge areas throughout the service to support consumer interaction, and areas were spacious, tidy, and fit for purpose, and consumer rooms were individually personalised.

The service has a memory support unit, which was observed to have consumer names printed clearly beside each door, individual decorations on each door, and memory boxes containing items important to each consumer beside the door, to assist consumers in identifying their room. The memory support unit has a dining area, shared lounge space, and attached courtyard and garden space. Staff explained that in late 2023, the staff had identified the courtyard was not welcoming or encouraging consumers to use it. They sought input from consumers and/or representatives and arranged for the garden and courtyard space to be renovated. The Assessment Team observed the space to be clean and tidy, with easy to navigate paths, ample shade and seating, and gardens and a small fishpond for consumers to enjoy.

The Assessment Team observed the service environment to be welcoming and facilitate consumer movement, including for those of varying mobility needs. Corridors were wide, with handrails fitted throughout, and courtyard and garden spaces were easily accessible, with wide level paths and shaded outdoor seating. The service has a dining room and servery in each wing, large lounge and activity spaces, quieter lounge spaces, a café, a hairdresser, and a physiotherapy wellness centre.

Consumers and/or representatives were satisfied with the cleanliness of the service environment, and said they were comfortable requesting cleaning or maintenance as required. Consumers stated they felt free to move around the service as they choose and were observed doing so by the Assessment Team. Staff described how they would report any maintenance or cleaning requests and said these were responded to promptly. Cleaning staff described how they ensure the service environment is kept clean and safe for consumer use.

Consumers and/or representatives stated equipment is kept clean and well maintained. Staff described the process for reporting maintenance requests and hazards, and how they know equipment is clean and safe for use. The maintenance officer outlined the preventative and reactive maintenance procedures at the service to ensure furniture, fittings and equipment are safe and suitable for use, including the process of removing and fixing these as required. The Assessment Team observed equipment and furniture to be safe, clean, and suitable for use.

Staff stated they wipe down shared equipment between use, and ensure it is clean before use. Staff said they know equipment is safe to use as it is serviced regularly, and if they have any concerns they will remove and tag the piece of equipment and report it to maintenance. Staff showed the Assessment Team the online systems for requesting maintenance support or reporting hazards, and posters describing these systems were observed in staff areas. Staff can also call maintenance staff directly if a concern is urgent.

The maintenance officer explained that maintenance requests, including those on behalf of consumers, are raised in the service’s electronic maintenance report system by staff, and that staff can also call them directly if an urgent response is required. The maintenance officer stated requests are reviewed a minimum of weekly, sorted according to priority, and added to their schedule. An alert will be sent if tasks are not listed as complete by the scheduled date and management will follow up with maintenance staff to determine the cause of the delay. The Assessment Team reviewed the maintenance log and could see tasks were scheduled and action taken in a timely manner.

# Standard 6

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

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

Consumers and/or representatives stated they are encouraged to provide feedback to the service and described their options for raising concerns or making complaints. Staff described the feedback and complaint systems, and described supporting consumers to provide feedback including when they have communication difficulties. Management identified the feedback and complaints options available to consumers and their representatives, and stated staff are also encouraged to raise feedback. The Assessment Team observed information about feedback and complaint mechanisms throughout the service.

Staff described how they support consumers to raise feedback and complaints, including encouraging them to attend Resident Meetings and the Food Forum meetings, encouraging verbal feedback, and reporting complaints on their behalf if requested. Staff commented that it was important to use appropriate communication techniques, and include the representative where possible, to ensure consumers of diverse backgrounds, different sensory and cognitive needs still had the chance to provide feedback.

The Assessment Team reviewed the information provided to consumers upon admission to the service. This included information about options for providing feedback, the complaints process at the service, and contact information for key staff, including the care manager, or the Hospitality Manager, if consumers or their representatives wished to raise concerns directly.

Consumers and/or representatives were aware of their options for raising feedback with the service, including external complaint mechanisms and the use of an advocate. Staff and management described the language resources available when needed to support consumers. The Assessment Team observed information about external complaint options, advocacy services, and language resources available to consumers and representatives displayed at the service and discussed in documentation.

Consumers and/or representatives were satisfied that the service took timely and appropriate action in response to complaints, including describing the use of open disclosure by staff. Staff stated they are supported to resolve minor complaints, record feedback and complaints in the register, and practice open disclosure. Management described the complaints resolution process of recording complaints, responding in a timely manner, and keeping the complainant involved as required through open disclosure, in accordance with service policies. Documentation reviewed demonstrated the service has policies to guide and support staff in responding to feedback and complaints appropriately.

The service has an Open Disclosure Policy and a Feedback and Complaints Policy to support staff in understanding the complaints process and responding appropriately. This included defining the principles of open disclosure, when it should be used, expected actions and an expected timeline in responding to feedback and complaints.

Consumers and/or representatives stated the service uses feedback provided to make changes to improve the quality of care and services provided. Staff were confident the service responds to feedback. Management identified how actions for continuous improvement are identified and added to the service’s Plan for Continuous Improvement, including a timeline for expected actions and resolution. The service has a Feedback and Complaints Policy to guide the service in identifying opportunities for improvement.

Management stated that opportunities for continuous improvement are drawn directly from consumer, representative and staff feedback, as well as through identifying trends in complaints at the service. The Regional Manager confirmed that these are discussed in monthly clinical governance meetings, and if gaps in service response are identified they are instructed to consider areas for improvement. The care manager confirmed that the Plan for Continuous Improvement is regularly discussed in staff meetings, and an update is provided at the quarterly resident meetings.

# Standard 7

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

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

Consumers and/or representatives expressed that the staffing levels at the service are satisfactory and stated staff are able to deliver the care and services consumers need. Staff members stated they can complete the tasks required in their role and noted that staffing levels have improved which has assisted them to do this. Management was able to describe how they ensure they have the right number and mix of staff to ensure the delivery of safe and quality care and services, and how they monitor this. A review of documentation confirmed that the workforce is planned to enable the delivery of high-quality care to consumers.

Consumers and/or representatives stated that the staff at the service are kind, caring and respectful, and know consumers well. Consumers said that they feel respected, and that staff are aware of their individual needs and preferences. Clinical and care staff described how they ensure they are being respectful when they are interacting with and providing care to consumers. The Assessment Team observed staff members treating consumers with kindness and respect throughout the Site Audit.

Staff told the Assessment Team how they ensure they are interacting with consumers respectfully, including knocking before entering their room, greeting consumers, and introducing themselves, and by asking for consent before undertaking personal care or clinical procedures. Staff stated they ensure consumer’s privacy is maintained when they are providing personal care, and ensure they are communicating and taking time to get to know consumer’s individual needs and preferences. Staff were aware of consumers who had individual needs and preferences, including consumers who were from culturally and linguistically diverse backgrounds. Staff noted that most consumers are able to communicate their needs and wishes verbally, however those that speak limited English have cue cards in their room to ensure appropriate communication.

Consumers and/or representatives told the Assessment Team that staff at the service have the appropriate knowledge for their roles and are competent in providing care and support. Management described how it ensures staff are competent, both during the recruitment process and on an ongoing basis. A review of documentation including staff files and qualifications showed that staff at the service had the appropriate qualifications for their role, and that the service undertook the necessary pre- employment checks.

Management advised that when a new employee starts at the service, they undertake induction and orientation training, both online and face to face at the service. They stated that the staff member then completes a minimum of three buddy shifts, however, can access further buddy shifts if they or management feel they need more support. Management advised that new staff are buddied with an experienced staff member who has completed training to become a buddy.

Documentation reviewed indicated that staff are appropriately qualified and that the service carries out the necessary checks for their roles including police checks, reference checks, medical checks, visa checks, qualification checks, as well as completion of training and required professional registration.

Consumers and/or representatives expressed they feel staff at the service are well trained in the roles and know how to support their needs. Clinical and care staff could describe various training that they take part in, both online and face to face. Management described the mandatory training that staff complete and could describe how they ensure each staff member has the right training for their role. Management discussed recent ongoing training and how it identifies the need for additional training. A review of training records showed that staff members are provided with training to ensure they are appropriately equipped for their role.

Staff told the Assessment Team that they receive regular training face to face, as well as online training that is mandatory to complete on an annual basis. Staff were able to describe recent training they had completed including on wound care, restrictive practices, the Serious Incident Response Scheme, hand hygiene, manual handling, and antimicrobial stewardship. Staff stated that if they wish to access extra training, they can do so by speaking to management, the Clinical Nurse Educator or by going on the online training platform which has a variety of different modules they can access.

Management advised that they had noted an increase in wounds at the service, and in response to this had implemented extensive training for both clinical and care staff on wound care and documentation. They stated that the organisation’s clinical nurse educator had been on site delivering this training directly to staff as well as observing wound care practices to ensure any necessary improvements could be made. A review of education and training records showed that face to face training with the senior clinical nurse educator was ongoing.

Management, clinical and care staff described the processes used to monitor staff performance including annual performance development reviews as well as observation and other methods of reviewing staff performance. Management described how they respond when staff are underperforming, or where additional support is required. A review of documentation related to staff performance demonstrated that the service is regularly reviewing and monitoring staff performance.

Staff were aware of the performance development review process, and all staff that had been at the service for over twelve months advised that they had undertaken a review in the last year. Staff advised that this is an opportunity for them to be assessed on their performance and seek support, if necessary, as well as to identify any professional development goals such as additional training or competencies they would like to complete.

# Standard 8

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

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

Consumers and/or representatives stated they are able to engage with and share input into the care and services they are provided through consumer meetings, care planning and various feedback mechanisms. Management described how consumers are supported and encouraged to engage in the evaluation of their care. A review of documentation confirmed that consumers are given opportunities to share input, and that feedback received is acted on.

Management advised that consumers are supported to have input into the development, delivery and evaluation of their care through multiple mechanisms including quarterly Resident and Relative Meetings, monthly Food Focus Meetings, through consumer experience surveys, audits, feedback to staff and management and the care planning process. The Executive General Manager noted that the organisation is in the process of starting a consumer advisory body, with expressions of interest going out to consumers and representatives in March 2024.

Consumers and/or representatives expressed that the care and services they are provided with are of high quality, and said they feel they are safe at the service. Management could describe how the governing body, the board, is informed and accountable for the care provided to consumers at the service through regular reporting and information sharing from the service levels to the board level. A review of documentation including meeting minutes, confirmed that information about the service is communicated to the board through various committees.

The Executive General Manager advised that information about the service, such as significant incidents, risks, clinical data, complaints and feedback and regulatory compliance are communicated to the board from the service via several channels including committees. They stated that at the service level, the Care Manager reports to the Regional Operations Manager and the Executive General Manager. The Executive General Manager stated they report to the Chief Executive Officer, who sits on the Board of Directors. The Executive General Manager noted that when the service recently recognised there had been an increase in wound numbers at the service, it was communicated through the reporting process to the board, who then identified the need for an action plan to be put in place, and said they are receiving regular updates on this progress. They stated that the board is informed of the service’s compliance with the Aged Care Quality Standards through receiving updates on site audit and accreditation results, as well as review of the clinical indicators and reports from the organisations quality team.

The organisation was able to demonstrate the systems that it has in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints, and demonstrated how it ensures these systems are effective. The Assessment Team’s interviews with staff and management, and review of documentation further confirmed that the service has appropriate and effective systems in place.

Staff and management indicated that information is communicated through a variety of channels including staff and consumer meetings, handovers, emails, text messages, posters and through messages on the electronic care management system. Clinical and care staff told the Assessment Team that they can access the information they need including consumer care plans and information on the electronic care planning system, and the organisation’s policies and procedures which are located on the intranet and can be accessed via computers at the service. Staff stated that they each have their own individual username and password to log in for the care planning system and that they ensure they log out when they are finished using it to ensure consumer information is not accessed by the wrong person.

Management advised that opportunities for continuous improvement are identified in a range of ways including through review of incidents, clinical indictors and data, feedback from consumers and staff, audit results, and wider organisational change. They stated the local management team meets with the organisation’s regional management team on a monthly basis to discuss current and ongoing opportunities for improvement, and to ensure progress is being made on current initiatives. The Plan for Continuous Improvement showed that initiatives were documented with details including the date entered, the issue, source of information, the related aged care quality standard and requirement, planned action, planned completion date and outcomes.

Management stated the service’s yearly budget is developed and put forward to the board who then approve or make changes to this. They said that purchases can be made outside of the budget to accommodate changing consumer needs, and that the Care Manager is able to spend a certain amount without approval, and then higher cost purchases needs to go to the executive team for approval. The Care Manager was able to provide examples of purchases made in response to the changing needs of consumers, including the recent purchase of a standing aid to assist a consumer whose needs did not suit the current equipment within the service.

Management advised that changes to legislation, regulatory requirements and aged care law are monitored at the organisational level and communicated to the service via the organisation’s Quality team. Management advised that they are provided with regular quality updates, which include information on any changes to law or regulations relating to aged care. Quality updates are provided via email to the Care Manager and other heads of departments, who then communicate the necessary information to staff via memos, meetings, or messages on the electronic care documentation system. The Assessment Team noted that Quality updates including regulatory updates were available to all staff on the organisation’s intranet.

The organisation demonstrated the systems it has in place for managing risk, responding to abuse, and managing incidents are effective. Management was able to describe how these systems are utilised and how they ensure they are effective and could describe processes that staff follow. Clinical and care staff demonstrated knowledge of their roles when incidents occur or risks identified, and how they should respond. A review of documentation demonstrated that the systems in place are effective.

Management told the Assessment Team that the high impact high prevalence risks to consumers at the service are wounds and falls, and explained what the service is doing to manage this. They stated that through ongoing review of the service’s clinical trends, it was identified that the number of consumers with wounds was increasing, and in response to this, they have organised extensive wound care training. The Care Manager explained that consumers are supported to take risks if they wish to, and that this is done through a process of consulting with the consumer and/or representative. They said that they work to identify risks to the consumer or others, and to come up with risk mitigation strategies to ensure the consumer can be as safe as possible.

Review of the service’s incident register showed that incidents were documented appropriately, investigated where necessary, and closed off once completed. Serious Incident Response Scheme reportable incidents were noted to have been appropriately identified and reported within the necessary timeframe.

The organisation’s Consumer Abuse Policy states employees and professionals who work with consumers must be aware of the issue of abuse and how to identify and respond to it in order to ensure the safety and wellbeing of the consumer. It notes that the organisation is minimising risk of abuse through the requirement of staff police checks, and ensuring employees are informed of their responsibilities under the aged care code of conduct.

The organisation has a clear and comprehensive clinical governance framework in place including policies, procedures, practices, and staff training requirements across a range of areas including antimicrobial stewardship, restrictive practices, and open disclosure. Management, clinical and care staff demonstrated a practical knowledge of their role in relation to this and their reporting requirements.

Management advised the service tracks the use of antimicrobials and the rates of infections to ensure they are correctly following antimicrobial stewardship practices. Management stated the Care Coordinator reviews the use of antibiotics to ensure they are only being used as necessary. Management said that if they believe a consumer has a urinary tract infection, they seek testing before seeking antibiotic treatment. They noted that the organisation’s medication management system requires doctors to include an indication and an end date when prescribing medication.

Staff described ways they follow antimicrobial stewardship practices including getting pathology testing completed before seeking a prescription for antibiotics and having discussions with doctors about the use of antimicrobials. Care staff described ways that they reduce the need for antimicrobials through infection control practices such as maintaining good hand hygiene, supporting consumers to maintain good personal hygiene, and encouraging fluid intake for the prevention of urinary tract infections.

The organisation has a Restrictive Practices Policy that states a restrictive practice must only be used as a last resort and after considering the impact on the consumer. It states that restraint free strategies must be trialled and documented, and if a restrictive practice is used, it should be for the shortest time possible and in the least restrictive form possible. The policy also outlines the five types of restrictive practices.

Management, clinical and care staff described the principles of open disclosure including ensuring open communication with consumers and/or representatives, providing an apology when things go wrong, advising what will be done to ensure an issue does not reoccur and ensuring changes are made in response to this. The Care Manager provided an example of when they practiced open disclosure in response to a complaint.

The organisation’s Open Disclosure Policy outlines the organisation’s commitment to maintaining open disclosure, and states the steps involved in an open disclosure conversation, including communicating with consumers and/or representatives when things go wrong, addressing any immediate needs, expressing regret and advising of the action that will be taken in response to an incident or concern.

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)